

# Consensus Support Services Limited

## Belstead Villa

### 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

Belstead Villa provides accommodation, care and support for up to four adults with a learning disability, autistic spectrum conditions and associated complex needs. There were two people living in the service when we carried out an unannounced inspection on 28 and 30 June 2017.

At our last inspection 14 April 2015 we rated the service as overall good, however well led was rated as requires improvement. At this inspection we found that previous shortfalls in this area such as not having a registered manager had been addressed and effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided. These improvements contributed towards people consistently receiving safe, effective, compassionate and high quality care.

A registered manager was in post. 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.

The atmosphere in the service was friendly and welcoming. People received care and support that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with them in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences. Relatives were complimentary about the care provided and the approach of staff and the registered manager.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. Regular assessments had been carried out and care records were in place which reflected individual needs and preferences.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs. Retention of staff was good and supported continuity of care.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with relevant professionals to maintain their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Staff listened to people and acted on what they said.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Staff understood the need to obtain consent when providing care. Appropriate mental capacity assessments and best

interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice

People were encouraged to maintain relationships that mattered to them such as family, community and other social links. They were supported to pursue their hobbies and to participate in activities of their choice. This protected people from the risks of social isolation and loneliness.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure.

Effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided. Identified shortfalls were addressed promptly which helped the service to continually improve.

## 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.

Staff knew how to keep people safe from abuse. There were systems in place to keep people safe from harm.

There were sufficient numbers of staff who had been recruited safely and who had the skills to meet people's needs.

People received their medicines safely.

### Is the service effective?

Good 

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

### Is the service caring?

Good 

The service was caring.

Staff knew people who used the service well, respected their preferences and treated them with dignity and respect. People's independence was promoted and respected.

People were listened to and their views valued when making decisions which affected them.

People's relatives were complimentary about the effective relationships that they had with the management and the staff.

### Is the service responsive?

Good 

The service was responsive

People's care and support needs were regularly assessed and reviewed. Where changes to their needs and preferences were identified these were respected and acted upon.

People were able to pursue their hobbies, participate in activities of their choice and to maintain links within their local community.

Feedback including comments, concerns and complaints were investigated and responded to and used to improve the quality of the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open and transparent culture at the service. People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided.

# Belstead Villa

## 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 is 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 unannounced inspection took place on 28 and 30 June 2017 and was undertaken by one inspector.

Before the inspection, we requested that the provider complete 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. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We met with two people who used the service. They had complex needs which meant they could not always verbally communicate with us about their experiences. When not verbalising their views they communicated with us in different ways, such as facial expressions, signs and gestures. We observed the way they interacted with the staff and registered manager in their surroundings and also spoke with two relatives. We received feedback from two health and social care professionals.

We spoke with the registered manager and four members of staff. We reviewed the care records of two people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our last inspection we rated this key question good. At this inspection we found that the service had sustained this rating.

People who used the service were relaxed and at ease in their surroundings and with the management and staff. When asked if they were happy living in the service one person smiled, nodded their head and indicated by putting their thumb up that they felt safe. One person's relative told us they believed their relative was well protected living in the service. They said, "Yes I think [person] is safe. Been no accidents. Place is secure. Staff are vigilant and alert to any danger."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing (reporting concerns of poor practice) procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse to the appropriate professionals who were responsible for investigating concerns. One member of staff told us, "We have a duty to act and report any issues. Wouldn't hesitate to flag things up if I was concerned." Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified or following the provider's disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff, including the registered manager were knowledgeable about people's individual needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and accessing the local community. Where people who were vulnerable as a result of specific medical conditions, such as epilepsy or may have on occasion behaviours that can challenge, there were clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned.

People's care records provided staff with clear and detailed information about identified triggers and how to manage associated risks. This also included examples of where healthcare professionals had been involved in the development and review of risk assessments. These measures helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff told us and records confirmed that the risk assessments were accurate and reflected people's needs.

Staff provided people with care and support at their own pace and were able to give people the time they needed for assistance. A senior member of staff explained how the service was staffed each day and this was determined by the needs of the people at the service. They told us this was regularly reviewed and staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. They shared with us recent examples of how staffing levels had been increased to support people when needed. Conversations with staff and relatives, information received from health and social care professionals plus records seen

confirmed this. This showed that the provider took steps to ensure that there were sufficient staff available to meet people's assessed needs.

Safe recruitment procedures were followed. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, including how identified risks were safely managed. Records we looked at confirmed this.

