Elysium Neurological Services (Adderley) Limited

Adderley Green Care Centre

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

Our inspection took place on 31 May 2017 and was unannounced. This was the locations first inspection since they registered with us.

Adderley Green care Centre is a care home providing nursing care for people with neurological conditions or complex care needs. The service provides both long term and respite care facilities for up to 135 people. At the time of the inspection there were 32 people residing at the location.

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.

People told us they felt safe. Staff knew how to recognise and report signs of potential abuse. Risks to people's health, safety and well-being were identified and managed and staff demonstrated a good knowledge of people's risks and how to manage them. People were supported by sufficient numbers of staff who had been recruited safely. The provider had systems in place to ensure medicines were managed safely and administered as prescribed.

People were supported by staff that had the skills, knowledge and support to provide effective care. People consented to their care and support and the provider was appropriately applying the principles of the Mental Capacity Act to ensure people's rights were protected. People were supported to eat and drink sufficient amounts to maintain their health and were provided with choices. People were supported by a multi-disciplinary team of healthcare professionals to ensure prompt advice, guidance and support was provided when needed. Staff were following healthcare professionals advice and this meant people were supported to maintain good health.

People were supported by staff who were caring and treated people with kindness and respect. People were supported to make decisions about their care and support. Staff supported people in a way that maintained their privacy and dignity and people were successfully supported to maintain or regain their independence.

People were supported by staff who knew their needs and preferences well and people's personal preferences and wishes were respected. People's care plans were reviewed regularly to take account of people's changing needs and risks and people and their relatives were involved in the planning and review of their care. People had opportunities to engage in activities both with in the service and out in the local community and they were supported to maintain their personal hobbies or interests. People knew how to raise a concern or complaint and the provider had a complaints process to effectively manage complaints.

The registered manager had effective systems in place to monitor the quality and consistency of the care provided. People, relatives and staff were encouraged to give feedback on the service and information from

audits, surveys and quality checks was used to drive improvements. Staff felt supported in their roles and understood their responsibilities. The registered manager was appropriately notifying us of events they are required to do so by law, such as allegations of abuse.

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.
People felt safe and were supported by staff that understood how to keep them safe and manage their risks. People were supported by sufficient numbers of staff who had been recruited safely. People's medicines were safely administered and managed.

Is the service effective?

Good

The service was effective.
People received support from appropriately trained staff.
People's consent to care and support was sought the provider was applying the principles of the Mental Capacity Act.
People were supported to eat and drink sufficient amounts to maintain their health and were offered choices.
People were supported to maintain good health.

Is the service caring?

Good

The service was caring.
People received support from staff who treated them with kindness and respect.
People were involved in making decisions about their care and support.
People's privacy was promoted and they were supported to maintain or regain their independence.

Is the service responsive?

Good

The service was responsive.
People were involved in the planning and review of their care and were supported by staff who understood their needs and preferences. People had access to a range of activities and were supported to maintain their personal interest or hobbies.
People knew how to raise a concern or complaint and the provider had a complaints process to appropriately manage complaints.

Is the service well-led?

Good

The service was well led.
People, relatives and staff were provided with opportunities to

give feedback and this was used to make improvements to the service.
Staff understood their responsibilities and felt supported in their roles.
The registered manager had effective systems in place to monitor the quality and consistency of the service and drive improvement.

Adderley Green Care Centre

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 inspection took place on 31 May 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor who was a nurse, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 improvements they plan to make. We reviewed the information we held about the location and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. We also contacted the local authority service commissioners and safeguarding team for information they held about the service. We considered this information to help us plan the inspection.

During the inspection we spoke with two people who used the service and five relatives. We also spoke with 13 members the multidisciplinary staff team including nurses, care staff and occupational therapists. We had conversations with a member of the kitchen staff team and the business support manager. We spoke with three members of the provider's quality assurance team, the senior nurse manager, and the registered manager.

