Brighton and Hove City Council

Brighton & Hove City Council - Wayfield Avenue Resource Centre

Inspection report

2 Wayfield Avenue
Hove
East Sussex
BN3 7LW

Tel: 01273295880

Date of inspection visit:
10 April 2018

Date of publication:
07 June 2018

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

This inspection took place on the 10 April 2018 and was unannounced.

Wayfield Avenue Resource Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Accommodation is provided over three floors with all bedrooms on the first and second floor. All the bedrooms are single occupancy with ensuite facilities. Each floor has shared facilities of a lounge with kitchen and dining area and assisted bathing facilities. People with mobility issues are accommodated in the service, with a passenger lift for level access throughout the building, and further work at the front of the service has further improved accessibility. People were also able to use a garden with seating areas in the better weather. The service is located near to local amenities.

Wayfield Avenue Resource Centre provides personal care and support for up to 24 people who have a diagnosed functional mental health need such as anxiety, depression, paranoia and schizophrenia. Care and support is provided to adults over 40 years of age, but predominantly to older people. Respite care is provided or a period of short-term transitional care/assessment. This is to enable a period of assessment of peoples care and accommodation needs, and can be used to assist people to move out of hospital prior to moving into more permanent accommodation, or to support people following a period of ill health or crisis. Staff will support people to help maximise their independence, choice and dignity. There were also three people receiving long term care who have lived in the service for a number of years, prior to the changes to the services admissions criteria. Staff in the service work closely with staff from the Sussex Partnership NHS Trust. Regular visits were made from visiting psychiatrists and a registered mental nurse (RMN) is seconded to work in the service and provide support and guidance for staff. There were 20 people living in the service on the day of our inspection.

At the last inspection on 11 November 2015 the service was rated overall Good. At this inspection we found the service remained overall Good. At the last inspection there were limited opportunities for people to join in social activities. At this inspection we found work had been undertaken to address this and improve the social activities people can participate in and access in the local neighbourhood.

Systems had been maintained to keep people safe. People told us they felt safe with the care provided. People's comments received when asked if they felt safe and why included, "Yes I do. Everybody helped and no troubles", and "Yes, Nothing is dangerous in my view." They knew who they could talk with if they had any worries. They felt they could raise concerns and they would be listened to. People remained protected from the risk of abuse because staff understood how to identify and report it. Assessments of risks to people had been developed and maintained. Staff told us they had continued to receive supervision, and be supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. People told us care staff had the knowledge and skills to provide their care and support.

People's individual care and support needs continued to be identified before they received a service. A detailed care and support plan was in place to ensure consistent care had been provided. Care and support was personalised and based on the identified needs of each person. People told us they felt listened to, supported to be independent and they were involved in decisions about their care. Staff had a good understanding of consent.

People were happy with the care provided. People continued to be supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. The services own quality assurance questionnaires sent out in 2017 detailed the following comments had been received from people about the staff, 'Treat people kindly,' 'Friendly, caring staff,' 'I feel all of the staff are very kind and understanding,' 'We are all individual, they forgive us for wrong behaviour,' and 'Looks after well.'

The provider continued to have arrangements in place for the safe administration of medicines. People were supported to get their medicine safely when they needed it. If needed, people were supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health.

People and staff told us the service continued to be well led. Staff told us the registered manager was always approachable and had an open door policy if they required some advice or needed to discuss something. One member of staff told us, "The senior team, the RMN and the manager are all very approachable. It's a good team and good communication." Senior staff carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted about the care provided through reviews, a residents meeting and by using quality assurance questionnaires.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service becomes Good.

This is because there were improved opportunities for people to participate in recreational activities in the service or local area.

People had been assessed and their care and support needs identified. Care and support plans were in place to ensure that care was provided in a constant way.

People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Good

The service remains Good

Brighton & Hove City Council - Wayfield Avenue Resource 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 10 April 2018 and was unannounced. Two inspectors undertook the inspection, with an expert-by-experience, who had experience of older people's care services. The expert by experience sought feedback from people using the service.

We previously carried out a comprehensive inspection on 11 November 2015.

The provider had 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 looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We received feedback from the local commissioning team and the Clinical Commissioning Team (CCG). We also contacted four visiting health and social care professionals and received three responses.

During the inspection we spoke with the registered manager, three senior care staff, and three care staff. We observed the care and support provided in the communal areas, observed a medicines round, observed the lunchtime experience for people and sat in on a handover between staff shifts. We spoke with seven people who were living in the service. We spent time looking at records, including five people's care records, staff records and other records relating to the management of the service, such as policies and procedures,

accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

The majority of people told us they felt the service was safe. Comments received when asked if people felt safe included, "Yes I do. There is always staff around," "Always safe," and 'Very safe in here. No arguments or thing like that." One visiting professional told us the staff provided a safe and recovery focused environment to enable people to move onto their next destination.

