Consensus Support Services Limited

The Rivers

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

The inspection took place on 12 and 13 April 2016 and was unannounced. The Rivers is registered to provide accommodation and support to six people with a learning disability or autistic spectrum disorder who are aged between 20 and 35 years. At the time of the inspection there were six people living there.

The Rivers is a large, detached property over two floors with stairs to access the upper level. Individual bedrooms with their own shower rooms and toilets are provided and spacious communal areas are available. The service has a secure garden on three sides and a large driveway providing parking for a number of vehicles. The service is in a residential area of Farnborough with easy access to the town centre facilities.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous registered manager had left the service in December 2015 to take up another role within the provider organisation. A manager had been appointed and was present during part of the inspection. They had applied to be registered with CQC, but they had subsequently withdrawn their application shortly before the inspection for personal reasons. The manager in post was due to leave the service a few days after the inspection. The operations manager told us that a peripatetic manager (who moves from service to service on a short term basis) would be assigned to the service to support people and guide staff, until a new manager had been recruited.

People were kept safe because staff understood their responsibilities in protecting people and knew how to report any concerns and were willing to do so when needed. Staff put people first and were respectful in their interactions with people.

Risks to people had been identified and assessed. Measures were in place to reduce risks to people and staff were seen to carry out these measures in a consistent way.

There were enough staff deployed at the service to ensure people's needs were met and to allow for spontaneous activities. The operations manager told us of the contingency arrangements to cover gaps in the staff rota.

People's needs had been assessed before they moved into the service and were kept under regular review to ensure they were met. The service was equipped or adapted to meet the varying needs of people using the service.

Recruitment procedures had been followed effectively and the required checks on people applying to work

at the service had been carried out. This helped the provider to ensure only those who were suitable to work with people were employed.

Staff told us they had received an induction into their role to ensure they understood people's needs and how to meet them. Staff understood the responsibilities of their role and we saw staff put people first during our visit.

Staff had completed a variety of training to ensure they had the skills and experience to support people effectively. This included training such as fire safety, first aid, safeguarding people at risk and moving and handling people. Training was kept under review in order to meet people's specific needs or newly identified needs.

Staff told us they received supervision from their line manager in order to discuss their role, any development needs and any other aspect of working in the service. This meant people were supported by staff who had received guidance in their role from their line manager.

Changes had been made to the medicines administration procedure in the service to help prevent medicines incidents. Medicines were now managed safely to ensure people received their medicines as prescribed. Staff had been trained to administer medicines and people received their medicines in the way they preferred.

People using the service had varying levels or methods of communication which were well understood by staff, and were clearly recorded and updated. Staff understood when people were giving their consent for support and when they were not. Staff understood the principles of the Mental Capacity Act 2005 and supported people to make their own decisions. Where people were unable to make specific decisions appropriate action had been taken in the person's best interest as legally required.

Where people's liberty was deprived, applications had been made to the local authority to ensure that this was lawful and carried out in the least restrictive way.

People were supported to have enough to eat and drink and to maintain a balanced diet. Some people needed to have their food and drinks monitored to ensure they received enough and this was in place. Where additional guidance was needed this had been sought from appropriate healthcare professionals such as a dietician or a Speech and Language Therapist (SALT).

People were supported to access healthcare services promptly if they developed any illness or appeared unwell. A number of healthcare professionals were involved in the support of people including a GP, dentist services, opticians and a chiropodist

People were supported by caring staff who treated them with dignity and respect in a family style atmosphere. Staff knew each person well, were able to describe their individual needs and interacted in a relaxed and friendly way.

Staff were aware of the need to provide people with privacy when they wished it and to provide support and care in a discreet way. Support plans were seen to provide clear guidance to staff about respecting people's privacy whilst ensuring their safety.

The service was responsive to people's needs and changes were made accordingly to improve the

experience for people. Staff recorded what worked well for people, what did not work so well and what could be learnt from things not working well.

Some people were able to tell staff or others about anything they were unhappy with or to complain. For those people who were less able to speak of any dissatisfaction, they were still able to make their feelings known. Staff understood each person's ways of communicating and used items of reference to help some people's understanding.

