Voyage 1 Limited

The Orchards

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 19 May 2015 and was announced.

The Orchards is a small care home registered to accommodate up to four people with a learning disability and/or other complex needs. There were four people living at the service at the time of our inspection. The Orchards is a modern, detached house situated on the outskirts of Crawley town centre. It has a rear garden, communal dining area, sitting room and kitchen. All bedrooms have either en-suite facilities or a bathroom next door. All areas are easily accessible to people living at the service. There is a local bus service into town and people can also receive lifts from staff via a fleet car.

The service has a registered manager. 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.

People felt safe living at the service and were looked after by staff who had been trained in safeguarding adults at risk. Staff knew what action to take if they suspected abuse was taking place. New staff were checked to ensure they were safe to work at the service. However, if concerns were raised following a Disclosure and Barring

Summary of findings

Service check, the registered manager had not always risk assessed or had discussions with new staff to ensure they were safe to work with adults at risk. Medicines were generally managed safely, however, a bottle of Paracetamol was still in use which was beyond its 'use by' date. Risks to people were generally identified, assessed and managed safely. There were sufficient numbers of staff on duty at all times to keep people safe.

Staff received all essential training and were encouraged to undertake a level 2 qualification in health and social care. They had monthly supervision meetings and annual appraisals. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and the associated legislation under Deprivation of Liberty Safeguards (DoLS). They put this into practice. People were encouraged to prepare and cook their own meals and were involved in choosing main meals for the week ahead. People had access to healthcare professionals and all their appointments were recorded in a diary. Staff were on hand to support people to attend their healthcare appointments.

People were cared for by kind, caring and understanding staff. The service had a homely atmosphere. People had their own keyworkers with whom they could discuss any aspect of their care. They were supported to express their views and make decisions. People's privacy and dignity were promoted and they were treated with respect by staff. They were encouraged to be as independent as possible

Care plans provided staff with comprehensive information about people, and, how they wished to be supported. Daily records were kept for each person and staff completed information in an individual diary. People could choose the activities they wanted to participate in and staff planned these activities for them. Some people volunteered at local charity shops. People maintained close contact with their families and others who mattered to them. Complaints were dealt with promptly and in a timely fashion.

People were actively involved in developing the service. Regular service users' meetings took place and people were asked for their feedback about the service through these and through regular meetings with their keyworkers. Friends and family were also asked for their views. Staff were supported to question practice and were encouraged to make suggestions about the service to the registered manager. Where possible, these were put into practice. The provider undertook audits of the quality of the care provided by the service and how they met their registration requirements in line with legislation. The service had good links with the community and other stakeholders. A newsletter was produced and circulated to inform families and external stakeholders about the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were unsafe.

Where the Disclosure and Barring Service had provided information about new staff, risk assessments and discussions had not always taken place to ensure that staff were safe to work with adults at risk.

Medicines were generally managed safely. However, there was a bottle of Paracetamol which was out of date.

There were sufficient numbers of staff on duty to keep people safe. Staff knew what action to take if they suspected abuse was taking place.

Is the service effective?

Good

The service was effective.

People were encouraged to cook and prepare their own meals, with the support of staff where needed.

People had access to healthcare professionals and associated services.

Staff received all essential training and had monthly supervision meetings and annual appraisals with their manager.

Staff understood the requirements under the Mental Capacity Act (MCA) 2005 and their responsibilities with regard to Deprivation of Liberties (DoLS).

Is the service caring?

Good

The service was caring.

People were supported to be as independent as possible by kind and caring staff. They were treated with dignity and respect.

They were encouraged to express their views and to be involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People chose activities they wanted to do and staff arranged these for them. Some people worked in local charity shops.

People were encouraged to stay in contact with their families and those that mattered to them.

Care plans provided staff with information about how to support people in a person-centred way.

Complaints were dealt with promptly and in a timely manner.

Summary of findings

Is the service well-led?

Good

The service was well led.

People were involved in developing the service and regular service users' meetings were held at which they could express their views. Friends and family were also asked for their feedback.