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff told us the provider was proactive and responsive in getting problems sorted out. Staff described how they had contributed to the risk assessments by providing feedback senior staff when they identify additional risks or if things had changed. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

The RMN had continued to develop a detailed mental health care plan and risk assessment with clear guidance on how to manage certain behaviours specific to individual people. One member of staff told us, "The mental health support plans gives us guidance on how to approach, perhaps give a person time out. At the transitional care meetings we discuss people's needs. Our RMN will also support us to meet people's needs."

We looked around the building and found the premises were well maintained. The environment was clean and spacious, which allowed people to move around freely without risk of harm. Regular tests and checks were completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. Staff were able to access a maintenance department for the servicing and maintenance of the building and equipment. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The provider had also arranged for an internal health and safety audit. Following which the registered manager was able to show us the work which had been completed following the receipt of an action plan to address any issues highlighted. Contingency plans were in place to respond to any emergencies, flood or fire. There was an emergency on call rota of senior staff available for help and support. Fire evacuation plans (PEEPS) were in place to give care staff information on the support people needed in the event of a fire.

People were protected by the prevention of infection control measures. People told us the service was kept clean. Staff had good knowledge and attended regular training in this area. PPE (Personal protective equipment) was used when required, including aprons and gloves. The provider had detailed policies and procedures regarding infection control and staff received copies of these on induction. Infection control audits had been completed. Following the last audit, an action plan had been drawn up which had involved the re-instatement of the separate house-keeping meetings and the duty officer each day completing spot checks of the service to ensure agreed standards had been maintained.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us, "I would usually talk with my supervisor, or who was on duty." The services own quality assurance questionnaires sent out in 2017 detailed people felt safe at Wayfield Avenue Resource Centre.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected.

Procedures had been maintained for staff to respond to emergencies. Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

People continued to receive their medicines safely. Where people had received support with their medicines the majority told us this had worked well and they had received their medicines in a timely way. Comments received included, "Yes always," and "Yes, it does." Care staff were trained in the administration of medicines. Regular auditing of medicine procedures had been maintained, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. People who were able to could be supported to manage their own medicines through a risk management process. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. Staff could tell how and when this medication should be given. Where people had topical creams applied the recording had been completed to evidence it had been applied and inform other care staff.

There continued to be sufficient staff on duty to meet people's needs. People told us there were always staff available to meet their care and support needs. People told us there was a good response when the emergency call bell was used. One person told us, "Yes I think so. Yes come back quickly," and "Yes, plenty of staff." Staff told us there were adequate numbers of staff on duty to meet people's care needs. One member of staff told us, "I let them do as much as they can for themselves. I don't want to take away their abilities. I ask them what help they need. "A 'Duty' member of senior staff was on each day. This person coordinated activity on the day and prepared for the transition to the next duty to take over. If there was a staff shortage expected or special duties anticipated this person would seek more staffing resources in advance. There was a relief pool of bank staff who could be called at short notice to help cover any vacant shifts, or agency staff could also be called on, and where possible staff were requested who had previously working in the service and had an understanding of how the service was run. A team of ancillary workers who covered administration, domestic duties, maintenance, and catering services supported all the care staff in the service. Staff told us although at times it could be busy there was adequate staff on duty to meet people's care needs. They told us minimum staffing levels were maintained. They also spoke of good team spirit. People told us there were enough staff on duty to meet people's needs. Staff had time to spend talking with people and supported them in an unrushed manner.

There had been no external recruitment of new staff since the last inspection. So it was not possible to fully evidence that safe recruitment process were in place. However, the registered manager had the support of

the provider's human resources department when recruiting staff. They told us that all new staff would go through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. This included the completion of an application form, attending an interview and two written references and criminal records check being sought prior to commencing work in the service.

Good

Is the service effective?

Our findings

People felt staff were skilled to meet their needs and continued to provide effective care. Peoples comments included when asked if they felt staff were skilled included, "Yes, Mostly," "Top class," and "Yes, I do." Staff told us there was good access to training. "Yes, Mostly," "Top class," and "Yes, I do."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. One member of staff told us, "People told us they were always asked for their consent before any care was provided. One person told us, "'Care and provision is excellent." One member of staff told us, "It really depends on the situation. They tell us what they need or want. Sometimes service users don't really like personal care. We can't force them."

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. Staff told us they had completed this training/guidance and all had a good understanding of what this meant for people to have a DoLS application agreed. Where a DoLS had been agreed this had been documented in the care and support plan. Care staff were clear who had a DoLS application agreed, and if there were any actions they had to follow to support people.

Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensuring that policies and procedures were read and understood. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

When new staff commenced employment they to undertook an induction, and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff had continued to receive training to ensure they had the knowledge and skills to meet the care needs of people. Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Training records viewed highlighted care staff had completed this training. Staff had also received training and guidance from the RMN on providing care and support to people with mental health needs. Additionally there were courses on personality disorder, alcohol and substance misuse, depression and

understanding people with suicidal tendencies which a number of staff had attended. One member of staff told us, "They really look after that (Training.) There are so many interesting courses to do. I have done training on dementia, schizophrenia, MCA, and have booked for suicide and de-escalation."

Staff all confirmed they had continued to attend regular supervision meetings throughout the year with their manager and had completed a planned annual appraisal. One member of staff told us, "Supervision is on a monthly basis every four to six weeks. It's formatted, a general overview any concerns and future goals. It's nice to touch base. They (senior staff) have been here a long time. I have developed a lot of confidence in my abilities."

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-admission assessment were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork and feedback from people confirmed where possible they and their relatives were involved in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews.

Where required, staff continued to support people to eat and drink and maintain a healthy diet. People's comments included, "Brilliant," and "They provide juice, biscuits, and bread for toast and sandwiches and cheese and tomato usually." Staff told us they continued to monitor what people ate and if there were concerns would refer to appropriate services if required. Some people were supported to make their own snacks and meals and there were kitchen facilities in the service which people used. The registered manager told us they continued to support people with any dietary requirements. Work was also in progress to review the menu following feedback from the younger people living in the service who wanted more variety and not just more traditional dishes provided.

People continued to be supported to maintain good health and have on-going healthcare support. Care staff monitored people's health during their visits and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed. One person told us, us, "Yes. When I see GP usually someone supports me and take me by taxi and bring me back."

The service was provided in a purpose built building. Level access was facilitated with passenger lift was available inside to facilitate level access. There was an ongoing improvement plan in place to improve the environment in which people lived. The registered manager told us the boiler had been replaced since the last inspection and they were due some new flooring. Pictures and decorations used to ensure an environment friendly for people. People were supported to spend time alone or with others throughout the day. When people had visitors they were supported to spend time with them in private in their bedrooms or remain in the lounge. There was outside seating if people wished to go outdoors when the weather was fine.

Good

Is the service caring?

Our findings

People felt staff were consistently kind and caring. When asked what the service did well comments received included, "Take care of you," "Everything," "The staff are very kind and helpful," and "They make sure you are happy." Compliments received in the service included, "Thank you for your kindness and understanding," For the kindest staff at Wayfield," and "Thanks again for all the support throughout this period." The services own quality assurance questionnaires sent out in 2017 detailed the following comments had been received, 'Nothing is too much trouble,' 'The staff are really lovely and always make me welcome,' 'Wayfield is patient with me, 'Make a person feel welcome,' and 'Given encouragement to improve.' A visiting professional told us, the care and support provided was of a consistently high standard. Staff were kind and skilled at providing reassurance and a sense of security for people who may be distressed or confused at their circumstances.

Staff spoke warmly about the people they supported and provided care for. Staff demonstrated a good level of knowledge of the care needs of people. Staff told us people had continued to be encouraged to influence their care and support plans. On admission the person was encouraged to complete information in relation to how they like to be known, their likes and dislikes, their background, interests and future goals. Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. People consistently told us they were happy with the care and support provided. They had been involved in drawing up their care plan and with any reviews that had taken place. They felt the care and support they received helped them retain their independence. One person told us they were, "Given encouragement to improve." One member of staff told us, "I let them do as much as they can for themselves. I don't want to take away their abilities. I ask them what help they need."

Peoples' equality and diversity continued to be respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences.

Peoples' privacy was respected and had been consistently maintained. People confirmed that they felt that staff respected their privacy and dignity. People's comments included, "Yes, always knock the door for the come in," and "They knock and they come along." The services own quality assurance questionnaires sent out in 2017 detailed one person commented, 'The cleaners are kind, friendly, considerate and good at their job, taking your privacy and needs into consideration.' The registered manager was a dignity champion and chaired the city wide care homes dignity forums. They brought back information for the staff team. They talked with staff using scenarios with staff to promote and inform their understanding of dignity. Care staff had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. One member of staff told us it was about, "Knowing the service user and knowing how to approach them. I use deflecting techniques. Being as dignified as possible. As I would want to be treated myself."

The atmosphere in the service was calm and relaxed, but there was also a general hum of activity. People had their own bedroom and ensuite facility for comfort and privacy. People were encouraged to treat the service as their home for the period of their stay. They had been able to bring in small items from home to make their stay more comfortable such as small pictures. The services own quality assurance questionnaires sent out in 2017 detailed one person had commented, 'Very nice clean, homely room. People had been supported and encouraged to keep in contact with their family and friends, and told us there was flexible visiting. People had been supported when making decisions about their care from staff from an advocacy service. Senior staff were able to confirm they knew how support people and had information on how to access an advocacy service should people require this service.

