Avocet Trust

1181 Holderness Road

Inspection report

1181 Holderness Road
Hull
HU8 9EA

Tel: 01482712259

Date of inspection visit:
18 March 2016

Date of publication:
05 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

1181 Holderness Road is located in the east of the city of Hull and is registered to provide care and accommodation for up to a maximum of seven people with a learning disability or autistic spectrum disorder for the purpose of respite care. Accommodation is provided in a large detached house.

We undertook this unannounced inspection on the 18 March 2016. At the last inspection on 11 April 2015, the registered provider was compliant with the regulations we assessed. Six people were accessing respite services on the day of our inspection.

Not all of the people who were using the service were able to tell us about their experiences. We relied on our observations of care and our discussions with staff and those people using the service who were able to speak with us.

The service had 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. The registered manager informed us they would be moving to manage another service within the organisation and another manager would be taking over responsibility for the service. They told us that a date for these changes had not yet been confirmed.

We found improvements were required with the quality assurance system in place as this did not always show what actions had been taken, when areas for improvement were identified through audits and surveys. A revised quality assurance system had recently been introduced which consisted of seeking people's views and carrying out audits and observations of staff practice. This had been introduced to identify shortfalls so actions could be taken to address them. However, this had not identified that the keys to the medication cabinet were not being stored securely in line with the provider's medication policy.

Although medicines were found to be stored in a locked cabinet, the keys were left on a shelf and easily accessible. Medicines were, administered and disposed of safely. Training records showed staff had received training in the safe handling and administration of medicines.

Positive interactions were observed between staff and the people they cared for. People's privacy and dignity was respected and staff supported people to be independent and to make their own choices. Staff provided information to people and included them in decisions about their support and care. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked capacity to agree to it.

We found there were policies and procedures in place to guide staff in how to safeguard people who used the service from harm and abuse. Staff received safeguarding training and knew how to protect people from abuse. Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took steps to minimise risks to people's wellbeing without taking away people's rights to make decisions. People lived in a safe environment and staff ensured equipment used within the service was regularly checked and maintained.

People's health and nutritional needs were met and they accessed professional advice and treatment from community services when required. Meals provided to people were varied and in line with risk management plans produced by speech and language therapists and dieticians. We observed drinks and snacks were served between meals. People who used the service received care in a person centred way, the care plans described their preferences for care and staff followed this guidance.

We found staff were recruited safely and were employed in sufficient numbers to meet people's needs. Staff had access to induction, training, supervision and appraisal which supported them to feel skilled and confident when providing care to people.

People who used the service were seen to engage in a number of activities both within the service and the local community. They were encouraged to pursue hobbies, social interests and to go on outings. Staff also supported people to maintain relationships with their families and friends.

People who used the service received continuous support from staff and needed to be supervised whenever they went out. We observed that support was provided on an individual basis and people's needs were understood by staff delivering their care. We saw people had assessments of their needs and plans of care were produced; these showed people and their relatives had been involved in this process. We observed people received care that was person-centred and care plans provided staff with information about how to support people in line with their personal wishes and preferences.

There was a complaints procedure in place which was available in a suitable format which enabled people who used the service to access this if needed. People we spoke with knew how to make complaints and told us they had no concerns about raising issues with the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were some issues identified in the service with the management of medication keys in line with the providers medication policy, these were addressed at the time of the inspection.

People received their medicines as prescribed and staff had been trained to administer and handle medicines safely.

The registered provider had systems in place to manage risks.

Staff were recruited safely and there were sufficient staff, with the competencies, skills and experience available at all times to meet people's needs.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff received training about this.

Is the service effective?

Good

The service was effective.

People's capacity to make decisions about their care and treatment was assessed.

Staff were supervised by their line manager and provided with training opportunities to ensure they developed the skills and knowledge required to support people.

People had their health and nutritional needs met and were supported to have a healthy, well balanced diet in line with their assessed dietary needs.

Is the service caring?

Good

The service was caring.

People were supported by staff that had a good understanding of their individual needs and preferences for how their care and

support was to be delivered.

We observed positive interaction between staff and people who used the service during our inspection. Staff were seen to have developed positive relationships with the people they supported and to respect their privacy and dignity.

People who used the service were encouraged to be as independent as possible, with support from staff.

Is the service responsive?

Good

The service was responsive.

People were supported to participate in a range of activities and to pursue hobbies and interests.

People and their relatives were involved and had the opportunity to participate in their care and make changes where required.

The provider had a complaints procedure in place and documentation on how to make a complaint was available. People could raise concerns and these would be investigated and resolved to their satisfaction

People's care plans recorded information about their preferred lifestyles and people who were important to them. People were encouraged to maintain these relationships.

Is the service well-led?