There were suitable arrangements for the safe management of medicines. People received their medicines on time and in a safe manner. One person's relative said, "The staff are very good; all know what [person] has and when and are good at getting [person] to take it without any fuss. Staff are on top of it all."

Staff were provided with medicines training followed up by regular checks on their practice by the registered manager. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide staff on when to offer these.

Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Regular audits on medicines and frequent competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.



## Is the service effective?

### Our findings

At our last inspection we rated this key question good. At this inspection we found that people continued to be supported by staff that were well trained and competent in meeting their needs and this rating remains good.

Effective systems were in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. This included for one member of staff supporting them to pursue their interest in positive behaviour and its impact on people with learning disabilities. Discussions with staff and records showed that they were provided with the mandatory training that they needed to meet people's requirements and preferences effectively, including regular updates. Training was linked to the specific needs of people. For example autism spectrum conditions, managing behaviours that challenge, epilepsy, Makaton and other communication methods. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. A healthcare professional shared with us their positive experience of working closely with the service stating, "Every opportunity is taken to extend the staff team's knowledge and skills base and they are always keen to try new ideas to support their people better."

Feedback from staff about their experience of working for the service and the support arrangements in place were positive. They described how they felt supported in their role. One member of staff told us, "We have regular team meetings; plenty of opportunity to talk to the manager if you need to either informally or at supervisions. The training is relevant and informative. The manager is very supportive, encourages the team to develop; open to any ideas we may have to improve." Another staff member said, "I do feel very supported. We are a team and work together not separately. (Registered manager) is approachable and always around if you need them."

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 Act 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. 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 on authorisations to deprive a person of their liberty were being met. We found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager and staff we spoke with demonstrated how they involved people that used the

service as fully as possible in decisions about their care and support. They had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that staff had received this training. Guidance on best interest decisions in line with MCA was available to staff in the office. The registered manager understood when applications should be made and the requirements relating to MCA and DoLS to ensure that any restrictions on people were lawful. People's care plans contained information about the arrangements for decision making for those who lacked capacity, best interest decisions, and the decisions that they may be able to make independently.

We saw that staff consistently sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Care records included documents which had been signed by people and/or their relatives where appropriate to consent to the care identified in their care plan. This included disclaimer records for photographs to be taken and sharing information with other professionals and for staff to assist them with their medicines.

Feedback about the food in the service was positive. One person when asked if they liked the food nodded their head and made a sign for fish to indicate this was their favourite type of food. Another person smiled and nodded their head to show they were happy with the food provided. The support people received with their meals varied depending on their individual circumstances. Where people required assistance, such as prompting and offering encouragement this was provided sensitively and respectfully. We saw that people were supported to eat and drink enough to maintain a balanced diet. People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or making referrals to health professionals.

Relatives told us the staff monitored people's health and well-being to ensure they maintained good health and identified any problems. One relative said, "They [staff] are quick to act if they spot a change and are worried. I have a good relationship with [name of staff member] that's [person's] key worker and knows [them] inside and out." Where staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, they had taken action to reduce the risk. This included prompt referrals to health care professionals and requests for advice and guidance. This showed us that appropriate action was taken to maintain people's health and wellbeing.

People's care records contained health action plans and records of hospital and other health care appointments. One relative told us how the staff supported their relative to maintain their health. They said, "[Person] is supported to attend all their appointments they [staff] are on top of everything has never missed one." Staff prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

# Is the service caring?

## Our findings

At our last inspection we rated this key question good. At this inspection we found that people were still supported by kind, caring and compassionate staff and this rating remains good.

People when asked if they liked living in the service smiled, nodded their head and gave a thumbs up sign. A relative told us, "[Person] has settled in the home; is the happiest [they] have been for a long time." Another relative said, "I take [person] home for a visit most Fridays and can see that [person] is more than happy to go back to Belstead Villa which is a good sign to me. I have no worries about [person] being at Belstead as the staff are well trained to manage behaviours, understand [person's] needs and know what they are doing."

We observed the way people interacted with the staff and the registered manager. This included how people responded to their environment and the staff who were supporting/communicating with them. People were relaxed and at ease in their environment and with the staff. We saw one person smiling and hugging a member of staff as they both left the service to visit the town centre and do some shopping. In the afternoon we saw people laughing and engaging with the staff as they chose a snack following lunch time meal.

There was a warm and friendly atmosphere in the service. People had complex needs and had limited verbal communication. Staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Staff used effective communication skills to offer people choices. This included sensitivity to the language used and the amount of information given, to enable people to understand and process information. Staff were seen to give people time and space to express their needs and choices. This included picking up on non-verbal communication such as body language and gestures to understand what people were communicating.