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff. People received information around confidentiality as well. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people. The registered manager was aware of who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

People told us that staff remained responsive to their needs.

At the last inspection on 11 November 2015 there were limited formalised activities provided for people to join in. At this inspection we found work had been undertaken to address this. People told us of the activities they had been able to join in and their comments included, "Yes, like they organise things in the day centre, and card play, and art work," "Chess, Scrabble, etc.," "There is activity room, they have got big table usually they sit and make things, colouring," "You can join downstairs if you want to," and "They have some social activities. They have some games, Monopoly." Care staff were aware of the importance of providing meaningful activities for people to join in. They told us they found it still could be difficult to encourage people to participate in activities when they were arranged. A room on the ground floor had been converted into to an activity room. People had been supported with craft sessions. The registered manager told us of the craft work which had been completed at Easter. Care staff were decorating the service ready for St George's Day. One member of staff told us, "We usually try to do some seasonal decorations. We had a very nice display for Easter. We are working on St Georges Day. Some enjoy this very much, and it is very sociable. At the moment service users are quiet. We offer but they say no." We could see from minutes of the residents meeting these plans had been discussed as well as asking for ideas for activities people could join in. We could see that film nights and activities such as board games had been facilitated. People had also been out with staff to use the local facilities, for example to go to the cinema. There was information in the service of what was available to go to locally and staff had supported and encouraged people to attend. Some people also went out independently and arranged their own social activities.

A detailed assessment had continued to be completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. Senior staff undertook the initial assessment, and discussions then took place about the availability of staff and the person's individual care and support needs. Work had continued to develop and maintain the detail within peoples individual care plan. They were very comprehensive and gave detailed information on people's likes, dislikes, preferences and care needs. These described a range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. Feedback from people and care staff was this information was regularly updated and reviewed. Record we looked at confirmed this. Staff told us communication was good where changes had occurred and they received information about new people.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with the Equality Act 2010 and the Care Act 2014. Services must identify record, flag, share and meet people's information and communication needs. Staff had not yet received AIS training, however, the provider had arranged for this training for staff to access shortly. Senior staff told us this was looked at as part of the comprehensive initial assessment completed, and they had ensured peoples communication needs had been identified and met. Where required people's care plans contained details of the best way to communicate with them. Information for people and their relatives if required were created in a way to meet their needs in accessible formats to help them understand the care available to them.

Technology was used with people having access to Wi-Fi connection in the service which people had used to maintain links via social media and skype. There was also an IPad in the service available for use.

As a predominantly short-term service care staff had not recently supported people with end of life care. However, the registered manager told us should end of life care be needed this would be discussed and planned and people's wishes respected.

People and their relatives continued to give their feedback on the care provided through reviews and quality assurance questionnaires. Residents meetings had also been held. One person told us, "Yes, They usually have a meeting for all the building." We found the provider had maintained a process for people to give compliments and complaints. People told us if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. One person told us they would, "Go to down to the office, if someone's got problem with someone else the staff do it." The complaints policy gave information to people on how to make a complaint, and how this would be responded to. The policy set out the timescales that the representatives of the service would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. We could see that feedback received continued to be used to inform the service delivery.

Good

Is the service well-led?

Our findings

The majority of people told us the service was well led. One person told us the service was, "Very Good." Staff told us they were happy with the way service was managed and stated the management team remained approachable and professional. When asked what the service did well one member of staff told us, "We have so many people who don't want to leave. We have had so many good transformations, from depression to very smiley people. People like how they have changed." Another member of staff told us, "Continuity of care. We support people, in a stable and safe environment, with a welcome and a friendly face."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a clear management structure with identified leadership roles. The registered manager was supported by a team of senior staff. Staff told us they continued to be well supported.

Policies and procedures continued to be in place for staff to follow. The registered manager was able to show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures.

Senior staff continued to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received and completing regular reviews of the care and support provided and records were completed appropriately. People were asked to complete a quality assurance questionnaire. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held periodically and staff newsletters were used as an opportunity to keep staff up-to-date with what was happening in the service.

The aim of the service was, 'To provide empowering, personalised care in accordance with your wishes that offers you privacy, treats you with dignity, encourages your independence, offers choice, fulfilment and encourages you to be involved in all decision making in a comfortable environment.' Feedback from other professionals was that staff in the service had continued to work well with them. They spoke of a well-managed service, excellent staff who worked with people in a calm, safe and supportive environment. Person centred care had been provided with people being supported and encouraged to be as independent as possible. The registered manager and staff worked closely with health professionals such as the local GP's and health specialists when required. Senior staff told us they worked very closely with all professionals they were in contact with, to ensure people received the correct care and treatment required. The registered manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to

people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.