Consensus Support Services Limited

Deansbrook Farm

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

Deansbrook Farm is a residential care home registered to provide accommodation with personal care for up to nine people with learning disabilities or those with autistic spectrum disorder. There were six people in the service when we inspected on 1 September 2016. This was an unannounced inspection.

There was a registered manager 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.

There was a positive, open and inclusive culture in the service. The ethos of care was person-centred and valued each person as an individual. People were consistently treated with kindness, dignity, respect and understanding.

People received person centred care from staff who had an in-depth knowledge and understanding of each person, about their life and what mattered to them. There were sufficient numbers of staff to meet people's needs and recruitment processes checked the suitability of staff to work in the service.

Care plans reflected the care and support that each person required and preferred to meet their assessed needs, promote their health and wellbeing and enhance their quality of life.

People presented as relaxed and at ease in their surroundings and told us that they felt safe. Staff knew how to minimise risks and provide people with safe care. Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. People knew how to raise concerns and were confident that any concerns would be listened and responded to.

People were provided with their medicines when they needed them and in a safe manner. People were prompted, encouraged and reassured as they took their medicines and given the time they needed.

Staff understood the importance of gaining people's consent to the support they were providing. The management team and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were empowered to have choice, independence and control.

The service had a quality assurance system in place which was used to identify shortfalls and to drive continuous improvement.

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.

Procedures were in place to safeguard people from the potential risk of abuse.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

People received care from staff who had the necessary knowledge and skills to be competent in their role.

Staff understood the importance of gaining people's consent to the support they were providing.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

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

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff had an in-depth knowledge and understanding of people which meant their individual needs and preferences were fully

met.

People were supported to have choice, independence and control. They were listened to and supported to express their views and make decisions, which staff acted on.

Is the service responsive?

Good

The service was responsive.

Care plans reflected the care and support that each person required and preferred to meet their assessed needs, promote their health and wellbeing and enhance their quality of life.

Staff were aware of the importance of physical and mental stimulation, social contact and companionship and supported people to access a range of activities.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

The service provided a positive, open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a robust quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a high quality service.

Deansbrook Farm

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 1 September 2016 and was carried out by one inspector.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.We also reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the registered manager, deputy manager and three other members of care staff.

We spoke with four people who used the service, two relatives and received feedback from six health care professionals who visited the service. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care and support needs were being met we reviewed three people's care records and other information, for example their risk assessments and medicines records.

We looked at three staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Good

Is the service safe?

Our findings

People presented as relaxed and at ease in their surroundings and with the staff. A person told us, "I feel safe." Feedback from a healthcare professional who visits the service included, "They provide a safe and a secure environment for the service-users at all times" Another professional visitor commented, "I deem this service very safe. Management works closely with their staff to ensure they make safety effective whilst trying not to compromise privacy as far as possible."

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults procedures. They were aware of their responsibilities to ensure that people were protected from abuse. Details of how to report concerns were displayed in the office and the staff room and staff members we spoke with demonstrated that they were aware of the procedures they should follow if they were concerned that people may be at risk. A member of staff told us, "I've just done a refresher [training] on safeguarding. Any concerns I'd speak to [registered manager] then people above [registered manager] or there are helplines you can call."

Care records included detailed risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks specific to each individual according to their daily activities and support needs. For example, the risk of choking, seizures, access to the community, moving and handling, medicines and environmental risks. These had been updated to reflect changes such as potential risk of harm due to the building work which was being completed in the grounds of the service. This meant that staff had up to date guidance in order to protect people and others from the risk of harm.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the building if this was necessary. On the day of our inspection there was an oil leak in the garden due to a damaged pipe. The registered manager liaised with the provider's property services and relevant contractors to ensure that the necessary repairs were given high priority and the pipe would be fixed as quickly as possible. The staff team continually monitored the situation throughout the day in order to ensure people were kept safe.

Prior to our inspection we had received feedback that there were strong odours in some areas of the service. We noticed this to be the case and discussed this with the manager who told us that although regularly cleaned, the old flooring was no longer suitable due to the needs of the people now living in the service. It had been identified that this was the cause of the unpleasant odour and was therefore being replaced with a more appropriate style of flooring. This was scheduled to be completed as soon as possible and we saw that contractors visited the service on the day of inspection to measure up the areas where the flooring was being replaced.

