

Blythson Limited

Blythson Limited - 3 Ashley Avenue

Inspection report

3 Ashley Avenue
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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

About the service: 3 Ashley Avenue is a care home for up to three people with learning disabilities and/or autistic spectrum disorder aged 18 years and over. There were two people in residence at the time of inspection and a third person was preparing to move into the home. The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service:

- Since the last inspection the provider had made the improvements we asked them to make, by revising care plan and risk documentation and improving recording around accidents and incidents and mental capacity. Notifications were made to CQC appropriately and the previous inspection rating displayed in the service and on the provider website.
- The provider and staff were responsive to people's needs, they provided a caring and proactive environment, working continuously to make improvements to the service and provide people with high quality care.
- The service was well thought of by visiting professionals and relatives.
- Staff were well trained and learned about the values that underpinned the service, they demonstrated a detailed knowledge of the people they supported and over time had developed trusting relationships with them, so that people felt safe and happy.
 - The provider and staff ensured that people received continuity of care even when in hospital to help them cope with what was a frightening and anxious time.
 - Staff helped ensure people maintained important relationships with their families and facilitated opportunities for people to meet family and friends away from the service when needed.
 - Staff had a detailed understanding of individual risks and danger for each person. They understood the measures in place to keep them safe.
 - There were enough staff with the right skills and knowledge to provide support in a person-centred way. The provider took care in their selection of staff.
 - The environment was maintained to a high standard and with an ongoing programme of servicing and checks of equipment and refurbishments of the premises. Fire drills were held to ensure staff understood

how people could be evacuated safely.

- People were supported to eat healthily, and to access routine and specialist healthcare appointments when they needed to. A health professional commented that staff demonstrated a good understanding of a person's specific health needs, and had used appropriate discretion in alerting other health professionals when needed.
- Staff treated people with dignity and respected their privacy.
- 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.
- Detailed plans of care that considered people's needs and preferences guided staff in their support of people.
- People were provided with an individualised programme of activities to occupy them, and this was monitored to check their level of participation and adjustments were made to reflect people's preferences.
- The provider promoted an open culture and was a visible presence in the service, staff felt supported by the providers and the registered manager, they felt listened to and valued. Relatives were asked for their views and felt these were acted upon.
- The registered provider maintained systems to monitor and continuously improve the quality of services provided for people.

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

Rating at last inspection: 3 Ashley Avenue was last inspected on 4 January 2018 (published 4 July 2018) and was rated as Requires improvement overall.

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection and the service has met the characteristics of Good in all domains. The overall rating is therefore Good.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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.

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Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

3 Ashley Avenue is a care home without nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

This inspection was announced to ensure that staff and people were going to be available.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to

send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. Prior to the inspection we also contacted the local safeguarding team and commissioning team for feedback, after inspection we spoke or had feedback from three social care professionals and two health professionals that had contact with the service, no concerns were received.

During the inspection, people were unable to verbally communicate with us to give their feedback and experience of using the service, so we observed them in their engagement with staff.

We spoke with one of the providers, the registered manager, an area manager and two support workers and a member of the maintenance team. We also met a visiting relative.

We reviewed a range of records. This included two people's care and health records, medicines administration records. We also looked at three staff files in relation to recruitment, supervision and appraisal records and all staff training records. Records relating to the management and safe operation of the service including policies and procedures implemented by the provider were also viewed.

We asked the provider for additional information after the inspection such as the staff training matrix, evidence of the assessment process for a person under consideration and evidence of the providers audit checks of the service, which they sent.



Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff spoken with had a good understanding of safeguarding and received training on a regular basis to help them understand, identify, and report any suspicions of abuse.
- Staff understood how to keep people safe during incidents and had guidance in place to inform them. They knew how to escalate their concerns to their managers and to outside agencies such as social services the police, or the Care Quality Commission if necessary.