There was an open door policy and staff were encouraged to make suggestions for improvements to the service.

There were audit systems in place to measure the quality of care provided.

The Orchards

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.

The inspection took place on 19 May 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in. Two inspectors undertook this inspection.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including five care records, four staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met and spoke with four people using the service. Due to the nature of people's learning disability, we were not always able to ask direct questions, but we were able to observe how they were supported by staff. We did, however, chat with people and were able to obtain their views as much as possible. We spoke with the provider's operations manager, the registered manager and a senior support worker.

The service was taken over by a new provider in April 2014. This is the first inspection since the change of legal entity.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe living at the service and one person said, "Yes, I'm happy to be here". Staff recognised the signs of potential abuse and told us what action they would take if they suspected abuse was taking place. One member of staff said that people would tell her if they felt unsafe. Staff were able to describe the different types of abuse such as verbal or physical and said that they would report any concerns to the registered manager or local safeguarding authority. All staff had received safeguarding in adults at risk training which was updated yearly.

Risks to people and the service were managed safely. Risk assessments provided detailed information and guidance to staff on what action to take in particular situations, for example, when people were out in the community, at risk of choking and management of people's finances. Risks were rated using a 'risk consideration record index' which comprised four different headings for staff to follow which identified the best possible outcome for people. These were: 'High risk/low happiness – don't do this, high risk/ high happiness – always try to find a safe way, low risk/low happiness – only do it if absolutely necessary and low risk/ high happiness – always do'. Accidents and incidents were recorded which provided details of the event, the outcome, the action pursued by staff and lessons learned. This information was shared with all staff at the service and with the local authority, where appropriate.

There were sufficient numbers of suitable staff to keep people safe and meet their needs at all times. Staffing levels were assessed based on people's care and support needs and some people needed 1:1 support at certain times, which was provided. There were usually two care staff on duty, sometimes only one staff member if people were out and one waking night staff. Staff thought that staffing levels were sufficient to look after people safely.

The service generally followed safe recruitment practices. Before new staff were allowed to start work, they had criminal checks undertaken through the Disclosure and Barring Service (DBS) to ensure they were safe to work with adults at risk. Where positive DBS checks have been returned, there has to be a risk assessment or discussion to ensure that new staff are safe to work with adults at risk. Consideration has to be given to the impact the disclosure might have on the new staff member's suitability to work at the service and with adults at risk. This was discussed with the registered manager and operations manager at the end of our inspection. It was conceded that not all appropriate measures had been taken at the time new staff were recruited. The benefits of embedding safety measures at the point of recruitment were discussed.

Staff records showed that all other checks had been undertaken such as the obtaining of two references, a record of the interview, employment history and photo identity checks.

Generally, medicines were ordered, stored, managed and disposed of safely. People told us they received support from staff to take their medicines. A member of staff told us, "We ask them and give them to the service users every day. Nine times out of ten, they tell you", referring to the fact that people always remembered the times when their medicines needed to be taken and reminded staff of this. A senior member of staff took responsibility for re-ordering people's medicines so that they always had sufficient medicines in stock to meet people's needs. This member of staff also undertook weekly audits of PRN medicines, which are medicines that are taken as required. The registered manager undertook a monthly audit of all medicines. All members of staff received on-line training on medicines and then the registered manager completed a competency assessment to ensure that people administered medicines safely. Any unused or out of date medicines were returned to the pharmacy. However, in the medicine cabinet, we found a box of Paracetamol (PRN) for one person which had an expiry date of February 2015. This meant that the medicines' audits had not been effective overall as this out-of-date medicine had been missed. The registered manager withdrew the Paracetamol from the medicines cabinet during our inspection, for the pharmacy to dispose of safely.

Medication administration record (MAR) sheets had been completed correctly by staff and showed that people received their prescribed medicines at the time they needed them. Medicines care plans had been drawn up for people which assessed whether people had the ability and capacity to manage their own medicines. People had signed their medicines care plans authorising care staff to administer and manage their medicines. There was

Requires Improvement

Is the service safe?

information for staff on what action to take if people declined their medicines. One medicines care plan stated, 'Leave for ten minutes, ask again. If he completely refuses, then contact GP or NHS for advice'.

