

Mr Shaun Martin Brelsford & Mrs Amanda Jane
Brelsford

Heyhead House

Inspection report

1 Trinity Close
Brierfield
Nelson
Lancashire
BB9 5ED

Tel: 01282617902

Date of inspection visit:
07 January 2016
08 January 2016

Date of publication:
15 February 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Heyhead House on the 7 and 8 January 2016. Heyhead House is registered to provide accommodation and personal care for eight adults who have a Learning Disability. The service is situated in Brierfield, Nelson in Lancashire.

The service was last inspected in July 2013 and was found compliant in all areas inspected.

At the time of this inspection there was a registered manager employed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Throughout this inspection we received positive feedback from people who used the service, visitors and community professionals. People expressed satisfaction with the service provided and spoke very highly of the staff that supported them. Comments included, "Staff are nice, they are kind to me" and "I love it here. It's been the best place I have worked in".

We saw the service had robust processes and procedures in place to maintain a safe environment for people using the service, staff and visitors. Detailed and up to date health and safety checks were in place covering areas such as portable electrical equipment, heating and security of the building. Audits of equipment and furnishings were completed on a monthly basis. We saw the service had a robust fire procedure and each person living at the service had a personal evacuation plan.

People indicated they felt safe living at the home. Safeguarding referral procedures were in place and staff had a good understanding around recognising the signs of abuse. All staff had undertaken safeguarding training and demonstrated good knowledge around this subject.

Over the two days of the inspection we found the service had adequate staffing levels. We reviewed staffing rotas and noted very little staff sickness. People indicated their needs were met appropriately. Staff told us they did not feel rushed with their daily routine and this enabled them to spend time conversing with people. We observed regular staff interaction to support this.

We found an overall good recruitment system in place and a thorough induction process for all new staff.

Processes were in place for the appropriate administration of medication. Staff were adequately trained. We saw individual risk assessments in people's files to support the safe management of medication administration.

We saw the service had created detailed individual risk assessments for all people using the service. These risk assessments included diet and nutrition, mobility and positive risk taking.

We saw detailed care plans which gave clear information about people's needs, wishes, feelings and health conditions. These were reviewed monthly and more often when needed by the registered manager.

We saw evidence of detailed training programmes for staff. All carers had a Level 2 or above NVQ (National Vocational Qualification). People we spoke to indicated that staff had the correct knowledge and skill base to effectively support people with a learning disability.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions. The manager also demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who uses the service in their best interests. At the time of inspection we found that no person using the service was subject to DoLS.

We saw that people's nutritional requirements were being met and choices were offered throughout the day around meals. We observed people making themselves snacks and drinks throughout the day and contributing to the preparation of meals. We saw the food was freshly prepared and served at a suitable temperature. We noted appropriate referrals had been made to dieticians and instructions were strictly followed in cases where people had known dietary requirements.

We saw positive staff interaction and engagement with people using the service. Staff addressed people in a respectful and caring manner. The service had a calm and warm atmosphere. We observed people laughing and conversing. One person told us "The staff are my friends".

People using the service indicated they were happy with the service. We saw positive feedback from people using the service by means of 'service user questionnaires' and feedback at service user meetings. We also noted positive feedback from relatives and staff about the registered manager. People told us they were happy to approach management with any concerns or questions. We saw evidence that an open door policy was followed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People indicated they felt safe. They were supported by care staff who were considered to be of good character and had been recruited through a thorough and robust procedure.

The service had detailed environmental risk assessments and procedures and had adequate processes in place to ensure these were reviewed effectively.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of safeguarding procedures to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed effectively and there was good guidance in place for staff about how to support people in a safe manner.

Is the service effective?

Good ●

The service was effective.

Systems were in place to ensure staff were sufficiently trained. Staff received a robust and detailed induction period prior to commencing employment.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

Supervision and appraisal was carried out effectively and in line with the service policy requirements.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring.

People indicated they were treated with kindness and their

privacy and dignity was respected by staff.

People's care and support was provided according to their wishes and preferences. Staff were knowledgeable about people's individual needs.

People were involved in decisions around their day to day lives. People and their families were involved in the care planning process and were invited to care reviews.

Is the service responsive?