People were provided with an opportunity to give their views about the service each year in an annual survey, which was completed with the support of their relatives or staff.

The service was well-led and had a clear management and staffing structure, which consisted of a manager, team leaders and a team of support staff. The operations manager also visited the service regularly to support and supervise the manager, to monitor the service and to support and guide people and staff.

The manager of the service and staff promoted an open, person centred service with a focus on putting people first. Accidents and incidents had been reported and managed appropriately in order to prevent them reoccurring and to promote people's safety.

The quality of the service provided was kept under review and was monitored by the manager in post and the provider. This had identified improvements were needed, for example in the decoration of the service. Action had been taken to decorate and re-equip the kitchen and plans were being made to decorate the lounge and other communal areas.

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 were supported to develop their independence whilst appropriate action was taken to maintain their safety.

Staff had received training to safeguard people and understood their role in protecting people from harm.

People were supported by enough staff to ensure their needs could be met, including their social and leisure needs. Appropriate checks had been carried out before staff were employed to work with people.

Changes had been made to ensure medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's consent was obtained in line with legislation before support or care was provided.

Sufficient food and drink was provided to enable people to maintain a balanced diet. People had access to drinks and snacks of their choice.

People were supported to maintain good health and to access health professionals as and when required.

The service was designed and laid out to meet people's needs. It was spacious and light with direct access to the garden areas.

Is the service caring?

Good

The service was caring.

People were supported by staff who understood their

communication methods and their needs.

Staff supported people to express their views and to choose how they spent their time.

People's privacy and dignity were respected. People's individual needs for privacy were included in their support plan. Staff were seen to respect these by offering personal care support discreetly for instance.

Is the service responsive?

Good

The service was responsive.

People were enabled to receive care and support that was specific to their needs. Staff used consistent words and actions when supporting a person with their behaviour. This helped the person to have a better understanding of the support being provided.

Relatives said that people's communication and other skills had increased due to the levels of support provided by staff.

People and their relatives were enabled to make comments and complaints and these were responded to.

Is the service well-led?

Good

The service was well led.

The service was person centred with an open and empowering culture. People and staff were supported to develop their skills and to grow as individuals.

There was a clear management structure in place. This meant people and staff knew who they could seek support or guidance from.

The provider had systems in place such as surveys, to assess the quality of the service provided and to drive service improvements.

The Rivers

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 and 13 April 2016 and was unannounced. The inspection was carried out by one inspector because during our planning we had taken account of the size of the service and the possibility that some people may find unknown visitors unsettling.

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 included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with three people and interacted with three people. Not everyone was able to share with us their experiences of life at the service. Therefore we spent time observing staff interactions with them, and the support that staff provided. We spoke with eight support staff, the manager who was in post, the operations manager and a visiting therapist.

We reviewed records which included two people's support plans, three staff recruitment files, staff supervision records and records relating to the management of the service.

After the inspection we spoke with four people's relatives.

The service was last inspected in April 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People said they felt safe at the service. Relatives were asked if they felt people at the service were safe. They said "absolutely" and told us "I don't have to worry" about the person living at the service.

Staff told us that they had received training to safeguard people from abuse and this was confirmed by the staff training records we were provided with. Staff understood what kind of abuse may take place and said "we are the voice of people who are non- verbal." Staff described examples of the signs or symptoms they should look out for, such as changes in people's usual mood or manner with others, bruising or unexplained injury. The manager told us that staff had recently reported a concern and of the action taken in response.

From people's support plans we noted that risks to their health and welfare had been recorded and assessed, and that measures to minimise the risks were included. These included risks relating to nutrition, choking, hazards such as fire and evacuating the building and accessing the kitchen. From people's support plans we saw that the risks were regularly reassessed and revised as necessary. For one person, for example, their support needs when having a shower had increased and this was reflected in the risk assessment relating to their personal care. It gave very clear guidance to staff about how they should support the person to minimise risks to the person and to staff.

Risks of financial abuse of people's money were minimised by the procedures in place. These ensured that regular and frequent checks of any monies held on behalf of people were carried out by two staff and were recorded. These checks were overseen by the operations manager and were included on the monthly visit record which we were provided with. We saw that receipts were obtained and kept when people spent their money and these were recorded on financial record sheets.