We reviewed a range of records about how people received their care and how the service was managed. We looked at eight people's care records, records relating to the management and administration of medicines and three staff files. We also looked at records relating to the management of the service which included accident and incident records, compliments and complaints and quality checks. We carried out observations of the care and support provided to people and observed staff interactions with people throughout the day.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here because the staff are on hand 24 seven without being intrusive". A relative told us, "[Person] looks cleans and I feel she is safe here". Another relative told us how they cared for their family member at home and had taken some time for respite. They told us they had confidence that their relative was safe and well cared for at the service which had enabled them to have some rest and recuperation. They told us they would look to use the service again. Staff understood how to recognise and report signs of abuse and we found the registered manager was escalating concerns to the local authority safeguarding teams as appropriate. Staff knew of the provider's whistleblowing policy and felt confident to use this if required. This demonstrated that there were appropriate systems in place to protect people from harm and abuse.

People's risks were assessed, managed and regularly reviewed. Staff we spoke with demonstrated a good understanding of people's risks and how to manage them. For example staff knew how to support people to safely mobilise and how to reduce the risk of pressure sores. A relative we spoke with told us, "Often, a sore at the base of her spine flares up so they put her back to bed to ease it". We observed staff carrying out care and support in a way that reflected people's risk management plans, For example, regular repositioning to prevent pressure injuries and the safe use of hoisting equipment to transfer people where appropriate. One person said, "I am hoisted always by 2 staff". Records we looked at also showed us that people's risks were being managed appropriately. For example, records showed people who were cared for in bed had regular pressure relief. People had personalised evacuation plans to ensure they would be safely evacuated In the event of a fire. People were supported by staff who knew how to report and record accidents and incidents. Accidents and incidents were being documented and analysed to look for patterns or trends. The registered manager was taking appropriate action in response to this information to reduce the risk of incidents re-occurring. This showed that the provider had systems in place to ensure peoples risks were effectively managed to keep them safe.

People were supported by sufficient numbers of staff who had been recruited safely. One person said, "Sometimes there seems to be lots of staff, I think staffing is well managed and it works well". Another person told us, "I have a buzzer on the wall but rarely ring it, but there's always been a quick response". A relative said, "There is always plenty of staff". Staff we spoke with told us they felt there were sufficient staff to support people safely and meet their needs. One staff member told us there were always two members of staff available to support people who required this and people who required one to one support received this as required. Our observations confirmed what staff had told us. Staff levels were determined by people's individual levels of need and the provider had sufficient systems in place to manage staff absence. The registered manager said, "We only take people here if we can meet their needs and we have to be mindful of the impact increased admissions can have on our current residents". This showed us there were enough staff to meet people needs and keep them safe. Staff told us they had to wait for appropriate pre-employment checks to be completed before they could start working. These included references and checks with the Disclosure and Barring Service (DBS). DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. Records we looked at confirmed what staff had told us. This meant people were supported by staff who were deemed as safe to work with vulnerable

people.

People's medicines were administered safely and as prescribed. One person said, "I am self-medicating I give myself insulin. I can have extra painkillers if I need them. Today the local GP has visited and prescribed antibiotics which will be delivered by a local chemist later today. If unable to deliver one of the staff will go to collect them". A relative we spoke with told us their family member received their medicines as prescribed. We looked at people's medicines records and observed a medicines administration round which confirmed what we were told. Staff we spoke with told us they had received training and had their competency checked to ensure they were competent to administer medicines. Records we looked at confirmed this. The provider was safely storing medicines and had a system to ensure medicines received and destroyed were handled safely. There were effective systems in place to ensure people's medicines were managed safely and administered as prescribed.

Good

Is the service effective?