Good ●

The service was responsive.

People told us they enjoyed living at the service.

Care records were detailed and clear. Care was adapted to meet people's individual needs and requirements.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

There was a good range of activities offered and people were encouraged to take part in activities of their choice.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager employed who was registered with the Care Quality Commission and was qualified to undertake the role.

The registered manager monitored the quality of the service provided through audits, observation and gathering feedback from people who used the service, staff and visitors.

Staff told us they felt well supported by the registered manager in their role and were able to approach her with any issues. The registered manager operated an open door policy.

Heyhead House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 8 January 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were eight people receiving care at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with five people who used the service and one relative. We talked with three support workers and the registered manager.

We looked around the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

Is the service safe?

Our findings

People we spoke with indicated they felt safe in their home. One person said, "I feel very safe, I live here with my friends. It's nice". People also told us the staff looked after them and made sure they were safe. One relative told us, "I have the utmost confidence in the staff, they ensure my [relative] is well looked after, they are as safe as they can be".

We looked at what processes the service had in place to maintain a safe environment and protect visitors, staff and people using the service from harm. We found the service had detailed environmental health and safety checks. We saw these checks covered areas such as portable electrical equipment, heating and security of the building. The registered manager told us it was the responsibility of all staff to carry out visual checks of the premises and equipment on a daily basis and report issues when required. However, it was the responsibility of the registered manager to review all risk assessments and sign the documentation. We noted the service had a range of detailed policies in place to guide management in areas of risk, such as RIDDOR (Reporting of injuries, diseases and dangerous occurrences regulations) and infection control matters. All policies had been read and signed by each member of staff.

The registered manager told us the service did not employ a full time maintenance person due the small size of the property. However, maintenance was carried out by external tradesmen when required. We noted each individual risk assessment reflected and recognised the needs and requirements of the people living at the premises. This detail was factored into the overall assessment.

We saw the service had robust fire risk procedures in place and detailed annual fire risk assessments were followed. We noted that monthly fire drills were up to date and documented in full. Other checks such as emergency lighting break glass call point checks and door seals were checked on a weekly basis and documented. Care staff we spoke to told us fire alarm tests and drills were frequent. We saw fire training was up to date. We also noted that each resident had a personal fire assessment in their file which offered detail on their mobility and responsiveness to a fire alarm. These individual assessments indicated 'if the person wishes to sleep with the door open a fire guard must be fitted'. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. One person pointed to the fire signage whilst we were speaking with them and told us they must go to it if there was a fire.

The registered manager told us audits of equipment and furnishings were carried out on a monthly basis. These audits covered areas such as the examination of people's bedroom furniture, kitchen furniture and equipment and other fixtures and fittings throughout the building. The registered manager told us she would ensure these checks were carried out by staff, herself or an external contractor. We noted these audits were up to date and completed in full.

We looked at how the service protected people from abuse and the risk of abuse. We discussed safeguarding procedures with staff and the registered manager. Staff spoken with showed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. We saw that staff had also had training on positively responding to behaviours. They were clear

about what action they would take if they witnessed or suspected any abusive practice. Staff we spoke to informed they had received training on safeguarding vulnerable adults and dealing with behaviour that challenged the service. We noted this training was up to date and staff received 'refresher training' when needed.

The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Policies included a very detailed chain of command structure to guide people through the procedure if required. Contact numbers for the Commission and the local authority were displayed and leaflets about safeguarding were left at the entrance to the building to ensure accessibility to all visitors, staff and people using the service.

We found the service had considered individual risk assessments for each person using the service to promote 'positive risk taking'. These risk assessments highlighted the level of risk to the person dependant on situation. They had been reviewed in line with policy guidance. These risk assessments were used as part of the person's care plan. The assessments highlighted the individual's wishes and feelings and capacity to make each decision. The assessments were signed by the person where necessary.

We looked at accident and incident reports covering a twelve month period. We noted no significant accidents or incidents had happened. None of these accidents or incidents were reportable to the Commission or local authority.