Assessing risk, safety monitoring and management

- At our last inspection on 04 January 2018, the registered persons had failed to identify that actions taken to address incidents was not always well documented or an accurate record of these events kept. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager acted to address this. At this inspection, records showed that appropriate actions had been taken in respect of incidents and accidents. Regular reviews of people's needs took account of whether existing support strategies were effective in meeting these, and keeping the person and others safe.
- At the previous inspection we recommended that the amount and repetitive nature of some risk information be reviewed. This was done and staff told us that they liked the reduced documentation which made it easier to read.
- Staff demonstrated a detailed knowledge and understanding of risks to people in their daily lives including anxious behaviours that could cause conflict with others. Staff were provided with individualised guidance and support strategies, for example kitchen dangers because of meal preparation and cooking with people. Staff understood how to identify and manage these risks to ensure people's health, safety and overall welfare was supported safely.
- People lived in a safe environment. An ongoing refurbishment programme was in place. Regular servicing tests and checks of electrical and gas installations, portable electrical equipment and fire safety systems, were carried out. Guidance was available to staff in the event of emergencies that could impact on the operation of the service, and to effect safe evacuation for people and staff in the service.

Staffing and recruitment

- The provider operated a safe system of recruitment to help ensure people were only supported by suitable

staff. All appropriate required checks were undertaken prior to new employees taking up post, checks included a criminal record check, employment references, evidence of personal identity, a full previous employment history and a statement as to their fitness to undertake the role. This information helped inform the recruitment process.

- There was enough staff on duty to provide people with all their support needs. Staff were attentive and proactive in engaging with people around their daily living activities.

Using medicines safely

- Appropriate systems were in place for the safe management of people's medicines. Medicines were safely ordered, received and stored. Temperatures were recorded of medicine storage areas.
- Medicine records showed that staff were provided with information to ensure the right medicine went to the right person. Guidance was in place for those medicines that were taken only as and when required to help staff administer these in a consistent manner. Administration records were completed well.
- Medicines no longer required were disposed of safely and returned to the pharmacy. Medicine audits were conducted to identify and rectify any shortfalls in medicine management.

Preventing and controlling infection

- The providers and staff took pride in ensuring people lived in a safe pleasant environment and maintained the premises to a high standard of cleanliness, that was commented on by visiting professionals and relatives.
- Staff received training and were guided by policy and procedures to understand the importance of good infection control. Staff were provided with the personal protective clothing and materials needed to maintain good infection control standards in their day to day practice and prevent the spread of infection.

Learning lessons when things go wrong

- The registered manager and the provider said they had reflected on some of the areas highlighted at the last inspection and used this as a learning opportunity to implement changes across all their services.
- There was evidence from incident and accidents that staff responded to these appropriately and took learning from these to change support and risk guidance to improve people's safety and wellbeing, for example ensuring some people did not travel together in the same car.



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.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- At our last inspection on 04 January 2018, registered persons had failed to ensure that mental capacity assessments had been completed for different capacity decisions. Also, a clear record of best interest discussions had not been made. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection, action had been taken to ensure best interest discussions were appropriately documented within reviews and elsewhere and individual capacity assessments had been completed for specific decisions.
- 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that DoLS applications had been applied for. Staff demonstrated a good understanding of MCA and understood the authorised restrictions that were in place. They understood how people communicated their needs and wishes. We observed staff seeking consent before carrying out support and providing opportunities for people to express their choices and decisions.

Staff support: induction, training, skills and experience

- Staff told us that they received a comprehensive induction to the service. This included shadow shifts of other experienced staff, time spent reading relevant documentation to familiarise themselves with people's needs.
- During their period of probation staff were required to complete specific basic training to ensure they had

the understanding and competency to carry out their role safely. In addition, a fuller programme of training was provided to all staff that included specialist subjects relevant to the needs of people in the service such as epilepsy, and positive behavioural support. Staff were also supported and encouraged to undertake nationally recognised professional vocational care qualifications.

- Staff told us that they felt well supported. A system was in place for the regular supervision and appraisal of staff performance and development. There were good opportunities for career progression within the service and evidence that senior management where possible tried to accommodate staff's specific interests and requirements around their training needs.

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

- People's needs were assessed each month or whenever changes occurred.
- A comprehensive assessment was undertaken of new people before they moved into the service to ensure their needs could be met. A social care professional told us that they thought the service was good at matching people with each other.
- A transition to the service for new people was arranged at a pace to suit the person, often lasting months. The service shared information and staff with other placements where people moved onto. For example, two people had moved on recently from the service and some staff had been allocated to go to their new supported living accommodation to aid continuity of staff support and help them settle. A social care professional commented positively about how this was conducted for the person they referred to the service.