Staff knew people well and understood their needs. Time was given to people, and we saw that interactions were not rushed. When speaking about people, we observed that staff were respectful in their language, and ensured people's wishes were communicated. Interactions seen between staff and people were kind, compassionate, person-centred and supportive. This showed that staff attended to people's needs with due respect. Staff we spoke with described how they provided a sensitive and personalised approach to their role and were respectful of people's needs. They told us they enjoyed their work and demonstrated a positive approach. One member of staff said, "My job is very rewarding. I love coming to work."

The registered manager demonstrated a comprehensive knowledge of the people living in the service without referring to records. They were active and visible within the service and people and relatives were complimentary about their approach and caring manner. One relative said, "The manager is hands on and easy to get hold of if you want to talk to them." Another relative said, "The staff are very good and I have a good relationship with the manager."

People's independence and privacy was promoted and respected. This included closing curtains and shutting doors before supporting them with personal care. In addition, when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner.

People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

People's care records had been devised according to the assessed needs of the individual. Their care records showed that people, and where appropriate their representatives had been involved in their care planning. Reviews were undertaken and where people's needs or preferences had changed, these were reflected in their records. This told us that people's comments were listened to and respected. One relative told us "Things are ok, communication is good in general. I am kept well informed and feel part of the process. My feedback is listened to and appreciated. It is a shared responsibility to care for [person]; we [family and staff] all have to all pull together as a team."

People were supported to maintain friendships with others and their relatives confirmed they were able to visit at times of their choosing and were made welcome. One relative said, "I am here most weeks and have no concerns."

## Is the service responsive?

### Our findings

At our last inspection we rated this key question good. At this inspection we found that people continued to receive personalised care responsive to their needs and this rating remains good.

Relatives were complimentary about the responsiveness of the registered manager and staff team in meeting people's needs. One relative said, "They [staff] understand [person] really well, recognise and react well to changes in [person's] behaviour. Triggers are known and well managed by staff using patience and tolerance to get the right results. As you would expect some staff are better than others; more tolerant and experienced, but all of them remain calm in a crisis and know how to handle difficult situations."

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. We found that people's ongoing care and support was planned proactively with their involvement and they were encouraged and enabled to maintain their independence. We observed that staff were patient and respectful of the need for people to take their time to achieve things for themselves. One relative confirmed our observations saying, "Since coming to live here [person] is encouraged all the time to do things and be more self-sufficient less dependent on others and has come on leaps and bounds. They [staff] know when to push and when to step back."

People's records reflected the individual level of care and support they required and preferred to meet their assessed needs. Staff told us that these records were accurate and provided them with the information that they needed to support people in the way that respected their choices. This included details about people's specific needs and conditions and the areas of their care that they could attend to independently. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. These included feedback from family members, staff, health and social care professionals and wherever possible the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders. Records of shift change/ handover meetings identified that where there were issues in people's wellbeing or changes in their care this was discussed and appropriate actions planned. This showed that people received personalised support that was responsive to their needs.

People had support plans and risk assessments that were person centred and identified their individual aspirations. Records showed that people had set personal goals with the staff and these were regularly reviewed. This included supporting people with activities they wanted to try such as sailing and horse riding and with going on holiday in the future. People's interests were incorporated into the planning; paying attention to things people had indicated they wanted to do. Throughout the service there were photographs of people undertaking a variety of activities that they had wanted to do as well as enjoying events in the service and going on day trips. A healthcare professional told us, "The service provided for the young adults who live there is very good indeed. Provision is highly personalised and the staff team know the young people very well indeed. Every opportunity is taken to provide meaningful activities which suit the individuals' tastes and interests."

Systems were in place for people and their relatives and or representatives to feedback their experiences of the care provided and raise any issues or concerns they may have. There had been several compliments received about the service within the last 12 months. Themes included caring staff approach, promoting independence and improved communication. Discussions with relatives, staff and the registered manager showed that feedback including comments and concerns were acted on. For example, incorporating changes to the menu and the planning and provision of activities and events. People were also involved in making decisions about changes to the environment of the service. This included choosing the colours of communal areas and carpets and deciding on astro turf in the garden to make the outside more enjoyable.

The registered manager advised that as part of continual improvements with communication in the service they were in the process of developing a newsletter to go out to people's families. They explained that this would include information about changes in the company, within the service, staff recruitment to keep relatives up to date with ongoing developments. In addition they explained that the newsletter would be personalised to contain information about their individual relative and what they have been doing.