One person said they would speak with care staff if they had a pain or wanted to see a doctor. The decision to administer PRN medicines for pain relief was taken by two members of staff. There was a policy in place for 'staff medication administration' which all care staff read as part of their training.

Good

Is the service effective?

Our findings

People received care from staff who had the necessary skills and knowledge. Staff told us that all training was done on-line. The registered manager stated in the Provider Information Return (PIR), that 'We aim to access more of the available West Sussex County Council Gateway training courses to enable more face to face training'. One member of staff told us about some of the training she had received in food hygiene, health and safety, fire, control of substances hazardous to health (COSHH), first aid, mental capacity, safeguarding and medicines. She said that she had also done 'Diabetes Champion' training to raise awareness of diabetes. All staff were encouraged to undertake a qualification at level 2 in health and social care and all staff had received essential training. Staff training records confirmed that all staff training was up to date.

New staff underwent an induction programme. On the first day they would be made aware of the philosophy of care, have the functions of the service explained to them, information about handover, communication and daily records. During the first week, the new staff member would have read and understood policies and procedures and fire safety. The induction also provided opportunities for new staff to shadow experienced staff, so that they could get to know people and how they wanted to be supported.

Staff had monthly supervision meetings with the registered manager or senior support worker as well as an annual performance appraisal and records confirmed this. Records showed supervision meetings had taken place when a range of issues were discussed and actions identified. Team meetings were held every couple of months or so, although the registered manager said it was, "a struggle to get everyone to attend", so staff communicated through a communication book. The registered manager said that he saw 90% of the staff at least twice a week anyway. He said that he worked alongside staff and people of the time and that he progressed and supported staff through their training. Staff handover meetings took place between shifts, with a larger handover meeting at 8 pm, so that daytime staff could share information with the night staff. Records of the handover meetings were made and signed by staff. These showed a breakdown of tasks for each person living at the service and staff signed to say when these tasks had been completed. For example, supporting a person with an activity or helping them to tidy or clean their room or do their laundry. At these meetings too, staff would handover keys, look at the communication book, discuss any accidents or incidents, establish the whereabouts of people and have a walk round the premises.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put what they had learned into practice. One member of staff said, "I always assume people have capacity". People were assessed on their capacity to make decisions and assessments had been signed by people to indicate their involvement in the process. Where larger decisions were required, then best interest meetings were held which was where people, their relatives, staff and other professionals would get together to make a decision on the person's behalf.

Deprivation of Liberty Safeguards (DoLS) applications had been made to local authorities for everyone living at the service. DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. No authorisations had been granted yet, but local authorities had confirmed receipt of the applications and these were being processed. Two people living at the service were free to come and go independently, whilst others needed staff to support them in the community.

People were supported to have sufficient to eat, drink and maintain a balanced diet. We observed that people were encouraged to prepare their own meals, particularly breakfast and lunch. One person enjoyed making his own breakfast of Weetabix, toast and tea. He also made his lunch and said he liked Cornish pasties and sandwiches. The main meal of the day was served in the evening as people often went out during the day. Staff supported people to cook meals and people chose what they wanted to eat. There was open access to the kitchen so people could help themselves to food and drink at any time of the day. Discussions about the week's menu took place on a Sunday. Everyone chose one main meal for the week which was shared by all, but people could change their minds on the day if they preferred something else. Healthy options were always offered, for example, many people liked Quorn mince. Fresh vegetables were prepared and on offer daily and people opted to have a roast on a Sunday. In the summertime, people could choose to have a salad or cook a meal on a BBQ. People also chose to visit local pubs for a

Good

Is the service effective?

meal occasionally and a member of staff told us, “They like the social aspect of it all”. On the day of our inspection, the main meal chosen was cheese and bacon quiche with a baked potato and salad. Alternative food choices were also on offer such as burger, pizzas, pies, noodles, pasta, meat or fish. People’s weight was recorded, with their permission. One person needed to increase his weight and was advised by a dietician to supplement his diet with high energy drinks. Another person was being encouraged to follow dietary guidelines to lower his cholesterol.