People were protected by robust procedures for the recruitment of care workers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who

are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. DBS checks help employers make safer recruitment decisions and help prevent unsuitable care workers from working with people.

There were sufficient numbers of staff to care and support people according to their needs. A member of staff told us, "Generally it's one to one [one support worker for each person] and usually two to one on trips out. Some staff felt that at times it would be useful to have more support, one commented, "It's better if it's one to one. It can get busy very quickly but staff pull together well." They went on to say, "When new staff come in they are counted in numbers but we can't leave them with [people] on their own." However they also explained that a new shadowing process was being set up to address this. We observed that there were enough staff to respond to people's requests for help in a timely manner, and that people were given the attention and time they needed.

People were assisted with their medicines in a supportive and caring manner. We observed a member of staff giving one person their medicines after asking, "Where would you like them?" and making sure that they had a drink if they needed one. A person showed us a record of achievement which they had helped to develop, together with staff and their GP, to help them to feel a sense of achievement when they took a particular medicine they didn't like. This demonstrated that the staff had been innovative in their approach, ensuring this person was as involved as possible in the management of their medicines.

Suitable arrangements were in place for the management of medicines. Medicines administration records (MAR) identified staff had signed to show that people had been given their medicines at the right time. People's medicines were stored safely but available to people when they were needed. A person told us, "If I'm in pain I just ask for some paracetamol. I only ask for them when I need them." Staff responsible for the administration of medicines had been trained to administer them safely. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on.

Protocols were in place for medicine prescribed to be taken 'as and when required' (PRN) to guide staff as to how and when these should be administered. These had been put together with the assistance of a community nurse to ensure that staff had the knowledge they needed to administer this type of medicine appropriately and safely. The registered manager explained that they were committed to working with the relevant healthcare professionals with an aim of reducing the amount of medicines people needed to take. It had been recognised that some medication, prescribed to be administered when people's behaviour became challenging, could cause more problems for people. For example, staff had noticed that for one person their PRN medication made them very tired and emotional with a tendency to self-harm. The administration of this medicine had been reduced in consultation with the person's GP by using proactive measures to help them when they became distressed. Positive behaviour plans included details of situations which may trigger people to behave in a certain way. These also guided staff regarding what actions they should take before considering giving PRN medicines to people when they became distressed. The reduction of these types of medicines was promoted in order to reduce the risk of side effects and enhance people's quality of life.

Good

Is the service effective?

Our findings

Staff were provided with the training they needed to meet people's needs and preferences effectively. One member of staff told us, "There is a lot of training. I think about 29 different courses." Staff told us that they felt supported in their role and had regular one to one supervision where they could talk through any issues, seek advice and receive feedback about their work practice.

Staff had received training in specific health conditions relevant to the needs of the people they were supporting, for example a member of staff commented, "For some individuals you need additional training, I've done epilepsy training." They also told us that they had received specific training to enable them to be able to administer a particular type of medicine to be used when a person was having a seizure. Staff received training in conflict management to enable them to safely support people when defusing conflict and behaviours that challenge. Staff used what they had learnt to implement new ways of working which had positive outcomes for the people they were supporting. For example, using photos to help a person to understand a situation before they encountered it so that they were less likely to become distressed.

New members of staff were completing the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their work. Staff told us that when they started working in the service they had received induction training which focused on them getting to know the individual needs of each person they would be supporting. One staff member commented, "First thing I did when I came. I was inducted on everyone individually." Another said, "Before shadow shifts you read all risk assessments and concentrate on support plans." This demonstrated that there was a support system in place for staff that developed their knowledge and skilled and motivated them to provide a quality service.

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.

The registered manager told us that relevant applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us about examples of this and the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS.

We observed that staff sought people's consent and acted in accordance with their wishes. A member of staff spoke with us about how they assessed people's capacity to be able to make a decision. They told us, "We assess hourly, every minute, assess as we go. One minute they [people] can make a decision the next they can't. Just because they [people] can't now they may be able to do it later. We give them all the time they need." This demonstrated that staff understood the importance of not assuming that a person does have capacity and gave people every opportunity to be able to make decisions for themselves.

Care plans identified people's capacity to make decisions. Where people did not have the capacity to consent to care and treatment, people's representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans. A healthcare professional told us, "I always felt that they had the resident's best interests in mind and were really concerned about trying to make [person's] life better.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Records showed that guidance and support had been sought from relevant professionals to ensure that all people's dietary needs were being met. We observed that people were encouraged to drink plenty of fluids throughout the day.