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

- Staff understood people's food likes and dislikes. They had gathered information from relatives and previous placements to inform their understanding of how to meet people's nutritional needs.
- Staff involved people in making active choices through use of verbal prompts and pictorial information.
- Staff knew about hydration and nutritional risks and monitored people's fluid intake daily to ensure they were drinking enough.
- People were encouraged to be involved in the preparation and cooking of some of the things they liked to eat. People's weights were recorded each month and staff sought advice of dieticians when needed.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent effective, timely care

- A health professional told us that they felt the registered manager had a good understanding of a person with epilepsy needs, and that staff were trained to provide appropriate support in the monitoring and management of the person's seizures.
- Where people had more complex health needs such as epilepsy, staff had received training and worked with specialist nurses and other health professionals to ensure they supported people with epilepsy or other conditions in line with current up to date good practice and guidance. An electronic recording application was used to measure the severity and regularity of the seizure as well as other information that could link into the cause of an increase/decrease of activity. This information was shared with epilepsy specialists to help inform treatment decisions.
- Staff had a good understanding of people's health needs. They supported people to attend regular health appointments and check-ups, and liaised with the GP for referrals to other health professionals.
- Information about people's health needs and their preferences for support was shared with healthcare staff when people were admitted to hospital to enable people to be supported in accordance with their needs and wishes.
- Staff provided support to people during any hospital stays to alleviate any distress they may experience from their unfamiliar surroundings.

Adapting service, design, decoration to meet people's needs

- The environment met the needs of the people living in the service.
- Alarms were fitted to beds for people with epilepsy to alert staff when someone experienced a seizure.
- The service was spacious, people moved freely around with the least restrictions. We observed people making use of the kitchen area and a small eating area. One person liked to make use of the lounge area on their own.
- People had been supported to personalise their own space to reflect their interests.



Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The registered manager could demonstrate how they had supported a person when they were admitted to hospital on two occasions by providing the most experienced staff for up to 15 hours each day funded by the provider to sit with the person to help the person to keep them calm and occupied on a public ward. The presence of these staff helped nursing staff to build a rapport with the person and to better understand their needs and method of communication. This support enabled the person to receive assessment of their health needs and treatment that otherwise they may not have been able to have; given their extreme anxiety with any medical procedure. Because of these positive experiences in a hospital setting the person was more accepting of visiting the hospital for routine appointments and this had improved their ability to engage with health professionals around their health needs.
- Staff enabled people to retain important family relationships by facilitating opportunities to meet, for example. A person with important family relationships was supported over the Christmas period by staff to and from different family addresses so they could spend time with their relatives.
- In response to a concern that a person would not cope well with attending a carol service in the community but would enjoy one, support staff arranged one in house. This involved people living at the service, neighbours and relatives. Staff made an event of it with some dressing as elves and refreshments were provided afterwards. A relative took an active role in the carol service providing music and song sheets for everyone.
- A health professional told us they had found staff to be friendly and welcoming and showed a good level of encouragement to help people participate in the activities of daily life, a social care professional described the service as being "Lovely, homely and very welcoming."
- We observed that staff were kind, attentive, interactive and compassionate in their support of people. People were unable to tell us about their support but we observed them to be comfortable and relaxed in the company of staff and the registered manager.
- We observed that staff took time to engage with people to listen and observe their body language to enable them to provide the support people wanted and needed.
- Each person had a profile in their file that informed staff about the person and their history, there was also information about what and who were important in the person's life. This helped staff gain an

understanding of the person and to build a relationship with them.

- Although not currently needed service staff were able to support people with practicing their faith if they chose to do so.