Requires Improvement

The service was well-led; however some aspects in relation to quality monitoring were not fully effective. Improvements were required to ensure shortfalls identified had clear timescales in place for actions to be completed.

The registered manager promoted an open and transparent culture and a service that people enjoyed visiting.

Relatives and staff told us the registered manager was approachable and always made time for them.

There was structure to the organisation and levels of support. The registered provider was involved in overseeing the service

1181 Holderness Road

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 registered 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 the 18 March 2016 and was unannounced, which meant the registered provider did not know we would be visiting the service. The inspection team consisted of two adult social care inspectors.

We looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection we spoke to the local safeguarding team, the local authority contracts and commissioning team and a health professional about their views of the service. There were no concerns expressed by these agencies.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully.

Not all of the people who used the service were able to communicate with us verbally so we observed how staff interacted with people during the inspection. We spoke with, the registered manager, the deputy care manager, a senior carer, two support workers and a person who used the service. Following the inspection we spoke with the relatives of two people who used the service and two professionals.

We looked at the care records for four people who used the service and other important documentation relating to people who used the service such as, medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, the training record, the staff rota, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment records

Requires Improvement

Is the service safe?

Our findings

Relatives told us they felt their family member was safe when using the service. Comments included; "I have no doubt they are safe there." Another relative told us, "Yes they are safe, I have no doubts about that."

We spoke with one person who used the service who told us they liked the staff and were happy to access the service. They told us, "I like the staff here, especially [Name], and all of the permanent staff looks after everyone well."

We found improvements needed to be made in the way the keys for the medication cabinets were stored. During our inspection we found medicines were stored in lockable cabinets which were secured to the wall, within a locked cupboard. However, although the cupboard door was locked, the keys to the medication cupboard were stored openly on the shelf, which meant anyone accessing the cupboard has access to the medication keys. We looked at the medication policy and found keys were not being stored in line with the provider's guidance. We spoke to the registered manager about this who was clear the keys should be held on the senior staff's person. They immediately spoke with staff on duty and the keys were transferred into a lockable safety deposit box and the key to this held by the senior staff member on duty. The registered manager provided us with assurances the medication policy and storage of keys would be revisited with all staff.

People were protected from the risk of abuse through appropriate processes, including staff training and policies and procedures. During the inspection we spoke with staff and they were able to describe the registered provider's policies and procedures for reporting any abuse they may witness or become aware of. All of the staff we spoke with knew about the different types of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they would not hesitate to report any poor or dangerous practice. We observed people were confident, relaxed and happy in the company of staff and staff were seen to be caring and respectful of the people they supported.

Staff confirmed they received refresher training in the safeguarding of vulnerable adults at regular intervals and were aware of the registered provider's whistleblowing policy. Whistle blowing is a way in which staff can report misconduct or concerns within their workplace. Staff were able to refer to these procedures if they needed more information.

People's risks were well managed through individual risk assessments that identified the potential risks and provided information for staff to help them avoid or reduce the risks. Examples included; mobility, accessing the community, epilepsy, swimming and choking Risk assessments also included plans for supporting people when they became distressed or anxious. When changes occurred, we saw assessments were updated to reflect people's current needs.

Behaviour management plans described the circumstances that may trigger certain behaviours and ways to avoid or reduce these. Records seen showed if people became agitated staff used effective distraction or calming techniques and avoided the use of physical interventions. During discussions with the registered

manager and staff they confirmed that physical restraint was not used within the service. Records showed staff had completed training in relation to changing behaviours and the management of these.

The registered manager maintained an on-going record of any incidents that occurred in the service and we saw that where these required a safeguarding referral, these had been made. Records showed that accidents and incidents were recorded and appropriate action taken. De briefings were completed with staff following incidents to reduce the risk of further re occurrences and learn from incidents.

Staff we spoke with told us there were enough staff on duty to meet people's identified needs. Comments included, "Although I am personally only on a part time contract, from my experience we always have enough staff on duty for one to one personal care." and "The manager only uses one agency to cover staff shortages and tries to use staff from that agency who have covered here on previous occasions."

We checked the recruitment files for four staff members, one of whom had been recently recruited to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service [DBS]. The recruitment process ensured that people who used the service were not exposed to staff that were unsuitable to work with vulnerable adults.

Medicines were found to be correctly, administered, recorded and returned when people returned home following their stay. Protocols were seen to be in place for all medicines that had been prescribed to be taken 'as and when required' [PRN], these described in which situations the medicine was to be administered. Staff spoken with confirmed that this type of medicine was only ever used after following the guidance.

People who used the service were unable to manage or administer their own medicines, without the support from staff. All staff had received medicine training and their competency was regularly reassessed. We checked the medicines being administered against people's records, which confirmed they were receiving medicines as prescribed by their GP.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically. We found the home to be clean, hygienic and well maintained.