People were encouraged to eat a healthy diet and one person told us how they had been working with staff in relation to this, "I eat nice big portions but more healthily." Their care plan also demonstrated the support that they had received from staff and healthcare professionals in relation to their dietary needs.

People were involved in deciding what they would like to eat and drink. To assist people to decide, a menu choices book and pictorial menu board had been developed. People were able to look through the book which showed pictures of meals to help them to consider what they would like to include on the menu each week. The board showed what was planned for each day so that people could decide whether they would like what was displayed or something different. The menu included details of which country each meal originated from and the country's flag. This was to assist a person with a particular interest in flags who liked to know where meals originated from. A member of staff told us, "[Person] will ask for Indian food for example and the flags tell [them] which meals are Indian.

We observed people accessing the kitchen freely with the support of staff during the day. There was no set lunch time, this was determined by each person's individual wishes and routines. A member of staff told us, "There's a hot evening meal usually between five and six but there is no set time, it depends on what [people] want." This showed that people were encouraged to make decisions about the food they ate and at what time.

People had access to health care services and received on-going health care support where required. A person told us about a small operation they had recently had and said, "[Deputy manager] came with me and other carers." Records showed and staff confirmed that strong relationships had been built with a wide range of healthcare professionals such as community psychiatric nurses, speech and language therapy team and behavioural specialists. A healthcare professional told us, "The [registered manager] also maintains a regular contact either by telephone and/or emails for any issues, concerns, need for advice, consultations relating to [people's] mental, behavioural and other health needs. Another healthcare professional commented, "I regularly see staff working collaboratively and positively with a range of professionals, client and family members at CPA reviews. They continually review support plans in response to changes in need and are extremely flexible in responding to meet these needs."

Healthcare professionals who worked closely with the service told us how staff listened and acted on the

advice which was given. One commented, "[Staff] were always very receptive to advice or information and were keen to understand more about the resident and how best to support [them]. They were also very pro-active in implementing recommendations, and took the initiative to put new strategies in place quickly.

Good

Is the service caring?

Our findings

The atmosphere within the service was relaxed and welcoming. A healthcare professional said, "The care team are always welcoming on visiting the service. A person told us, "I'm getting to enjoy it. I feel like I'm on holiday" A relative commented, "[Person] seems to be happy. [Registered manager] and staff are very nice" Another relative said, "I know they are very caring. They are trying their very best for [person], they are very kind."

People were positive and complimentary about the care they received. A person said, "They try their best to help me." A relative told us, "I can't grumble at all. They provide 24 seven care for [person]. The care and attention [person] gets. I can't fault it." A healthcare professional commented, "Very high level of service to these clients. This client is probably one of the most vulnerable adult on our patient list. The service [person] receives is extraordinary."

We observed staff demonstrating empathy, understanding and warmth in their interactions with people. A healthcare professional told us, "Management and staff are genuinely caring and show they want the best outcomes for residents." For example, we saw how throughout the day staff spoke calmly and gently with a person who was becoming unsettled at times. They helped the person with activities and tasks they knew they enjoyed and we saw that this helped the person to relax and interact with staff and others around them.

Staff had an in-depth knowledge and understanding of people's preferred routines, likes and dislikes and what mattered to them. A member of staff commented, "You can't work with these guys unless you know them." A healthcare professional told us They obviously have an in depth knowledge of their clients and always act in their best interests." Staff took the time to find out about the things which interested people. For example, one person had a keen interest in trains so staff encouraged and supported them to go on train trips, create a large model of a train and were arranging a train themed birthday party. Another healthcare professional told us how the staff were working positively with a person who had difficulty in communicating. They said, "It's exceptional care, it's also very personal. When you meet [person] initially you think [they] will not recognise anyone but [they] certainly know individual carers. They [staff] notice the small changes." This demonstrated that the ethos of care was person-centred and valued each person as an individual.

Care plans documented people's likes and dislikes and preferences about how they wanted to be supported and cared for. For example, one person's care plan give details about the way in which they communicated 'yes' or 'no' and prompted staff to try different ways to help the person make decisions for themselves such as giving them two preferred options to choose from. Staff read the care plan regularly to ensure that their knowledge about people was up to date. A member of staff told us, "Sometimes you get a response [from person], sometimes you don't. Even now I still like to go over them [care plans] just in case of preference changes."