Our findings

People were supported by staff that were appropriately trained and skilled to carry out effective care. Staff received an induction to their role which consisted of training, competency checks and shadowing more experienced staff. Newly recruited staff were expected to complete the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. Staff received ongoing training to ensure they were kept up to date with current legislation and best practice and also received specific training to ensure they were suitably trained to effectively meet people's specific needs. For example, how to manage specific neurological conditions such as acquired brain injuries. We observed staff putting into practice the skills they had learned, such as how to transfer people safely. One person said, "What I like is most of the staff have tried the hoist so they know how it feels". Staff told us they were well supported to carry out their role and received regular one to one sessions, ad-hoc informal support sessions and annual appraisals with their manager. One staff member said, "I get supervision every two months. You can discuss anything such as any concerns you have, your performance and your training needs". This demonstrated that staff had the knowledge, skills and support to carry out effective care.

People were supported by staff who sought their consent to care and support. One person told us, "The therapists listen to me; this morning I didn't feel too well and so I was not up to doing therapy so we just left it". We observed staff seeking people's consent during the inspection. For example, we saw a staff member check that a person was happy to have an apron on before eating their meal. Staff understood the importance of gaining people's consent and told us they always sought this before providing care and support to people. One staff member said, "We ask people if they are ready for care and support, we never force people to do things they do not want to do. Some people are non-verbal and so we have to look for signs of consent such as body language or facial expressions".

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 looked to see if the provider was working within the principles of the MCA and found that they were. We found that staff had received training and had an understanding of the requirements of the Mental Capacity Act. Staff were able to tell us about people who lacked capacity and of the decisions that were made in their best interests. They were also able to tell us of the people that were subject to a DoL's and of the reasons why certain restrictions were in place to keep people safe. Where people lacked capacity to make decisions for themselves decision specific capacity assessments had been completed and we saw records of the decisions that were being made in people's best interests. People had access to advocates to support them to make decisions where required and the provider verified that relatives who stated they were able to make decisions about people's care had the legal right to do so. Where the provider had recognised a person was being restricted of their liberty

they had made appropriate applications to the supervisory body for authorisation. For example one person was unable to make decisions about their place of residence, required lap belts when being moved in a wheelchair and also required the use of bed rails. We saw a DoL's had been applied for and authorised and staff were providing care and support in a way which reflected the authorisation. This meant the provider was working in ways which ensured people's rights were protected.

People we spoke with told us they received sufficient quantities to eat and drink and were supported to make choices. One person said, "There are plenty of food choices. I have enough to eat. Staff make me drinks whenever I want". Another person told us, "The food is very good, I can't fault it. I can have snacks. Recently I was hungry during the night and the staff brought me something". We observed people being asked about what they wanted to eat and drink and where they were unable to verbally communicate their wishes staff supported them to make choices by showing them the options available to them. Staff were able to tell us about people's specific dietary requirements and adaptive cutlery required, such as soft diets and low sugar diets and we saw these recorded in people's care plans. We saw the kitchen staff made pureed food look more appetising. For example, the kitchen staff member we spoke with showed us pictures of pureed food they had created that looked had been moulded to look like burgers and chips for a person so they could enjoy a recent BBQ event. Where people were at risk of poor nutrition or hydration we saw this was being monitored to ensure people maintained good health. This demonstrated that people were supported to eat and drink sufficient quantities to maintain good health.

People had good access to healthcare professionals as the service operated a multi-disciplinary team of staff. This included speech and language therapists and occupational therapists. People were also supported to access external healthcare professionals as required. One person said, "I am doing so well here. I've had a lot of input to my care plan and my therapy plan with the therapy team and the dietician. I am working to a daily diary prepared by the therapists". A staff member said, "We have everyone on site to hand, for example, physiotherapists and occupational therapists. It means you don't have to wait for a referral and it does make a difference". They went on to tell us about a person who had been observed to have difficulty swallowing the staff member said, "The Speech and Language Therapist (SALT) made immediate changes to [person's] plan of care". People's care records contained details relating to therapists advice and recommendations and we saw staff providing care in a way that was consistent with advice provided. People were supported to attend regular health check up's with their GP or dentist and staff told us they would accompany people to these appointments where necessary. This showed people had prompt access to appropriate healthcare professionals when required and appropriate advice and guidance was being followed.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness and respect. One person said, "The staff are gently persuasive. I feel listened to". Another person said, "The quality of the staff is very good. They make you feel like a human being. They listen to me". A relative told us, "I go home and think about things, last week I rang up as I thought [person] may be cold when it was a colder night; staff reassured me she was well covered up. Staff, are kind and respectful and I have noticed [person] has recently started smiling again which is good". Another relative said, "The staff are absolutely brilliant. They seem respectful. I can't fault them". A third relative said, "The cleaning staff are particularly helpful, always offering hot drinks, ask if they can change sister's bedroom, put up family photos etc.". We observed staff interacting with people in a kind, and caring manner. For example asking them if they were ok and if they wanted anything and gently encouraging people to do things for themselves providing support where required. People who were supported to eat and drink at mealtimes were interacted with positively by staff who demonstrated patience and supported people at their preferred pace. This showed people were supported by kind and respectful staff. During the inspection we did observe some missed opportunities for staff interaction with people. We discussed this with the registered manager who told us they would speak with staff and address to immediately issue.