We saw from staff records that all the required checks had been carried out when staff were recruited to ensure they were suitable to work with people. The checks included their work history, interviews, references and health questions. Disclosure and Barring Service (DBS) checks (similar to previous Criminal Record Bureau) were also carried out before staff were employed to help protect people.

Systems were in place to ensure the service and vehicles used by people and staff were regularly monitored to promote their safety. The checks were recorded and included any action required. We saw for example that it had been recorded when the service vehicles had had their tyre pressures and condition checked. In relation to fire safety for example, a risk assessment had been drawn up for each person to guide staff in supporting them in the event of a fire.

During our visits we saw that enough staff were available to meet people's needs and to allow for spontaneous activities to take place. One person and a member of staff went to a local park to play football on the afternoon of our second visit, at the person's request. A team leader and five support workers were on duty on the morning / afternoon of the first day of our visit and four support workers were on duty for the evening shift. The same ratio of staff were on duty on the second day of our visit. When a team leader was not on a shift an experienced support worker was nominated as the shift leader and we saw this in practice.

The manager in post told us that one staff member did a waking night duty and another staff member did a sleep in duty to ensure two staff were available if needed. Staff told us that these staffing levels were maintained and the staff rotas we were supplied with confirmed this.

Staff told us that any unexpected gaps in staffing due to sickness, for example, were covered by staff changing shifts and/or, extending their shifts. Where this had not been possible, we saw from the staff rota that bank staff had been brought in to ensure the required number of staff were available to meet people's needs. We also met bank staff on duty during our visits. The manager in post told us he usually worked in a supernumerary capacity (not included in the number of staff on duty) but would take on a team leader role to support staff if needed. The staff rota was clearly colour coded to identify who had led shifts, who had been assigned to accompany people to their activities and the timings of the activities.

Medicines were now managed safely. We had been notified as required, prior to the inspection, of a small number of medicines incidents. All appropriate action had been taken at the time to ensure people's health and safety, including seeking medical advice. Where necessary, staff had ceased to administer medicines until they had been retrained and their competency had been reassessed. We saw records to confirm these actions including a staff medicines competency assessment. Changes had been made to prevent these issues recurring. Two staff were now required to administer all medicines together, one of whom acted as a witness to the administration and recording of the medicines. We saw the two staff system in practice during our visits. There had been no further incidents since this system had been started which meant that the risks to people being involved in medicines incidents had been reduced.

Staff told us that two members of staff were the designated lead staff for the overall management of medicines which included the ordering of medicines. A new supply of medicines was received on the second day of our visit and we saw these were "checked in" by two staff to ensure that everything ordered had arrived correctly.

Medicines were stored securely in a specified room which was equipped with secure medicines cupboards, a medicines fridge and hand washing facilities. We saw records that confirmed the temperature of the room and of the medicines fridge were checked daily to ensure medicines were stored at appropriate temperatures to maintain their effectiveness.

We looked at two people's medicine administration record (MAR) charts. These had been fully completed to show when and how many medicines had been received, if any stock of medicine had been carried forward and how much of the medicine had been administered. This enabled a clear audit trail of medicines to ensure medicines were properly accounted for and to prevent misuse. The stock of medicines we checked accurately matched the records held.

Good

Is the service effective?

Our findings

From speaking to staff and reviewing staff records, it was clear staff received an induction to their role and further training to enable them to provide effective support and care. Staff spoke positively about the training they had undertaken and other training that was available to them. The staff training record showed that staff had undertaken training that included first aid, fire safety, food hygiene and health and safety.

The operations manager told us that some training supplied by the provider was through an online computer system which staff could access. Other training which required a practical approach such as moving and handling was arranged away from the 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.

Appropriate applications had been made to the local authority for Deprivation of Liberty Safeguards (DoLs) assessments for each person to ensure that any limitations on their freedom were authorised and made in the least restrictive way.