We looked at staff rotas. We noted processes were in place to maintain consistent staffing arrangements. We noted the staff team was small. This was reflective of the size of the service. We saw a consistent staffing level with very little staff sickness. Staff we spoke to told us there were always enough staff to cover sickness and annual leave and they would try to cover shifts between themselves before approaching the registered manager. The registered manager confirmed this happened but with oversight from her. She would then amend the rota as needed. One staff member said, "If extra staff are needed because we are going out for the day then the manager will arrange it. We are never rushed in our work". People spoken to told us they are happy with the staff and that they, "Help with jobs around the house". One person said, "I go out whenever I want, staff come with me". The registered manager told us that she worked at the house two full days and two half days per week but was on call for the rest of the time. Staff confirmed that the registered manager was always available to contact should they need her and gave examples of when they had asked for support and the registered manager had visited the home immediately to assist.

We looked at how recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. The three recruitment files had appropriate information in line with current guidance. We saw required character checks had been completed before staff worked at the service and these were recorded. The files also included employment history, proof of identity and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the way the service supported people with their medicines. We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered. Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. These were situated in the front of the medication file. All support staff and the registered manager were responsible for administering medicines. We saw that all staff had

completed medicine management training. The registered manager told us that staff member's competence to administer medicines safely was assessed on a monthly basis. The registered manager also told us audits of the medication signing sheets were carried out to ensure these were being completed correctly. We saw evidence that this was being done.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Medicines were stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. There were systems in place to check aspects of medicine management practices on an on-going basis.

Is the service effective?

Our findings

The people we spoke with indicated satisfaction with the care and support they received at the service. Their comments included, "I like living here, this is my home" and "I live here with my friends. It's nice". One visitor told us, "Staff are very good. Everyone is very well looked after".

We noted the service had processes in place for staff training. We looked at the training record of all staff. We noted staff training was up to date. This detail was clearly displayed on a 'training matrix', this was reviewed and updated by the registered manager on a monthly basis. We noted a variety of training subjects were offered such as, dealing with behaviour that challenges, first aid, infection control and equality and diversity. We also noted that all staff had a minimum of a level 2 qualification in care. Staff told us they felt they received an appropriate level of training to enable them to effectively undertake the support role. One staff member told us, "I love to go on training courses, I feel they really equip me to do my job". Another member of staff told us, "The manager always ensures we are up to date with our training".

We looked at the services induction processes for new staff. We noted arrangements were in place for all new staff to complete an initial 'in-house' induction. This induction lasted six to twelve weeks dependant on progress and incorporated policy reading, training and shadowing an experienced member of staff. The registered manager told us each staff member had a detailed induction file which had been signed and dated by management and staff member upon completion. We looked at three of these files and noted all were completed in full. Staff spoken to confirmed they felt the induction process was thorough and detailed and equipped them to competently carry out the role of supporting people who lived at the service.

We viewed the care records of three people using the service. The care records showed assessments had been made about people's capacity to make decisions in all aspects of their lives. We looked at decisions about medication administration, health monitoring and room access. We noted various methods were used such as pictures, easy to read documents and documents written in large print. 'User friendly' action plans, and consent forms had been designed. When speaking to people they told us they "Made lots of choices" one person said, "I like my room, I told staff what colour I wanted".

We noted people's signatures and consent were evident throughout the care files. If the person was not able to make an informed decision then a decision was made on their behalf in line with current legislation. This was in line with the Mental Capacity Act 2005 (MCA) which provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. We noted that no one was subject to DOLS at the time of the inspection. However the registered manager and staff demonstrated a good understanding around the principles.

The registered manager told us staff received supervision every three months. Effective supervision provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We noted the service used standard topics such as review on work ethics, work with individual service users and support and professional guidance. We saw records of three monthly supervisions held and noted plans were in place to schedule supervision meetings. One staff member told us, "Supervision is every three months unless something needs to be addressed then it will be sooner". Staff spoken to advised that prior to the supervision session they were required to complete a 'supervision score sheet' tool. This tool enabled staff to score their performance in various subjects from one to four. This was used as part of the supervision session. Staff told us they found this a useful tool as it gave an opportunity to, "Really think about their performance" prior to the meeting. We noted the registered manager carried out appraisal sessions in line with procedural guidance.