People we spoke with told us they were able to make a range of choices about their care and support such as what they ate and drank and what they wore. One person said, "I get up and go to bed when I want. It's excellent here". We observed a person being supported to make a decision about what DVD they had on to watch and another person was supported to choose the meal they ate. Staff communicated with people in ways in which they preferred or could understand, for example using objects of reference. We saw staff spoke with people at eye level and at an appropriate pace for them to understand. We observed staff demonstrated patience with people they were supporting and allowed them time to process information and make decisions about their care and support. Staff understood the importance of providing people with choice and control over their lives. One staff member said, "We give people choices in every aspect of their lives and we support them to do what they want to do". Peoples care plans detailed their communication requirements in respect of supporting people to make choices about their care and support. This meant people received information in a way they understood to enable them to have choice and control over the support they received.

People were supported to maintain or regain their independence. We observed staff supporting people in ways that promoted their independence. For example, we saw a person being guided to wipe their own face after their meal. The staff member talked the person through this task to enable them to complete this successfully. Staff we spoke with understood the importance of promoting peoples independence and shared with us ways in which they did this. One staff member said, "We encourage people to do as much as they can for themselves as possible". Staff had a good knowledge of the tasks people could undertake themselves and tasks where support was required. They told us of a person who had made a significant recovery and had regained their independence. They said, "[Person] has made an unbelievable recovery. They were unable to walk or even stand and were once dependant on a wheelchair and standing hoist. Now [person] can walk and is in the process of going into independent living again. It's down to the rehab team". Another staff member told us about this person and how they had not only regained their ability to walk

again but they had also improved their speech following an acquired brain injury and had recently presented on a local radio station. A third staff member said, "Everyone has their own challenges, we try and if it fails then at least we can say we have tried but we give people the option. No two cases are the same. There are people here that have not walked for four years and we have got them walking again". They also went on to tell us how a person who was unable to sit up on their own had started to do so recently. They told us about the importance of small steps and how this could provide people with hope that they could regain some or all of their independence.

People were supported and cared for by a staff team that treated each person with dignity and respect. One person said, "When I'm in my room I like the door left ajar and curtains open even through the night. If I require personal care during the night the staff insist on closing the curtains although I doubt anyone is around to see anything in the middle of the night". Staff were able to tell us ways in which they would ensure people's dignity and privacy was respected. One staff member told us, "The dignity of the residents is at the heart of everything we do. I put myself in their position and think about how I might like to be treated if it were me". We observed staff carrying out care in a private manner. For example, closing doors to attend to people's personal care needs, knocking on doors before entering and discussing people's personal and sensitive information in confidential spaces to maintain people's confidentiality. This demonstrated people's right to privacy and dignified care was promoted.

Relatives had the option to be supported by the services clinical psychologist where their family member had passed away. The registered manager told us of the support and signposting they offered to relatives during this difficult time. During the inspection we saw a relative of a person who had recently passed away was visiting the service and spent time receiving support from staff. Staff had written a card and completed a collection for the family member. This showed that staff developed positive relationships with people and their relatives.