Staff had received training and understood the requirements of the Mental Capacity Act in general and the requirements of the DoLS. People's rights under the MCA were upheld as staff told us that people were assumed to have capacity to make their own decisions unless they were assessed as not having capacity. People were supported in decision making by offering a small range of choices and giving people time to make their own selection. People told us they were supported to make their own decisions, such as what activities to take part in and what to wear for example and staff respected these.

Staff told us that some people were not able to express themselves verbally but used actions and facial expressions to convey their choices. Objects of reference were used for example to show some people what was being offered. One person had a particular food item that they understood to mean they were going out to eat. Another person was offered different types of shoe to indicate either a walk or a drive in the car. Staff would observe the person's response to these to see if the person wished to take part in the activity. A healthcare professional had acknowledged the efforts of staff to develop other objects of reference for people to expand their understanding of their daily lives.

It was clear that staff respected people's choices. We saw that staff continued to observe people to see if they were still in agreement with the suggested activity. One person for example would occasionally decide

not to get into the car, even though they had chosen to go out in it. In these circumstances, staff would acknowledge the person's choice and return back to the service with them.

People were supported to have sufficient food and drink to meet their needs and to promote a balanced diet. People told us a meeting was held each weekend to plan the meals for the following week and each person was encouraged to make their views known and to suggest their favourite meal. Staff told us pictures were used to offer a selection of foods to some people as they found this easier. From the discussion a menu was planned and recorded.

Most people had free access to the kitchen unless they had been assessed as in danger from this, in which case supervision was provided. We saw people coming and going from the kitchen, being supported to make their choice of drink and snacks. Some people were very active and were seen to enjoy snacks between meals to maintain their energy levels. Other people were being supported to develop their skills and were gradually becoming more independent, in making themselves a hot drink or learning to cook their own meal for example.

People were also involved in food shopping trips if they wished. We saw one person was very keen to collect the shopping bags in preparation for a trip to the shops. Staff exchanged banter with this person about how much they liked to push the shopping trolley. The person was clearly eager to go and excited about being involved.

Where needed, we saw that a "food diary" record was kept by staff of what some people had had to eat and drink. Staff told us this was maintained to ensure some people had enough to eat and drink as they did not ask, or were not able to ask for these.

People were supported to access healthcare services and to maintain good health. We saw from people's support plans that a range of health professionals were involved in people's healthcare. These included a GP, dentists, opticians, behavioural practitioners, speech and language therapists and occupational therapists. It was clear from the records we saw that when a change in a person's health had been noted, support from an appropriate healthcare professional had been sought. People were also supported to prevent ill health, by having flu vaccinations for example.

The service was laid out to meet the needs of people. A number of bedrooms and all the communal areas were on the ground floor, with a small number of bedrooms upstairs. A secure and level garden surrounded the house on three sides. This was accessible from people's bedrooms on the ground floor or from communal areas. We saw a number of people using the garden to enjoy the good weather during our visits.

Staff told us the kitchen had recently been decorated and some of the equipment replaced. The provider's monthly visit record had identified that the lounge and corridor areas were looking rather worn and were in need of decoration to improve the environment for people. The manager in post told us that quotes for the work were being obtained but that the work needed to be carefully planned to avoid causing inconvenience, distress or disruption to people.

Good

Is the service caring?

Our findings

People told us that staff were kind and helpful. Some people's relatives said that staff were "very personable", had people's "interests at heart" and that staff were "lovely". A visiting therapist said they would happily use the service for one of their relatives if it had been necessary.

It was clear from the interaction we saw between people and staff that people were at ease with staff. There was a family style atmosphere and each person did the things they could and staff supported them as and when needed. Staff were seen to encourage people to be involved in their home and to take part in looking after it. One person was involved in cleaning their bedroom and part of the communal area during our visits. They did this willingly and were seen to enjoy having the responsibility for the tasks. Staff were available and chatted with the person whilst they were going about their jobs. We saw that people were involved in bringing their laundry to the laundry room and collecting clean items.

Staff told us they were aware that working in the service meant they were working in the home of the people living there and they should respect people and their belongings. People were spoken with in a friendly and respectful way and were supported to look after their belongings such as their clothing. Each person we saw during our visits was appropriately dressed for the warmer weather and for their chosen activity.

