The London Borough of Hillingdon

Merrimans Respite Care Unit

Inspection report

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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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Merrimans Respite Care Unit provides short term accommodation and personal care over 2 floors for up to 9 adults with a range of needs including physical and learning disabilities in order to give their carers a break from their caring responsibilities. At the time of the inspection, around 70 people accessed the service. There were 7 people using the service on the day of the inspection.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:
Risks to people's safety and wellbeing were appropriately assessed and mitigated. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements. People were supported with their medicines. Staff were trained in the administration of medicines and had their competencies assessed. They followed the procedure for the safe administration and recording of medicines. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used. People's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing their care and support plans.

Right care:
People's support focused on them having as many opportunities as possible for them to gain new skills and maintain their independence. The staff supported people in a person-centred way and respected their privacy, dignity and human rights. Records indicated people's needs were met in a personalised way and they had been involved in planning and reviewing their care. Relatives' feedback highlighted the staff were kind, caring and respectful and had developed good relationships with people who used the service. The provider worked closely with other professionals to make sure people had access to health care services. People's nutritional needs were assessed and met.

Right culture:
Staff were responsive to people's individual needs and knew them well. They supported each person by spending time with them and listening to them. They ensured that each person felt included and valued as

an individual. People were engaged in meaningful activities of their choice. They were consulted about what they wanted to do and were listened to. Staff told us they were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected
The inspection was prompted in part due to whistleblowing concerns received about staffing levels. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Rating at the last inspection
The last rating for this service was good (published 29 August 2019). At this inspection, the service remains good.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our well-led findings below.

Merrimans Respite Care Unit

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 1 inspector, and an Expert by Experience undertook telephone interviews with relatives of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Merrimans Respite Care Unit is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Merrimans Respite Care Unit is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We met 1 person who used the service and spoke with 13 relatives about their experience of the care provided. People had complex needs and we were not able to fully communicate with them about their views of the service. We spoke with 3 members of staff including the registered manager, a team leader and a care worker. We also received email feedback from 4 members of staff.

We reviewed a range of records. This included 5 people's care records and the medicines records for all the people currently using the service. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. Following the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed and received feedback from 2 professionals who had regular contact with the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last comprehensive inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives told us their family members were cared for safely and they were happy with the service. Their comments included, "I am sure [family member] is safe there, they understand about [their] autism and accommodate [them]", "[Family member] is always ready on time when we come for [them] and [they are] all clean and nice", "I wouldn't know what I would do without [the service]" and "I am very sure [Family member] is safe with them."
- The provider had a safeguarding policy and procedure, and staff were aware of these. The registered manager referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns.
- The staff received regular training in safeguarding adults and knew how to recognise signs of abuse.

Assessing risk, safety monitoring and management

- Where there were risks to people's safety and wellbeing, these had been assessed and mitigated. Risk assessments were clear and detailed and contained risk management plans for staff about how to reduce the identified risk.
- There was a building risk assessment and action plan in place for each person. This helped staff identify possible risks in the home which might impact on the person's safety. For example, where a risk of falling from an upstairs window had been identified, we saw that all windows had restrictors in place which were checked daily.
- Some people who used the service received their nutrition and medicines via a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a tube that is passed into a person's stomach through the abdominal wall to provide a means of feeding when oral intake is not adequate. Staff received training in this and were able to support people as required.
- There were personal emergency evacuation plans (PEEPS) in place for each person using the service and these were up to date. They took into account each person's ability and heath needs and contained details on how to support the person to safely evacuate the building in the event of a fire.
- When people had allergies, we saw this was clearly recorded in their care plans. One person had been prescribed an EpiPen. This is used for emergency treatment of severe allergic reactions. We saw there were clear instructions in place for staff on how to use this. There were also clear instructions on how to recognise signs of Anaphylaxis. This is a serious whole-body allergic reaction which can occur when someone is exposed to something they are allergic to.
- There were regular health and safety checks which included gas and electricity, water systems, and equipment such as fire extinguishers and fire doors. All fire checks were undertaken, and included fire drills,

and weekly tests of fire alarms and equipment. There was an up to date fire risk assessment in place.

Staffing and recruitment

● There were enough staff on duty at any one time to meet people's needs. Staffing levels were adapted according to the number of people who used the service and their individual needs. During the night, there were always at least one waking and one sleeping staff on duty, and more if a person required one to one support.

● During the day, people attended day centres and colleges from 9am to 3pm, so staff were required to work split shifts to accommodate this. However, at weekends, people did not go out and staffing levels were adapted to reflect this.

● We viewed the rota for the last 4 weeks and saw there was always enough staff on duty to support people and meet their needs.

● The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction, before they were able to work independently.