We looked at how people's nutritional requirements were being met. We saw meal times were appropriately spaced and flexible. We observed positive staff interaction with people using the service around the encouragement of meal preparation. We saw that people were encouraged by staff to assist with meal times, preparing the tables and making drinks. We saw people had choices around meal preference. The registered manager told us meal preferences are discussed on a weekly basis to encourage people to voice any changes. One person told us, "I enjoy my food". Another person told us they liked to help with making drinks and arranging the table. We noted the meals looked plentiful and appetising, they were also prepared from freshly bought produce. We noted people enjoying the mealtime as a social occasion.

Processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out and reviewed every six months. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including general practitioners and dieticians were liaised with as necessary.

Is the service caring?

Our findings

People indicated that their dignity was respected. One person told us, "Staff are kind to me". A visitor said, "I have always found the staff to be very nice. They are very caring and look after everybody extremely well". We observed some positive and respectful interactions between people using the service and staff. People were spoken to in a respectful and friendly manner, we saw examples of people being cared for considerably by staff.

We saw staff provided support in a positive way by involving people in routine decisions. Staff sought permission before entering any bedrooms to uphold people's dignity and privacy. People indicated that staff considered their choices. Over the two days of the inspection we observed people spending time in their rooms. People told us they enjoyed time alone to sit and watch television or listen to music. One person said, "I watch television in my room on my own, I like it". We saw people moving freely around the property.

People told us their family visited. We saw evidence of this during the inspection. We saw privacy was respected and family members were able to spend time with their relatives away from other people in the house. One family member told us, "I am able to visit whenever I wish. The staff always make me feel welcome".

We saw all people had a staff member who had been identified as a key worker. A key worker takes a social interest in the individual and helped develop opportunities and activities for them. They also supported the person by providing oversight of shopping to ensure maintenance of clothes, food and toiletries.

We saw evidence of residents meetings and forums. These meetings were held every month and were led by people using the service. New activities were discussed and the people using the service had consistently stated they were happy in their routine. We saw that all people were involved in their care planning and the person's wishes and feelings were evident throughout the files.

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

We noted that there was a strong emphasis on life, domestic and social skills being promoted. All activities were focussed on the person gaining their independence both in the house and in the community.

We saw the service had a policy around advocacy. Advocacy details were displayed at the entrance to the building and were easily accessible for visitors and people using the service. The registered manager told us there was nobody using the advocacy service at the time of inspection.

There was evidence that the service provider had a clear vision and set of values based on privacy and

respect. It was clear when speaking with people using the service, staff, other professionals and relatives that people's rights to choice, dignity, independence and privacy were respected.

Is the service responsive?

Our findings

People we spoke to indicated they enjoyed living at the service. Comments included, "This is my home". "We are all friends and I like the staff". Visitors we spoke with stated they were very happy with the care their relatives received.

We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager told us there were processes in place to assess people's needs before they used the service. The assessment involved gathering information from the person and other sources, such as families and care professionals. We looked at three people's care records and noted that the pre-admission assessments were detailed with relevant information.

The registered manager told us that each person using the service had a care plan. We looked at three of these care plans and found documentation was evident to support the development of the care planning process and the delivery of care. We saw that each of the plans had a very detailed daily living requirements summary. This covered areas such as mood and motivation, domestic tasks, family contact, dietary needs, personal care requirements and mobility. The registered manager told us these summaries were reviewed on a monthly basis to ensure the correct level of care and support is given. We noted the service recognised that needs could change and had correct procedures in place to assess this.

We noted care plans in response to identified needs and preferences. These included detailed directions for staff to follow on meeting the needs of the person. People we spoke with told us they had been part of their care planning process. The registered manager told us she had robust procedures in place to review care plans on a monthly basis. A relative we spoke with confirmed they had also been part of the planning and reviewing process.

We noted each person had detailed information recorded on liaising effectively with other agencies such as district nurses and doctors. In addition to this each person had a 'hospital passport'. This pack contained detailed information about the person's medical history, allergies, medication, daily living requirements and a photograph of the person. The registered manager told us this helped provide continuity of care if the person was admitted to hospital.

We saw that people were encouraged to access community based groups, employment and education. The registered manager told us there were a variety of groups such as dance groups and bike clubs. Small group activities were arranged and short break holidays. The people we spoke to told us they enjoyed the activities and that there were lots to choose from.