Respecting and promoting people's privacy, dignity and independence

- Previously we had highlighted that in some documentation we had viewed a staff member had written in a negative way about a person they supported. The provider had taken steps to discuss this with staff and remind them of the importance of good, accurate and respectful reporting. Documents viewed at inspection showed staff wrote about people in a professional and compassionate way reflecting a positive and caring attitude towards the people they supported.
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- Staff supported people to choose the clothes they wanted to wear each day.
- Staff respected people's individuality and treated them with dignity and respect, understanding what was important to people and ensuring they respected this.
- Staff respected and understood people's right to have private time when they needed this, we observed people choosing where they wanted to be in the house and staff were guided by people's preferences around what they did and adjusted activity programmes accordingly.
- Staff worked with people to develop goals which enabled people to work at their own pace to develop life skills. A relative spoke positively about how well their family member's independence skills had developed in the short time they had been at the service. They said that their new skills were already noticeable when they made visits to the family home and could help with their laundry, going shopping and putting shopping away.
- Staff understood the importance of keeping people's information secure and confidential. Records were locked away when not in use. A new electronic records system was being implemented, this would also enable relatives to access their family members records daily to see what they were doing. The new system was password protected and all users would have their own login passwords. With relatives having restricted access to their own family members records only.

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

- People had limited verbal communication and different communication abilities. Staff therefore used a range of communication methods to enable people to make their choices and wishes known through body language, sign language, vocalisations and objects of reference. This was documented in peoples care records to inform and guide staff. This was shared with other professionals when needed to aid their engagement.
- A relative spoke positively about the care and support their relative was receiving and in a survey, had commented "It is such a comfort to know he is in your capable hands." They told us that there was good communication with them about their family members care and support.



Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Previously we had identified that although people were working towards goals, recording around people's involvement in setting goals and their progress towards goals was not being evidenced clearly. This was a breach of Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2014. At this inspection we found action had been taken to improve recording of progress towards goals and make these processes clearer. The provider had implemented a system for monitoring the progress of goals, to evaluate them and assess their effectiveness.

- A social care professional told us that they were very pleased with the progress made by a person they supported, saying the person who tended to isolate themselves was making more use of communal areas and the wider community.

- Staff told us and records showed that people were supported to set and work towards achievable goals. Their model of support proved successful and two people had moved on recently from the service to supported living.

- Care plans were person centred and addressed people's individual needs, wishes and preferences. They included information about people's preferred routines, method of communication, behaviour triggers and strategies for supporting this proactively, their social inclusion and interests and the important people in their lives. Records showed that evaluation of people's care support and reviews with relatives took place regularly.

- The provider had developed their managers to undertake functional analysis (this in psychological terms is an analysis of how stimuli and responses are linked to behaviour). For example, such an analysis of one person identified that there was a sensory element to one person's behaviour of banging doors and windows. Musical instruments were provided and music therapy sessions each week in addition to activities, these actions had drastically reduced the previous behaviour, and when it did occasionally occur staff were able to redirect this by using musical instruments or other sensory experiences.

- An occupational therapist told us that staff had been keen to take on recommendations finding suitable activity and stimulation for a person and to carry them through in the person's best interests. A social care professional told us about how staff responded flexibly to accommodate people's preferences on a daily

basis, they said "It was clear that the manager, staff and provider knew the individuals well and adapted support accordingly dependent on the person's mood for that day."

- Staff understood people's information and communication needs. These were identified, recorded, and highlighted in care plans and shared appropriately with other professionals involved in people's care. People were provided with information in formats that they could understand such as staff using objects of reference, or short verbal prompts, signs that the person used and was familiar with.
- People took part in a wide range of activities outside of the service and some within the service. An activities co-ordinator helped to facilitate and develop activities and provided additional support when people went out. Staff monitored people's participation and noted that one person because of their health needs struggled to attend a sensory activity that they enjoyed, this needed to be pre-booked and was often missed because of the person's health or behaviour needs. Staff raised the idea of turning a disused room into a sensory room, a funding proposal was made to the providers which was agreed and this resource is now available to the person and others in the house. This compliments the existing community sensory sessions the person can enjoy when well.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure. The complaints procedure was provided in an easy read format for people and displayed in the service.
- People were unable to actively make complaints on their own behalf but staff monitored them for signs of distress or upset. There had been no complaints about or to the service in the last 12 months.
- A relative told us they were aware of how to make a complaint and would do so if they needed to but were happy with their family member's support and did not have any concerns.

End of life care and support

- At the time of the inspection, no-one who lived at the service was receiving or required end of life care.
- Because people were unable to comment or understand what their end of life needs might be or mean for them, staff had consulted with their relatives to ask how they would wish their relatives to be cared for at the end of their life. This information was recorded in their care plans to inform staff of people's wishes.



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.