Records showed that people had been involved with discussing their care and support needs. A member of

staff explained, "Everything we can we get them involved in. Involved in every aspect [of planning care] as much as we can." People had also been asked who else they would like to be involved with their care and this was documented in their records. A relative told us, "They always let me know what's going on, they tell me everything., if anything is wrong they let me know" Where people did not have capacity to make decisions for themselves we saw that relatives had been involved where appropriate and were invited to meetings to discuss people's care. People also had access to advocacy services which meant that they were supported to make their voice heard.

People wherever possible were encouraged by staff to make decisions about their care, support and daily routines. A member of staff told us, "I offer advice and support to help them make the right decision. Give them options like do you want a bath or shower? What would you like for lunch?" Staff were also mindful that although at times people may make a decision that they considered to be unwise, they had the right to do so. A staff member commented, "We support with decisions whether they are right or wrong." This demonstrated that staff were guided by the wishes of the people they were supporting and encouraged people to have independence and control.

Staff understood how people would communicate to them the level of assistance they required. A member of staff commented, "[Person] makes it clear if [person] doesn't want something." Staff promoted people's independence by being aware of their capabilities and encouraged people to do things for themselves, giving support where needed. For example one person had been supported to put together details of their family tree and display them on their bedroom wall. They were encouraged to write letters to their family who they didn't often see. This added to people's sense of self-worth and achievement.

People's privacy and dignity was promoted and respected. A member of staff talked about how they assisted a person with their personal care, "In a manner to respect [person's] privacy." A healthcare professional told us, "They have always shown good respect and politeness on all their dealing with [people]." This demonstrated that staff recognised the importance of privacy and dignity as core values in the service and worked together with people to promote them.

Good

Is the service responsive?

Our findings

People and their families told us they received personalised care which was responsive to their needs and their views were listened to and acted on. A person expressed how they were happy with the support they received and commented, "It's a shame I couldn't have come here before." A relative said, "I'm very pleased with the way they are handling things." A healthcare professional told us that people received a, "Good quality of care which is caring, effective and responsive to their needs."

Staff were knowledgeable about people and communicated with each other to pass on any changes in people's individual needs. Daily notes for each person contained details regarding daily routine and activities, what people had to eat and drink and details about their physical health. The care plan for one person who received 24 hour one to one support included details about what interactions staff had tried with the person and how they had responded. This helped staff to be able to see what was working well for the person and be aware of interactions which may cause the person distress. A healthcare professional commented, "[Staff] are client focussed, constantly looking for ways to improve the quality of life of those they support." This demonstrated that staff had a good understanding regarding the specific needs of people and explored ways in which they could help people to live fulfilled lives.

Staff were aware of potential triggers which could cause people distress and understood what support was needed in these circumstances. The registered manager and staff told us how they had seen a significant reduction in people's behaviours which challenge. A healthcare professional had written in one person's care records, "Physical aggression markedly reduced. [Person] is a lot calmer and agitation and loud behaviour is less than it was." Staff told us how the proactive strategies they used, such as appropriate touch or engaging people in activities they knew they enjoyed, helped to prevent situations escalating and helped to promote all aspects of people's well-being.

Most people had Positive Behavioural Support plans which gave guidance regarding potential triggers of behaviour which may be challenging, early warning signs for staff to observe and strategies to enable staff to support people in a way which may prevent behaviour occurring. For one person, although there were details throughout their care records about the best way to support them, there was no positive behavioural plan in place. However, the registered manager told us that two days had been put aside the following week at a venue away from the service so that staff could work together with the provider's positive behaviour intervention team to review all support plans and ensure that the relevant documentation was in place to guide staff.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. All aspects of people's physical, emotional and social needs were considered. Details were included relating to people's specific health conditions. For example, the care records of a person with epilepsy gave details about this condition to inform staff as well as a seizure management plan to ensure that staff were aware of the specific support needs of the individual and could monitor and review any changes. We found that some care plans records were in need of review and parts needed to be archived to ensure that staff were using the most up to date information. We discussed this with the

manager who acknowledged that some work was needed on these and planned to undertake this during the two days they were using to focus on peoples care records. This was important so that people could be assured that any changes to their physical, social or mental health needs were identified and responded to.