We found positive relationships were encouraged and supported by staff. People told us they had regular contact with their families. One visitor we spoke with indicated that they were always made to feel very welcome and offered refreshments during their visit. They also explained to us that that were always involved in aspects of their relatives care and support and were always kept informed of any health issues or appointments.

We looked at how complaints and compliments were managed. We noted the service had a complaints procedure in place. This was located at the entrance of the building. We also noted a copy of this procedure in the 'complaints book' and 'service user guide'. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible.

Staff told us they felt supported to raise concerns. We saw evidence of this in supervision notes and staff meetings. One staff member said, "I feel fully supported to raise any concerns. I know the manager would resolve any issue I have. She is fantastic".

We saw evidence that people who used the service also had opportunity to discuss any issue of concern regarding their care and support during regular one to one meetings and in general day to day discussions with staff. This meant any issues raised as concerns would be responded to quickly. The registered manager told us people were also encouraged to raise any issues at the residents meetings. We saw evidence of this in the meeting minutes. We also saw positive examples of responses to complaints by people and their families. People told us they felt confident that any issues raised would be dealt with appropriately.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager had responsibility for the day to day operation of the service. She was supported in her role by the deputy manager. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care.

People we spoke to indicated they liked the registered manager. They told us she was nice and helped them. One person said, "I like her and she is kind to me". One visitor told us, "She is a good manager. She is very approachable and always keeps me up to date with everything".

We noted the service had a wide range of policies and procedures in place. These provided staff with clear information about current legislation and good practice guidelines. We noted that all of these policies had been reviewed and updated to reflect any necessary changes. The registered manager told us it was her responsibility to ensure this was done on a monthly basis. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We saw the service had effective audit systems in place. These included environmental audits, medication audits and audits of people's care files. These were effectively reviewed and in line with procedural guidance.

The service used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires. We noted where a person did not have a family member questionnaires would be sent to the person's social worker or learning disability nurse. We saw that the questionnaires were also sent to GP surgeries and other health professionals who had contact with the service. We noted lots of positive feedback. Comments included, "I am happy with the employees and it's a real homely environment".

The registered manager told us staff meetings were held on a monthly basis. We saw evidence of this. We noted these meetings were used to feedback any complaints, compliments and any good or bad practice examples. Staff we spoke to told us the meetings were useful and provided an environment for everybody to come together and discuss any new ideas, plans or issues they may have. One staff member told us, "The manager will listen to any new ideas and if it is reasonable she will look into it to see if it can be done".

Staff appeared enthusiastic and positive about their work. They displayed a good work ethic. They were well informed and had a good working knowledge of the role and responsibilities of supporting a person with a learning disability. Staff were very positive about the attitude of the registered manager and how she managed the service. They told us they had received appropriate training which equipped them to undertake their roles effectively as support staff and felt well supported by the management team. Staff told us the registered manager was, "firm but fair" and this was appreciated as staff had clear leadership.

We noted over the two day inspection that the registered manager was very approachable. She considered the service to be well led. The registered manager told us she took her role very seriously and felt the staff did too. People we spoke to told us the registered manager was always visible around the service. Staff told us they felt the registered manager always had time for them and they felt able to discuss anything with her. One staff member said, "I love it here. It's been the best place I have worked in. The manager is fantastic, even if she is on half day you can contact her and she comes straight down". Another staff member told us, "The manager makes you feel confident in your role, she very approachable". We noted that the service had a long standing consistent staff team with very little staff turnover. We noted the staff team over the two days of inspection had all been employed by the service for over ten years. Staff told us they considered the team and the people living at the service to be their extended family.

We noted the service had a 'statement of purpose' which clearly outlined the underpinning principles of the service and its commitment to ensuring people received high quality care and support.

We also noted the provider had a 'mission statement' the aim of this was to "achieve high quality service". It also stated that the provider believed in providing person centred care and the support for people to make decisions for themselves, help plan for the future and feel part of the community.

We found the service had 'Investors In People' status. This was displayed in the entrance hall along with other useful information for people, staff and visitors to easily access such as, 'No Secrets guidance', information around mental capacity and the Department of Health 'Valuing People' document.