Staff knew and told us they should speak appropriately to people and listen to take account of people's responses. We heard staff speaking to people in a relaxed and friendly but appropriate manner. It was clear from the interactions between people and staff that they knew each other well. Staff knew people's preferences and empowered them to be as independent as possible. When one person came into the kitchen mid-morning, staff asked them if they were hungry and the person went to the fridge. They were encouraged to open the fridge to take a snack of their choice, which they did.

We saw that staff respected people's choices such as when to have a shower or not. When a person declined support with their personal care staff moved away and approached the person again a little while later to re offer the support. Occasionally a different member of staff would re offer the support as it had been noticed that some people reacted more positively to this.
Staff had been reminded at a recent staff meeting to provide active support, to prompt people to undertake their own personal care, for example, and for staff to only provide support if it was needed. Staff were also reminded that support should also be provided in a way that helped people to learn a skill, such as using a hand over hand method for tooth brushing, for example, to help ensure that people's independence was developed and maintained.

During our visits we saw staff manage the behaviour of one person, to prevent them from hurting themselves or others. It was clear that staff knew how best to approach the person using a calm manner whilst speaking to them to give clear guidance. The approach was seen a number of times whilst we were in the service and the same, consistent words and actions were used each time to help the person's understanding. The person responded well to staff and accepted their support on each occasion. We later saw the person's support plan and noted that staff had acted fully in line with guidance in the plan.

To promote their privacy, people who wished to have keys to their room were provided with these and we saw a number in use. We saw that staff knocked on people's doors or asked for their permission to enter people's rooms before entering. Staff asked people if we could see their rooms and two people were happy for us to do so. We saw their rooms had been made personal with pictures, photos and other items of the person's choice to reflect their character and personality.

We noted that people's support plans included guidance to ensure people were enabled to have private time, including time for sexual expression if they so wished. Guidance on how to support people at these times was provided such as offering a shower or a change of clothes if needed.

Good

Is the service responsive?

Our findings

People told us they would speak to staff if they were concerned or unhappy about anything.

A number of relatives we spoke with commented very positively that people were enabled by staff to develop in ways that would not have previously been possible. People had been supported to learn to use IPads or similar tablet computers and mobile phones for example, which are everyday items for people of their age. People had also been supported to be part of the wider community, independently where possible, which some relatives felt they would not have been able promote in the same way. Relatives also said that people's skills such as language and independence had improved since they had lived at the service. They felt this was due to the consistent support provided and the large number of staff people interacted with. Some relatives saw it as helpful for people's lifestyles that other people living at the service, and many of the staff, were of a similar age.

We saw support was provided in a person centred way to enable each person to have as much freedom as possible to live their life as they chose. One person for example had had a lie in on the first morning of our visit and had come to breakfast in their pyjamas, as they preferred to do. On their way to their room to get washed and dressed they called into the laundry room to collect their clean clothes. Staff were on hand to support the person if needed, but we saw they were led by the person's wishes and went at the person's pace.

One person told us they planned to move to a service where they could live more independently as they had developed so many new skills since they had lived at the service. These included shopping, cooking, going out independently and following their own interests. It was evident the service had given the person the opportunities and the confidence to grow as a person.

We saw that people's support plans included details of their personal background and life experiences before they came to live at the service. This provided insight to staff to people's needs and how they should be met. The plans also recorded what gender of staff should support people with their personal care and how many staff were needed. One person required the support of two female staff preferably, and one female staff as a minimum for their personal care and the rota was organised to make this possible.

Support plans were seen to be written in a person centred way and described what each person needed, what was to be achieved for the person and what actions were needed to achieve this. Each support plan was very detailed, written in a straightforward way and provided effective guidance to staff. The plans described why some people may present certain behaviours, what staff could do to avoid these and what to do if they occurred. For instance, one support plan described the signs that the person may be in pain, what action to take if this arose and how to monitor the person until they showed signs of improvement.

A positive behaviour approach was promoted which meant that people were encouraged away from or distracted from inappropriate behaviours. From our reading of one person's plan we could see and understand exactly why staff provided support in a particular way for that person and the positive outcome

for the person as a result.