People we spoke with told us they were able to have family and friends visit when they liked and there were no restrictions on visits. One person said, "My visitors can come anytime and are welcomed". A relative said, "I prefer to visit in a morning so staff have changed the schedule to ensure [person] is up and out of bed and dressed when I arrive". During the inspection we saw relatives and friends visiting people at different times of the day. This demonstrated that people were encouraged to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

People were supported by staff that had a good knowledge about their needs and preferences. Staff were knowledgeable about people's individual needs and risks, personal preferences and life histories. People's care records detailed their support needs and preferences and we saw these were regularly reviewed to reflect any changes. Staff told us that they were kept up to date with any changes in people's care needs or risks through the use of a daily handover, communications book, team meetings and care plan updates. This meant staff had up to date information to ensure they were providing appropriate care and support at all times.

People were involved in the assessment and planning of their care where possible. One person told us how they were heavily involved in their care plan alongside the relevant therapists. They also told us, "My family is involved; my husband receives feedback on how I'm doing". Another person said, "I have contributed to my care plan. Everything was explained in detail but with no pressure. The staff are very good at making you feel involved. I am involved with the therapy team". Where people were unable to make decisions about their care appropriate relatives, healthcare professionals or advocates were involved to ensure their rights, needs and wishes were upheld. A relative said, "On [person's] arrival here I was asked if I minded male staff carrying out personal care, I am only happy if there is always at least a female carer present, never 2 male carers. I was also asked about showering and I requested [person] is showered at least every other day, which happens, on an adapted shower chair". Staff were able to tell us about this person's preferences and were able to confirm that care and support was carried out in line with their wishes. Records we looked at also confirmed this.

People's religious, spiritual or cultural needs were taken account of. For example, one person told us how they were supported to attend a spiritual group which was held within the service. People were supported to engage in activities which they enjoyed and follow personal interests and hobbies. For example we saw people who liked listening to a specific type of music had this on in their rooms. We also saw records which showed us that people had been supported to continue to maintain their interests such as watching a particular sport on TV. People had access to a range of activities both within the service and in the community and were given the opportunity to provide feedback about what activities they would like to participate in. One person told us they felt there were sufficient activities to get involved in if people so wished. Another person told us about the activities that were on offer but told us they preferred to watch TV or read and this was respected by staff.

People's specific needs had been considered and the provider had a range of equipment in place to ensure people were supported in a way which met their needs. For example, the provider had an internal independent living flat to enable people who had regained their independence could live independently and build their confidence with the support of staff before returning home. There was an independent living kitchen area to support people to regain their independent living skills and assess for equipment they may require if they were able to go home following rehabilitation programs. The service had a gym which was used to assist people to regain or maintain their mobility in a safe environment. There was also a music therapy room for use.

People and their relatives knew how to raise a concern and the provider had a complaints process to ensure complaints were appropriately managed. One person said, "If I had any concerns I could speak to any of the staff but I have no complaints whatsoever". One relative said, "Any concerns I would go to the nurse's station but never had any complaints". Another relative told us how they had complained about their family member's oral care. They told us that staff had promptly responded and that this had improved. We looked at records of complaints and found complaints were investigated and responded to appropriately. This meant there was a system in place to ensure complaints were appropriately managed.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well managed. They knew who the registered manager was and told us they were a visible presence in the service and were approachable. One person said, "I know the manager and speak to her regularly. There's an open door policy; day and night". A relative told us, "Overall I am happy with the care, the place seems well-led. I was told open door policy; knock the office door anytime I need to chat." A third relative said, "I know the manager, she is lovely, very approachable". The registered manager told us they completed daily walks around the building checking in with staff and speaking to people and their relatives. We observed the registered manager interacting with people and their relatives throughout the inspection. People and their relatives appeared comfortable to approach the registered manager and staff told us they were hands on when required.