The provider's complaints policy and procedure was made freely available, in an accessible format and copies were given to people who used the service. It explained how people could make a complaint or raise a concern about the service they received. Records of complaints showed that they were responded to and addressed in a timely manner. People's views were valued and used to improve the service. Records seen identified how the service acted on people's feedback including their informal comments. These comments were used to prevent similar issues happening, for example providing additional training and improving communications where required. The registered manager advised us they were developing their systems for capturing information from comments and complaints so they could reflect the actions taken to further improve the service.

People and their relatives told us they knew who to speak to if they had a concern. One relative said, "I am aware of how to complain. Confident that any issues I raise would be dealt with properly. Any little grumbles, I'll say are quickly dealt with, so no concerns on that front. The manager and staff listen and act in the right way." Another relative commented, "If I had any issues I would speak with the manager."

# Is the service well-led?

## Our findings

At our last inspection we rated this key question requires improvement. At this inspection we found that a registered manager was now in post and had made continued progress in addressing the shortfalls found at the last inspection, particularly with implementing systems and procedures to monitor and improve the quality and safety of the service. They were able to demonstrate how lessons were learned and how this helped to ensure that the service continually improved. They acknowledged further development was needed, to ensure that these systems and processes were fully embedded. However, we found that this positive change in the culture of the service meant it was being well run and have changed the rating to good.

Effective systems and processes to assess and monitor the service were in place. For example, regular checks on health and safety, medicines administration and management, risk assessments, care plans and daily records. These independently highlighted where there had been shortfalls and the actions taken to resolve this, such as inconsistencies found in the medication audits when recording people's medicines. Steps taken to address this included internal communications to staff on best practice, competency checks and further training where required. In addition the registered manager had delegated some of their responsibilities to senior members of staff giving them areas within the service to champion best practice amongst their colleagues. This included safe management of medicines, infection prevention and control, health and safety and care records. They ensured they had effective oversight of these areas by meeting regularly with the designated staff leads to review processes and systems and discuss any issues. This provided an opportunity to drive improvement across the service by sharing best practice, identifying themes and trends, escalating issues of concern and developing accompanying action plans

Feedback about the staff and registered manager was complimentary. One relative said, "Have no concerns can speak to anyone [staff and registered manager] and they sort things." Another relative told us about their positive experience saying, "[Registered manager] is on hand if you need them. However the staff are all more than capable of dealing with any issues that might crop up. Communication has got better and things are overall very good. We all work together as a team to do the best for [person]." A health care professional described how when dealing with challenging and difficult circumstances the registered manager and the staff demonstrate a, "professional and compassionate manner."

People, their relatives and or representatives were regularly asked for their views about the service. This included regular care reviews, daily interactions, individual/ resident meetings, communications and quality satisfaction questionnaires. We reviewed some of the feedback received from the annual satisfaction survey and saw that comments were positive. Feedback was valued and used to make improvements in the service, such as changes to the menu and undertaking different activities.

The registered manager had instilled an open and inclusive culture within the service. Under their leadership the staff team were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Staff said they felt that they were involved in the service and that their opinion counted. One member of staff said, "We work closely as a team and are there for each other. We all get along and look

out for each other. Great morale."

People received care and support from a competent and committed staff team because the registered manager encouraged the staff to learn and develop new skills and ideas. For example, representing the service at external meetings within the local community and attending the local authority's dignity forum.

Staff were motivated to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. They demonstrated to us a commitment to providing a good quality service.

Meeting minutes showed that staff were encouraged to feedback and their comments were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how best to support people with personal care and to be independent. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff said, "We have regular team meetings and good handovers to keep up to date with what's going on." Another staff member shared with us an example of how they had made some suggestions about how to work differently with a person who due to their condition had become 'anxious and distressed' about something. They told us the management team and their colleagues had listened and supported them to try out their suggestions which had a positive outcome for the person.

The service worked in partnership with various organisations, including the local authority, district nurses, local GP services and mental health services to ensure they were following good practice and providing a high quality service. Feedback from health and social care professionals about their experience of working with the service was complimentary, with one healthcare professional stating, "Effective working relationship in place with the service. Staff are kind, caring and professional."

The registered manager described how as part of effective networking they had been involved with the local county council, other providers and stakeholders on working on 'my life my future' implementing the joint learning disability strategy. This included looking at a new framework and changes to services for people with learning disabilities. Outcomes from this were now under consultation, with further meetings planned to consider how the network would work together and influence policies and commissioning. As part of ongoing learning and professional development of their staff team the registered manager advised how they would support a member of their team to take this work forward.

The provider's quality assurance systems were currently being further developed to identify and address shortfalls and to ensure the service continued to improve. The registered manager showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to the environment of the service as part of a five year plan, ongoing recruitment and staff development. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.