People were supported to maintain good health and had access to healthcare services. People had regular healthchecks from professionals such as the dentist or optician. They received a full health check by their GP every year and records confirmed this. One person had a list of contact details for the healthcare professionals involved in his care and this was pinned on his bedroom wall. He said that if he felt unwell and wanted to see a doctor that he would speak with a member of staff and an appointment would be made for him. People had a separate ‘healthcare professionals folder’ which recorded visits that had been made, for example, to a chiropodist, optician or a hospital appointment. There were individual sections within the folder which recorded hospital notes, GP notes and dentist notes. These recorded the date of the visit, the reason for the visit, the outcomes and actions needed. Hospital passports had been completed for people. These provided details for hospital staff about people’s medical history and health conditions should they be admitted to hospital. People had signed their consent which showed their agreement to the support they required for personal care and medicines; these consent forms were kept in their healthcare professionals folder. People’s healthcare appointments were recorded in a ‘house diary’ which served as a reminder when appointments were due and staff that would be needed to support people to attend.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. One person told us that he had lived at the service for several years and said, "I get on well with the staff". He said he enjoyed spending time with staff and said there was usually someone around if he needed support. Another person referred to staff and said, "They are kind, they listen to me all the time," and, "When I get upset, someone cheers me up. If I'm still crying, someone will take me out".

There was a warm, relaxed and friendly atmosphere at the service and we observed staff supported people in an easy way that made them feel comfortable. A member of staff told us everyone had their preferred ways of receiving support with their personal care. Each person had a keyworker allocated to them who co-ordinated all aspects of their care and who would meet with people on a monthly basis. Some people preferred to receive their support from a male member of staff and this had been arranged for them. Staff knew people well, including their preferences and personal histories. Care records contained information for staff and one record stated, 'What is the best way to present choices to the person? [Named person] likes to exercise his choices with his keyworker or other member of staff'. People's family members had their birthdays recorded in people's care records so that people could remember to send cards to friends and relatives.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support. People had signed their care plans to show that they had been involved in planning their care. Care plans gave information about people in a person-centred way. Person centred planning is a set of approaches designed to assist a person with their life and the support they need. A member of staff referred to person centred planning and said, "Making sure about everyone's wishes, not mine or the company's, just theirs". People had a one page profile within their care plan. One care plan stated, 'What people like and admire about me: Happy most of the time, like to chat and socialise. Willing to help people, make people laugh'. The care plan went on to describe, 'What's important to me, how to support me well, relationship map (a circle of support which included family, work colleagues, friends and paid support). 'Decision making profiles' had been completed for people which stated, 'How does the person like to be given information about decisions?' The information was completed and stated, '[Named person] can make certain day-to-day decisions, but would need help to make the right choice'. It went on to state, '[Named person] likes to be given information that affects his life and what is going on regarding this'.

People's privacy and dignity were promoted and they were treated with respect by staff. During our inspection, when speaking with one person, they expressed concern they could be overheard by another person. A curtain was pulled across between the lounge and kitchen to allow the person more privacy while he spoke with us. Everyone was independent with their personal care and just needed prompts or reminders from staff with this. One person told us that he woke up around 7.30 am and that he was independent with his personal care tasks. He went on to tell us that if he needed help, he would ask a member of staff. A member of staff explained, "It's their choice, we just document in care notes". People were encouraged to be as independent as possible and staff actively promoted people's independence. One member of staff described it, "By giving them as much independence as I can. Most activities, I just drop them off, encourage them to do as much as possible and make their own choices". One person was very keen to build on his independence and move into supported accommodation. Care staff were helping him to make this wish a reality, for example, by supporting him to manage his own bank card, go to the bank and withdraw money.

Good

Is the service responsive?