Staff told us they felt well supported by the management team and communication within the team was good. One staff member told us the registered manager had an "Open door policy, you can approach them anytime". Another staff member said, "The registered manager is brilliant, approachable, listens to you and is visible on the floor". Staff told us there were a range of staff meetings that took place where they were able to discuss people's care, concerns or required improvements. Records we looked at confirmed what we were told. This showed staff were supported to undertake their roles and the provider had good internal communication system in place.

Staff we spoke with felt they were able to give their feedback on the service and felt able to make suggestions for improvement. One staff member told how they felt comfortable to make suggestions. They told us how they had raised suggestions about how to improve the administration of medicines. They told us some of their ideas had been implemented and others were currently being looked into by the registered manager. This showed us that staff were encouraged to share ideas for improvement. Staff meeting records we looked at showed that staff were asked for their input and feedback on the service. We found staff were also given praise where compliments had been received or the registered manager had seen improvements in staff practice.

The registered manager was aware of their responsibilities and we saw they had appropriately notified us of events they are required to do so by law, such as allegations of abuse. They kept up to date with current best practice and legislation by attending training and keeping their nursing registration up to date. The registered manager told us they felt well supported by the provider and commented that any resources they required were provided promptly to ensure people received effective person centred care. They told us, "The provider is very good they invest in the equipment that people need".

The registered manager had systems in place to monitor the quality of the service. Regular checks on the quality and consistency of the service and spot checks on staff were carried out. For example, care plan audits, medicines audits and managers daily checks of the environment. Information from these checks was analysed and used to drive improvement. For example, medicines errors had been effectively identified and appropriate action taken to improve the administration and recording of people's administered medicines. We found the actions taken to improve medicines administration had reduced the number of medicines

errors. One staff member told us about the additional checks that had put in place following some concerns over medication errors. They said, "Having the extra checks in place has made a difference you can now see where the errors are and can address them more quickly". We saw a number of actions had been identified and improvements made to the environment following the registered manager's daily environmental checks. Staff told us they received feedback on the audit findings so that they were able to make the necessary improvements. One staff member told us about the additional checks that had put in place following some concerns over medication errors. The registered manager had sufficient systems in place to monitor the quality of the service and information from audits was used to drive improvements.

People were given the opportunity to provide feedback on the service and feedback was used to drive improvements. People we spoke with felt they were listened to and their comments were taken on board. One relative said, "Communication with me is good, recently a survey was left in her bedroom for me to complete. Family meetings are held every few months". We saw one person had requested some equipment to assist them to manoeuvre from the bed. We saw this request had been actioned. Another relative told us how they had made a complaint about their family members care. They told us how staff promptly rectified the issue and they had not had any further complaints. Where complaints had been received we saw the registered manager checked that people were happy with the actions taken and improvements made. For example, there had been a complaint about the quality of the food, actions had been taken to address this and people were asked about their satisfaction with the improvements made to the quality of food at a later residents meeting. People and their relatives were asked about their satisfaction with the service during care reviews and satisfaction surveys were also completed. We looked at satisfaction surveys that had been completed by people and their relatives and saw people were mostly satisfied with the service they received. Where people had provided negative feedback this had been looked into and appropriate action taken to improve the quality of the service. Records of resident and relatives meetings showed that people's ideas for activities or day trips were gathered and acted on. For example day trips were suggested and we saw these were taking place on the day of the inspection. This showed the provider was keen to ascertain feedback from people and their relatives and actively used this to make improvements.

Staff were aware of the services vision and values and were demonstrating these were implemented through their practice. One relative told us, "Everything I ask of the staff they do. I came for a look around before she moved here and they have a different way of working". For example, people were supported in a person centred way ensuring people s specific needs were met and they were encouraged to maintain or regain as much independence as possible. Staff and the registered manager told us how the service was transparent and was keen to continue to improve outcomes for people.

The provider was developing links with the local community. For example, they were allowing people from the local community to use the gym facilities and were providing a room for a local IT club. The provider also supported student placements. One staff member who was currently supporting a student told us, "It is a two way learning process we learn from them as much as they are learning from us".