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection on 04 January 2018, registered persons had failed to identify that systems to assess, monitor and improve quality had not been effective in identifying some shortfalls within the service and breaches in regulations had been issued. This was a breach of Regulation 17 of HSCA 2008 (Regulated Activities) Regulations 2014. At this inspection we found actions had been taken to address all shortfalls including a review of quality systems. A new quality system was being adopted from February 2019 that looks at every inspection standard.
- Records showed that systems to monitor the quality of the services provided to people were in place and carried out thoroughly with action plans for identified shortfalls to be met.
- The registered manager carried out regular monthly audits of for example; accidents and incidents, environment, staffing checks, people's welfare, and health and safety. If issues were identified actions were taken immediately to make improvements or added to an action plan with a timescale for completion.
- The provider told us that they visited monthly to provide support and carry out their own monitoring, and produced detailed reports of their findings, and monitored improvement through action plans.
- At our last inspection on 04 January 2018, registered persons had failed to appropriately notify of when Deprivation of Liberty Safeguards (DoLS) applications had been authorised. This was a breach of Regulation 18 of the Registration Regulations 2009. The provider acted to address this at that inspection. At this inspection we found that the registered manager and providers understood their responsibilities to notify CQC of any changes to the services provided or incidents that affected people who lived in the home.
- At our last inspection on 04 January 2018, registered persons had failed to display their previous inspection rating. This was a breach of Regulation 20a of the HSCA 2008 (Regulated Activities) Regulations 2014. Action was taken to address this. At this inspection the previous rating was clearly and openly displayed in the service and on the providers website.
- The providers of the organisation and the registered manager had fostered an open and inclusive culture.

Staff spoke positively about feeling supported by the registered manager with good team relationships and communication. One staff member told us "I feel very supported by the home management and providers who are very visible, it's nice to see that they come around and make a point of talking to staff."

- The provider took an active role in the recruitment of staff and told us that they liked to spend time modelling how staff worked with people and made good use of the staff probationary period to observe staff and their engagement and involvement with people, they said they wanted to ensure staff were the "Best they could be and not just here because it was a job."
- Staff said they had opportunities to meet individually with their supervisor or the registered manager on a regular basis and team meetings were held where staff took an active role in discussing issues arising.
- A reward system was in place and all staff received gifts at Christmas as a sign of the providers appreciation, there was also an award for 'outstanding staff member' they received a gift experience and bottle of prosecco.
- A relative told us that they found the registered manager and providers very approachable and willing to listen. They felt able to raise issues with them if any arose.
- The registered manager demonstrated a detailed understanding of people's individual needs and preferences.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- Outcomes for people were good. A health professional said about the service "It's a good service who base their ethos on client care and participation to enable the individual to fulfil a balanced lifestyle. Another social care professional said the service was "One of the best, it's a very professional set up" and said that it "Fitted the model of person centred care."
- Staff told us that the vision and values promoted by the providers of high quality person centred care was integral to staff induction into the service.
- The providers were visible and actively involved in some of the staff training to ensure their values were instilled.
- The providers and registered manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

Continuous learning and improving care; engaging and involving people using the service, the public and staff:

- The provider understood the anxieties of relatives in placing their loved one in the care of the service and took time to build relationships and trust with them offering meetings and monthly progress reports to keep relatives updated and feeling informed and involved.
- The registered manager told us that surveys were sent out twice each year. A relative confirmed they had received one. They thought their comments had been listened to and acted upon; they were pleased that a change had been implemented because of their feedback.
- People were unable to verbally share their views about their experiences but staff monitored their moods and behaviours for any signs of distress or unhappiness. Staff used a range of communication tools to engage with people and enable them to demonstrate their choices and decisions.
- Staff told us that they felt able to express their views and ideas for developing and improving the service.
- The registered manager attended regular meetings with other managers and the providers of the organisation, they found these meetings supportive. The registered manager attended conferences and training offered by the local authority, local clinical commissioning group, and learning disability England to keep updated with current best practice. They subscribed to trade magazines and spoke of articles that

were relevant to their support of people in the service.

- Staff worked in teams of three they understood clearly the management structure within the service and organisation and who they needed to report things to.

Working in partnership with others:

- The registered manager told us how they worked in partnership with relatives and local commissioners of services and health and social care professionals to promote people's well-being.