From talking to staff we found that people were supported to take part in meaningful activities and to seek educational opportunities. Some people attended local colleges and one person went off to college during our visit. They were looking forward to seeing their friends there again after the Easter break.

Staffing was organised to take account of people's differing activities and we saw from the staff rota how this was arranged and scheduled. Where additional staff were needed to support people's outside activities, these resources had been put in place.

The service had a complaints procedure which was available in the office. The manager told us it (and other paper items) could not be displayed in a communal area because they may present a risk of danger to some people because they liked to tear up paper and may eat it. People had been made aware of the complaints procedure and accessible copies of the procedure were seen in people's support plans.

People we spoke with said they would talk to staff if they were worried about anything and relatives told us they would also raise any concerns they had. People's relatives told us the service was responsive and that if they had raised a query at any time, someone on the staff team had always been able to assist them. People's relatives said they felt confident action would be taken if they raised a concern. Three complaints had been recorded in the complaints log during the past year. Each of these recorded the action taken to resolve the complaint. Two letters of thanks or compliment has also been received during the same period.

Good

Is the service well-led?

Our findings

We found the service was well led, with a clear management structure. This ensured that people and staff knew how to seek support or guidance. The manager in post and the operations manager were available in the service during our visits, were known to people and staff and both managers knew people by name.

The manager in post told us they were leaving the service shortly after our visits and confirmed that they had withdrawn their application for registration by CQC. The operations manager told us that a peripatetic manager (a manager who moves from service to service usually on a short term basis) would be appointed to manage the service until a new manager was recruited. Three team leaders were also in post at the service to provide ongoing support and leadership.

There was an open culture within the service which promoted communication between all those involved, including people, their relatives, staff and other professionals. This enabled staff to "Speak up" if needed. This also enabled people to readily interact with those managing the service and working in it.

Staff told us they knew how to access the provider's policies and procedures, either in paper form at the service or on the provider's intranet computer system. All staff had access to some areas of the computer system and managers were authorised to have wider access to areas which were confidential such as staff records. We saw the paper copies of the provider's policies and procedures were available to staff in a folder to ensure they were easily accessible if needed for reference. This meant that staff had easy access to clear guidance about policies and procedures when supporting people.

The operations manager told us of the processes in place to assess and monitor the quality of the service provided. These included monthly provider visits they made to the service to monitor the service. We were provided with copies of recent monthly quality monitoring forms and saw these included first impressions of the service, complaints and compliments, action to address any issues raised, accidents and incidents and safeguarding alerts. The monthly visit form also recorded other aspects of the service including details of person centred planning /reviews, involvement of people in the service, the range of people's activities, medicines checks, finance checks, staffing and health and safety.

Actions to be taken as a result of the monthly visit were recorded, along with who would take the action and when the action would be taken by. We saw that these were followed up at the next visit and made reference to any outstanding actions such as the need to decorate some areas of the service. This meant that there was provider oversight of the service to see what the service did well and where improvements could be made.

Other quality assurance measures included an annual provider audit and quality assurance stakeholder feedback reports. The latest stakeholder feedback report provided positive responses to meeting the needs of people, support planning, safety and security, protection from abuse and staffing.

The provider's values were assessed as part of the staff recruitment process and people had been involved

in recruitment processes. Staff told us that interviews were held at the service and prospective staff met with people and were shown around the service by them. Interview notes included questions about respecting people and promoting their dignity.

Staff told us that staff meetings were held to share information and to discuss aspects of the service such as improvements required. Notes had been taken in order for those unable to attend to be aware of the discussions and outcomes. Notes of recent meetings included references to company policies and the need for staff to be familiar with the most recent version. The notes also referred to accurate and timely record keeping, for example. The recent staff meeting also discussed supporting people to ensure they were enabled to do what they could rather than relying too much on staff support.

"Residents'" meetings had also been held which included discussions relating to activities, house jobs, food and concerns for example. Staff told us that pictures were used to select activities such as going to a farm, to Thorpe Park or to an aquarium for example and staff would note the expressions of interest by people to assess what was popular or not.

Accurate records were maintained as required including medicines records, incident and accident records and health and safety records. These helped to ensure that people were kept safe and their health and welfare was promoted.