Our findings

We observed that people received personalised care that was responsive to their needs. Care plans provided information to staff about what a typical day might look like for people. 'A good day, a good night, good leisure and work time' described to staff what they needed to do to achieve this with the person. There were emotional and behaviour support guidelines in place for people which identified behaviours of concern, pattern of behaviours, triggers: 'Helping the person stay calm and in control of themselves'. The different stages were captured from the trigger stage, escalation stage, crisis stage and calming stage. Staff were informed what action to take and which records needed to be completed through the process. For example, a reassessment of any risks, 'What are we doing to reduce the use of interventions over time?' with the record stating areas to be considered such as PRN medicines and diversionary tactics. Care plans were reviewed monthly between people and their keyworkers; people signed their care plans to show they had been involved.

Daily records were kept in individual diaries for each person. These recorded what people had done on a particular day, what they had to eat, what support had been offered and accepted. The diaries also recorded information about people's moods and behaviours, what action had been taken by staff and medicines administered.

People were supported to follow their interests and take part in social activities as well as volunteering opportunities in the town. People chose the activities they wanted to do and care staff then accessed opportunities within the community and helped to set these up. People had 'Merlin cards' which enabled them to visit theme parks at weekends. Records showed that people had visited Madame Tussauds, the London Eye and Warwick Castle. The registered manager said the, "Guys come forward and say what they want to do. There's always plenty of drivers". Shifts and staffing levels were adapted to meet people's needs and planned around their social activities. Some people undertook volunteering in the community by working in charity shops and were able to travel independently. These people were working on the day of our inspection. Everyone had a planned schedule of activities which they chose to do.

In the PIR, the registered manager referred to improvements that he planned to introduce within the next 12 months and stated, 'We will be including [as a service users' meeting agenda item], for each person we support, reminders of how to do things and assess their understanding of making a complaint and how to contact outside advocacy services if needed. We will be looking for outside courses on basic cookery skills and money matters. This has proved difficult so far as funding has been withdrawn for such courses at our local college. We aim to do this in house for now with gradually lowering levels of support in the kitchen/cooking area once the person we support are deemed competent'.

People had planned and booked a holiday to Majorca for five nights from 13 June. People had decided where they wanted to visit by looking at holiday brochures and talking about what they liked to do. For example, one person enjoyed go-karting and there was a go-karting track a few minutes' walk from the hotel.

People were encouraged to stay in contact with people who mattered to them. One member of staff drove a person to visit their family in Wales every six weeks and would collect them again at the end of their stay. The majority of people did not have family who lived close to the service, but they were encouraged to stay in touch by telephone, mobile or through sending cards. There was a notice in the office with people's photographs reminding staff about people's telephone call to their family on certain days and times. There was a photo of the service user and also the family member alongside a large picture of a phone. People had their own rooms which were personalised in line with their preferences. One person showed us the photos of his family, friends and girlfriend which were on the walls and in a photo frame beside his bed.

Keyworkers provided feedback about the people they supported by completing a monthly keyworker summary report. This report included visits made by people to medical professionals, their weight this month and last month, any changes to diet or their medication, their finances, any personal issues and outstanding actions from last month. Risk assessments were reviewed and any changes to the care plan were made. People were asked if they had any concerns or complaints or had ideas for any outings. An action plan was drawn up which was a

Good

Is the service responsive?

collaborative effort between the keyworker and the person. The action plan showed what had been discussed, the outcomes, the actions to be taken, by whom and when completed.