People told us about how they spent their day. One person told us, "I go every Friday to a disco, I go bowling on a Thursday. I like meeting people out. I went to the hairdresser, I went out for pie and chips." They explained how much they enjoyed taking part in these different activities and also added, "I go home [to family] quite a bit" Another person told us how they went to the library once a week. A member of staff commented, "Yesterday [people] went shopping and [person] went into Basildon shopping." Some staff felt that it would be good for people to go out more. One commented, "They all love going out. Most days we go but we don't always have drivers." A relative said, "[Person] generally goes out enough. I'd like [person] to go to more clubs. [They] are going back to college, once a week I think." The registered manager told us how they had attributed some of the reduction in behaviours that may challenge to an increase in people's activity. They commented that there was a, "Renewed emphasis on getting out" and explained how they were finding ways for people to get involved in a range of activities. For one person who was interested in world affairs staff had helped them to gather items of interest together to form collections and had helped them to make information books about certain subjects which the person liked to use to teach staff. This demonstrated that staff were aware of the importance of physical and mental stimulation, social contact and companionship and focussed on what was most important for individuals.

There was a complaints procedure in place which explained how people could raise a complaint. Records of complaints showed that they had been responded to appropriately and in a timely manner. The registered manager told us about a recent complaint which they have responded to the same day by offering to meet with the person raising the concerns. This showed that concerns and complaints were acknowledged, listened to and appropriate steps were taken to respond and put things right.

Good

Is the service well-led?

Our findings

There was a person centred, open and inclusive culture in the service. The management team and staff were committed in their holistic approach to providing people's care and support. One healthcare professional told us, "They also make their utmost efforts to be person centred and this results in them thinking 'outside the box' and coming up with different solutions for different people."

The staff team understood and shared the culture, vision and values of the service in its main objective to provide high quality care and continued positive life experiences to those who used it. A healthcare professional told us, "All of my experiences with the team at Deansbrook have been positive." A member of staff told us how they felt about their job role and commented, "It's rewarding, making a difference in people's lives." This was reflected in the genuine interest and warmth shown by staff towards the people they were supporting.

People gave positive comments about the management of the service. One healthcare professional told us, "Management and staff act promptly and take all steps possible to run the service safely and efficiently." Another said, "Management is knowledgeable in all relevant matters and is proactive in leading the service."

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities. Records showed and staff told us that they had regular supervisions which enabled the management team to set clear expectations about standards and gave staff the opportunity to discuss issues openly and develop in their role. Staff were provided with the training and knowledge they needed to respond to people's needs effectively and safely as well as protecting themselves from harm. A healthcare professional commented, "[Management team] also ensure that there are measures in place for the safety of their staff, which is an important responsibility for the service given the nature of the needs of its residents. A member of staff told us, "Some days things are bad but it's a good staff team. I feel safe. I know I could go into the office and speak to [registered manager]"

A member of staff told us how they were encouraged to report any issues of concern and commented, "We've got nothing to hide." They added, "[Registered manager] understands their duty to report and will always do that." Another member of staff said, "[Registered manager] and [deputy manager] are approachable and the seniors too. I feel they would at least try to sort out any problems." This demonstrated that staff were confident that they could raise any issues of concern and that these would be dealt with appropriately.

Staff told us that they were comfortable approaching the management team and were encouraged to question practice and implement new and improved ways of doing things. A member of staff told us, "Our staff meeting once a month gives everyone an opportunity to say what they feel. We talk about the good things that have happened and the bad." Another staff member said, "[Registered manager] will sit and listen and we discuss it. If possible we will make changes. If not [registered manager] will involve others like the relevant health care professionals. Like if changes are needed to peoples medication." This meant that staff felt valued and were motivated to drive continual improvement within the team.

The registered manager understood their roles and responsibilities in ensuring that the service provided care that met the regulatory standards. They told us how they strived to "Empower staff and people who live here more." They commented "We are a specialist service. We don't want to become institutionalised. This showed that despite the complex needs of people living at the service there was an emphasis on empowering them to have choice, independence and control.

The provider had quality assurance systems in place which were used to identify shortfalls and to drive continuous improvement. People, their relatives and health care professionals were asked for feedback through surveys and both formal and informal meetings. One relative had commented in a survey, "In the six years my relative has been with this particular service I have found a terrific improvement all round." Another relative had rated the décor and furnishings four out of five and had commented, "After previous comments which were taken on board." This showed that people were empowered to voice their opinions and could be confident that they would be listened to and appropriate actions would be taken to improve the service.