Using medicines safely

● People received their medicines safely and as prescribed. A relative told us, "[Family member] has a lot of medication and we send that in with a list and they are very good with that" and another said, "We take [family member's] medication in and they deal with that well." The provider had a medicines policy and procedure in place. The staff had received training in medicines management and the registered manager regularly assessed their skills and competencies to manage medicines in a safe way.

● Upon arrival at the service, people's medicines were checked by two members of staff. The staff used a checklist for each medicine to ensure these had the correct labels and information, the correct number of tablets in the packs and ensured there were enough medicines for the person's planned stay.

● Each person had a medicines administration profile. This included their personal details, if they had mental capacity, any health risks, what to do if the person refused their medicines and any particular requirements and preferences.

● People's medicines were recorded on medicines administration records (MARs) and the staff signed these following each administration. We saw MARs were clear, contained the necessary information and were recorded correctly. The staff kept a running count of all the tablets and we saw these tallied with the content of the packs.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

People who used the service were able to be visited by friends and relatives as they wished, and there were no restrictions.

Learning lessons when things go wrong

● Lessons were learned when things went wrong. The registered manager explained how they had made improvements to the management of people's medicines following medicines errors. They told us, "I created an action plan which involved updating and re-introducing a medication handover form, I had a discussion in team leader and parent/carer meetings, reviewed staff training, and put new systems in place, such as 2 staff for all medication administration."

● They added they ensured there were enough staff on duty at all times to cover people's needs whilst 2 staff worked on medicines. They said, "I realise the importance of monitoring the procedures and systems in place to ensure that they remain effective and adhered to."

● Incidents and accidents were recorded and included a thorough investigation, outcome and lessons learnt.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving a service. This was to ensure the staff could meet their needs appropriately.
- Assessments were used to form people's care plans and these were developed over time.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. Relatives had confidence in the staff and told us, "The staff are very well trained… they are like the old time social work trained carers, they know what they are doing and that makes you feel confident that [family member] is going to be safe", "The staff are very good, very well trained" and "The staff all seem very well trained as [family member] is very difficult to care for, but they have asked what to do and found solutions."
- Staff received an induction before they were able to deliver care and support to people who used the service.
- Inductions included information about fire safety procedures, health and safety regulations and infection control. New staff were supported to undertake the Care Certificate and qualifications in health and social care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular training. We viewed the provider's training matrix which indicated all staff were receiving regular training. In addition to training the provider identified as mandatory, staff received training specific to the needs of the people who used the service, such as epilepsy, autism awareness, British Sign Language, mouth care for people with additional needs and enteral feeding tube.

Supporting people to eat and drink enough to maintain a balanced diet

- People who used the service were supported with their dietary needs. Relatives were happy with the food people were offered. Their comments included, "[Family member] enjoys the food, [they go] to day care, so take a sandwich but [they have] been able to go into the kitchen and make [their] own packed lunch which is very good and [they do] enjoy [their] food" and "[Family member] eats well there, I've got no issues with that."
- People's dietary needs, likes and dislikes were recorded in their care plans. These included for example, what they liked to eat at breakfast time, food items they could not tolerate or could only have small amounts of. For example, one person could not tolerate spicy food, and was allergic to some fruit, so the

staff ensured they met their needs.
● One person was at risk of choking and was required to eat pureed food and thickened drinks. Their care plan and risk assessment contained all the necessary information for staff to help ensure they followed directions to keep the person safe. Other dietary needs were clearly displayed in the kitchen for staff to refer to. These included Halal, gluten free, dairy free, lactose intolerant and nut free diets.
● The menu was prepared by one of the staff who oversaw the food ordering, shopping and menu planning. Food deliveries were arranged twice a week. Menu feedback was provided verbally daily between people and staff and discussed at team meetings.
● Weekly menus were displayed in the dining room in easy read and pictorial format. There was good communication between the staff and relatives to help ensure people were supported in line with their needs and preferences. For example, following a meeting, staff emailed a person's relatives details of the menu planned ahead of the person's arrival so they could feedback if they felt alternatives needed to be arranged.