People were encouraged to feedback any concerns or complaints they had. A member of staff told us, "People can complain verbally or tell the keyworker. They all know when there's an issue, they tell staff". People were asked if they had any complaints when they met with their keyworker at monthly meetings. Where families or other people had a complaint, the registered manager said, "Generally people will phone me up" and that he sorted complaints quickly. He added, "I answer queries, I don't wait for problems to develop". The complaints policy stated that the registered manager would contact a complainant within two working days and would deal with the complaint, reporting back to the complainant, within a maximum of ten working days. Where complaints had been raised, these had been dealt with within the time stipulated in the provider's policy. Only one complaint had been received within the last year and records showed this had been dealt with in a prompt and timely manner.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service. When we arrived at the service, one person answered the front door, welcomed us and took great pride in showing us around the service. People told us that they had service users' meetings at which everyone had a chance to speak. They discussed group outings and anything they wanted to change at the service. At one meeting, people expressed a wish to buy a pet. Various options were discussed and eventually it was decided that a tank should be bought and some fish. Staff supported people to go to the pet shop and to choose the fish they wanted to buy. The fish tank was placed in the sitting room for everyone to enjoy. Records showed that service user meetings were held every couple of months. Items such as weekly room cleaning, respecting personal space, staff, menu choices and the procedure for making complaints were discussed. Actions to be taken forward were recorded and revisited at a future meeting. Staff had signed to say when they read the notes.

People were asked for their views about the service and a questionnaire was circulated to everyone in 2015. The questionnaire utilised symbols to aid people's understanding. People were asked what they thought about the service and whether they were encouraged to make choices and decisions about their care. Positive results were returned from everyone living at the service.

Friends and family were asked for their feedback through a quality assurance questionnaire sent out in September 2014. One family stated, '[Named person] is offered a variety of activities. He is always encouraged to participate'. In answer to the question, 'What do you think we do well?', the response was, 'General sense of wellbeing and the reassurance that he is being looked after well. Understanding his needs and supporting him'.

Staff were supported to question practice and the provider had a whistleblowing policy in place. The policy was dated January 2015 and stated, 'See something, say something'; staff had signed to say they had read the policy. A member of staff told us that she would 'phone head office anonymously if she had a concern and there were contact numbers available where she could seek help. She said she could also contact CQC.

When asked about the vision and values of the service, the operations manager stated, "I very much believe it's about the people coming first and achieving a quality of life, as well as meeting legislative objectives". A member of staff thought the culture of the service was, "Really good. To promote as much independence as possible. People can choose when to eat, when to bath, etc". The provider's vision, mission and values stated, 'Passion for care, passion for business, positive, energy and freedom to succeed'. The registered manager told us, "We try and progress people as much as possible. Learning skills of people will stop at a certain level. We look to provide extras". The registered manager felt supported by the operations manager and said that he had links with managers from the provider's other locations, once a month.

The registered manager had an 'open door' policy and staff were encouraged to feed back their views about the service. Where improvements were suggested, the registered manager would take action to implement them, if they were beneficial to the service. He said, I like to have a good working relationship with staff on the floor. Staff come forward with lots of suggestions. As long as standards are maintained, everyone is listened to". A formal staff survey had been undertaken in April 2014, but no recent survey had been undertaken. Care staff were given additional responsibilities, where appropriate, to develop their skills. For example, one person had been promoted to 'acting senior' and had the responsibility for medicines management. Staff turnover was low and many staff had worked at the service for a number of years. The registered manager told us, "Staff here do above what they're supposed to do," and added, "All [referring to staff] know each other very well. There's not a high turnover of staff overall".

The registered manager had a system of measuring the quality of care delivered and quality assurance audits were in place. Accidents and incidents were recorded on-line and patterns or trends were identified and analysed to take any action needed with regard to the future planning of people's care. The registered manager completed a weekly service report which addressed areas such as compliance, any visitors, people the service supported, capacity, admissions, care plans. Staffing issues were addressed such as contracted hours, vacancies, recruitment, disciplinary, agency staff, new starters. Information was completed regarding complaints, accidents and incidents. The provider undertook an audit every quarter which looked at their responsibilities under the Health and Social Care Act 2014 and associated regulations.

Good

Is the service well-led?

The service had developed good community links and external stakeholders were encouraged to provide feedback about staff and the service provided to people. Positive relationships had been developed with the charitable sector and voluntary work placements were found for people at charity shops in the town. One member of staff produced a newsletter every three months which contained updates on what was happening at the service; this was sent to families, health and social care professionals and other external stakeholders.