Adapting service, design, decoration to meet people's needs
● The service was clean and spacious and well adapted to meet people's needs. There were areas for people to relax and watch TV or undertake activities. There was also a garden which people could use if they wished to.
● Each bedroom had an ensuite bathroom and toilet. People were able to bring objects of their choice to personalise their space whilst they used the service.
● The premises were tailored to help meet the needs of people with a physical disability. Bathrooms and toilets were large enough to accommodate wheelchairs and hoists and were equipped with specialist baths and handrails for people to use. 2 bedrooms had ceiling hoists to facilitate the moving and handling of people who needed this support and others had access to a mobile hoist.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People's healthcare needs were recorded in their care plans and met. Care plans contained detailed information about people's various health conditions, what challenges these brought and how to meet the person's health needs.
● People were supported to access healthcare professionals as required and we saw evidence of this in their care plan. One relative told us, "They are really good, when [family member] has been poorly they have rung for an ambulance, let me know immediately and I met [them] at the hospital."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Consent was obtained from people or their representative in all areas of their care and support. We saw signed consent forms in relation to personal hygiene, medicines, bed rails, and moving and handling.
● People's mental capacity was assessed before they began to use the service, and we saw evidence of mental capacity assessments in people's files. The provider understood their responsibilities under the MCA. Where necessary, they had made applications to the local authority for authorisations to deprive people of their liberty in order to keep them safe whilst staying at the service.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly and respectfully. The person we met seemed happy and relaxed and appeared to have a good relationship with the staff.
- Relatives told us they were happy with the service and the staff who supported their family members. Their comments included, "[Family member] is happy to go there, [they are] waiting for [their] next visit, [they] get a bag packed with all the things [they] like", "We have been using it for the last 10 years and [family member] really likes going", "We are very happy with it and [family member] is very happy to go there", "They are very kind and helpful" and "They know [family member] very well."
- People's diverse needs were recorded and respected by staff. Meals from different cultural backgrounds were included in the menu, based on the requirements of the people who were staying at the time.

Supporting people to express their views and be involved in making decisions about their care

- People were consulted and involved in decisions about their care and support. They were supported to express their views during meetings, and feedback cards which they were encouraged to complete at the end of each stay.
- There were regular parent/carer meetings organised where a variety of subjects were discussed, such as events organised, service development and any relevant information about the care and support of people who used the service.

Respecting and promoting people's privacy, dignity and independence

- People who used the service were supported to maintain their independence as much as they could. Their care plans specified what tasks they were able to do independently and the staff were aware of this. For example, one person was able to prepare small snacks and make tea or coffee.
- People were involved in shopping if there was a need to shop for additional items they required.
- People were consulted about their preference in relation to the gender of their care worker, and this was recorded in their care plans and respected.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received person-centred care which reflected their needs and preferences. Care plans developed from the initial assessments were clear and contained all the necessary information about the person and their individual needs. They were available in a pictorial format to help people understand what each section referred to. A staff member told us, "I always have time to read them as it's best to read before caring for a service user, they provide me with information I need."

● Care plans were split into sections referring to each area of the person's life and how their needs were to be met. Areas included, continence needs, mobility, health needs, communication, eating and drinking and dietary needs, personal care and independent tasks the person could achieve. Care plans contained an 'Important things about me' document. This included the person's background, people who knew them best, their likes and dislikes, what made them feel anxious or upset, and how to make them feel better.

● Night care plans described the routine the person preferred and clear instructions for staff to follow during the night. The night staff undertook hourly checks of people to ensure they were well and check if they required any support.

● The provider had systems in place to support people who may become anxious or agitated. Care plans contained guidelines for staff to recognise signs the person may be anxious, how they displayed their feelings and how to prevent escalation, for example, offering an activity. The staff recorded any episodes of agitation, possible triggers and actions taken. This helped them identify any patterns, so they could prevent reoccurrence.

● The staff recorded people's care hourly when they were in the service. We viewed a range of these and saw they were written clearly and in a person-centred way, detailing the person's mood, what they ate and drank and any activities they took part in.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were sought, recorded in their care plans and met. Some people had complex needs and staff required detailed information about how to communicate with them effectively

and meet their needs. We saw care plans were detailed and regularly reviewed in line with changes in people's needs.
● The registered manager told us people communicated through a variety of ways including verbally, signs, pictures, writing, objects of reference and body language such as gestures, pointing, facial expressions and nodding.
● Some people used technological aids such as mobile phones and tablets. The registered manager explained how one person expressed themselves by researching online what they wanted to communicate, often finding pictures on the internet, showing the screen to staff, and pointing at it.
● Where people's first language was not English, the provider tried to pair them with staff who spoke the same language. If this was not possible, they used translation services either in person or through internet translation services. If required or requested, care plans were translated and adapted into different languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People's care plans contained details of the activities they enjoyed doing. These were person-centred and described how to support the person and to meet their needs in the best way possible.
● These considered some people's inability to verbalise their wishes and indicated how to recognise physical signs that a person enjoyed or did not enjoy an activity. For example, one person did not seem to enjoy watching TV, but preferred listening to music. Their care plan also described their sensory needs, for example the need to touch a soft toy at all times.
● People lived with their relatives and only used the service for short stays. However, during their stays, they were able to receive visitors anytime they wished.
● Outdoor activities and outings had been affected by the pandemic. However, the registered manager told us these were being organised again. People attended day centres 5 days a week, so most outings took place at the weekend.
● The registered manager explained that, as they had experienced staffing pressures and did not have their own transport, they had focused on local and personalised activities, such as visiting the garden centre and café, and shopping trips into town, usually on a 1-2-1 basis.
● We saw some people had enjoyed a summer seaside trip, an afternoon tea party to celebrate the Queen's Jubilee and there were plans for Christmas celebrations such as watching a pantomime and going to London to see the lights.

Improving care quality in response to complaints or concerns
● Complaints were taken seriously and addressed promptly. There was a complaint policy and procedure and these were available to people and their relatives, including in an easy-read format. One relative told us, "I haven't had a complaint as such but if there have been any issues I've discussed this with them and it has been resolved, no problem" and "The only twice I raised issues they took it on board and it was a good response."
● Complaints were recorded and included the date, nature of the complaint and action taken. We saw all complaints were properly investigated. Where necessary complaints were escalated to the local authority so they were aware of these.
● People and relatives were encouraged to report any concerns they may have, and the management aimed to resolve these promptly, or provide information to support them to raise a complaint if required. Guidance for this was provided in their welcome pack.

End of life care and support
● Nobody currently using the service was receiving end of life support. End of Life plans were discussed as

part of the assessment process if this information was not already provided by social services. If people provided specific information regarding their end of life plan, this was included in their care plan. For others, their care plans stated to contact the family or next of kin should end of life planning needed to be discussed, and/or in an emergency. Some people did not wish to discuss this.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and positive culture at the service. Relatives were positive about the service, staff and management. Their comments included, "The service and the manager are very good", "I can talk to the manager anytime and I have no concerns", "The manager and staff have been so good" and "They call to let us know what's going on and they are very good like that."
- The staff told us they were happy working at the service and were well supported. Their comments included, "The manager is very supportive", "My line manager listens and is very supportive", "I feel I am listened to, encouraged and made to feel like a valued member of staff" and "[Registered manager] is very approachable."
- The feedback we received from external professionals involved in the service was positive. Comments included, "On more than one occasion and in recent times, they have assisted at short notice when emergencies have occurred. They have gone out of their way to help and provide sensitive person-centred care at these times" and "[Registered manager] is an exceptional manager, always on hand to offer support and the staff team the same.
If [Registered manager] is not available the senior staff are always approachable and professional."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood how important it was to be honest and open when mistakes were made or incidents happened. They said, "To me, duty of candour is about being open and honest. Not hiding any information but being transparent, showing honesty and being prepared to learn from mistakes. There is always room for improvement by admitting mistakes and sharing the information with whoever needs to know, accepting that errors were made, apologising for them and taking action to avoid it happening again."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had been in their current role since August 2021 and registered with CQC since January 2022. They were supported by team leaders and a team of care workers. They also received supervision and support from their line manager who often visited and carried out checks and audits of the

home.
● The registered manager worked hard to make sustainable improvements when incidents happened or concerns were raised. They involved the staff team to help ensure everyone worked in the same direction to make the home a good place for people who used the service.
● The registered manager and team leaders undertook regular checks and audits of all areas of the service to help ensure this was safe. We saw where issues were identified, they put action plans in place to make improvements and these were regularly reviewed.

Continuous learning and improving care
● The registered manager was always striving to improve the service for the benefit of people who used it. Relatives, staff and professionals told us there was a good atmosphere at the home, people were happy and standards were high. A social care professional told us, "They are very committed to their roles and ensure the clients' needs are met and most importantly they are safe and happy. Clients are included in choice and core values are met."
● Professionals told us the staff and management put people at the centre of all they did, and people felt happy and valued. One professional said, "They supported one client in giving them a certificate of bravery for responding to an emergency when at home and this made the client very happy and proud." They added, "We have worked with the service many years and often attend festive events where you can see how happy and valued the clients attending respite are."
● There were regular staff meetings taking place where a range of subjects were discussed and important information was shared. The staff told us they enjoyed taking part in meetings and learnt from these. They felt the registered manager was open and they felt listened to.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were consulted via 'customer feedback cards'. We viewed recently completed cards which indicated people were happy with the service. Relatives were consulted via quality surveys and regular meetings. This gave them the opportunity to discuss any concerns they may have and share important information.
● Relatives told us communication was good and where issues were raised during meetings, the provider took appropriate steps to address these and make improvements.
● The management team and staff worked with external agencies, such as the local authority, healthcare professionals and other providers. They attended forums and meetings with other care providers where they could share information and discuss any concerns they may have.
● The registered manager told us the staff were confident liaising with other professionals such as doctors, pharmacists and the 111 service for medicines and health related queries. Staff regularly contacted the care management and positive behaviour support teams, independent DoLS assessors, the day centres people attended and transport services for queries relating to people.