Good

Is the service effective?

Our findings

We spoke with one person who used the service who told us they liked living there and told us," I like being here and the staff are helping me to learn new things like cooking, for when I get my own flat."

Relatives told us they thought staff had the skills and abilities to meet their family member's needs. Comments included; "The staff are fantastic and really good with him. I had an issue previously with one staff member, but this was dealt with straight away and there have been no further issues. When asked about the food provided in the service, a relative told us, "My family member has a special diet and staff are all aware of this and cater for his needs well."

Staff we spoke with had a good understanding of people's specific nutritional needs and their preferences of food and drink and were able to clearly describe how these were catered for. The information provided corresponded to the information detailed within people's care plans. Staff gave examples of one person who had a mealtime prescription in place which identified the need for their food to be fork mash able and the correct seating position the person needed to adopt when staff were supporting them to eat and drink. Staff recorded the meals and fluids each person consumed each day and commented on whether they liked particular foods or disliked others so a preference list could be maintained.

We saw the health care needs of people who used the service were met and during respite stays, staff always kept relatives informed of any changes in relation to people's health and well-being. We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals.

In discussions, it was clear staff knew people's health care needs and they were aware of the professionals involved in their care. Comments included, "A daily monitoring record of meals eaten and drinks is recorded. If a person is losing weight or putting on weight or their health deteriorates it may indicate something is wrong with that person's dietary intake. Service users are routinely weighed, so we can monitor them." and "A few service users have difficulty in swallowing their food and it is always carefully blended. We have a risk management tool to use to monitor service users weight or dietary concerns and allergies."

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.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision

and control. The registered manager was aware of their responsibilities in relation to DoLS and authorisations were in place for each of the people who used the service. The registered manager had notified the CQC of the outcome of the DoLS applications. This enabled us to follow up the DoLS and discuss them further with the registered manager. We found the authorisation records were in order and least restrictive practice was being followed. Professionals confirmed they had been involved and consulted in this process.

During discussions with staff and the registered manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

We looked at the supervision and appraisal records and saw staff received regular support and annual appraisals .The registered manager and staff we spoke with confirmed regular staff meetings were also held. These were used to discuss any number of topics including; changes in practice, care plans, rotas and training.

Training records seen showed staff had access to a range of training which the registered provider considered to be essential and service specific. This included epilepsy, changing behaviour, infection control, safeguarding of vulnerable adults, first aid, the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards (DoLS). Staff were also either working towards or had completed a National Vocational Qualification in Health and Social Care (NVQ).

The registered manager told us, after their appointment, all new staff completed a two week induction which covered training which the registered provider considered to be essential including; medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service. Following this they completed a work based induction booklet during the next three months. Further, more specialised training was also made available to them during this time including, epilepsy and autism. Discussion with a recently appointed staff member confirmed this process.

Staff we spoke with told us they had regular support and supervision with the registered manager or senior care staff and were able to discuss their personal development and work practice. Other members of staff said, "We can go to the manager at any time or if we ring she is always available for support or advice about anything."

Good

Is the service caring?

Our findings

People who used the se told us they liked the staff and from our observations we saw both positive and supportive relationships had been developed with staff and people who used the service engaging in open, friendly banter. They told us I like [Name] and [Name] best because they help me to practice my guitar and go to gigs with me."

Relatives told us they considered their family member was well cared for by staff. Comments included: "The staff often ring me to tell me how he is" and "They are all very good with [Name] and have a good understanding of them." and "They are a fantastic group of people."

We spent time in the communal lounge /dining areas and we observed staff interacted positively with the people who used the service showing a genuine interest in what they had to say and respond to their queries and questions patiently. Requests from people who used the service were seen to be responded to quickly by staff. People were seen to approach staff with confidence; they indicated when they wanted their company, for example when they wanted a drink and when they wanted to be on their own and staff were seen to respect these choices.

During our inspection we saw staff supporting people to prepare their own meal. When we spoke with them [Staff]they told us they were supporting the person to develop their independence skills to help prepare them for more independent living in the future.

Staff understood how people's privacy and dignity was promoted and respected, and why this was important. They told us the registered provider had policies in place in relation to privacy and dignity and told us how they supported people to maintain their privacy and dignity. They told us, they always knocked on people's doors before entering their room and told them who they were and they explained to people what support they needed and how they were going to provide this. Comments included, "We keep people covered during personal care and support them to do the things they can do independently." and "For [Name] especially, we need to ensure we have everything we need for the support task we are involved in delivering, so there are no interruptions."

Staff told us about the importance of maintaining family relationships and supporting visits. They described how they supported and enabled this; for example visiting peers and family members while accessing respite. Staff told us how they kept relatives informed about important issues that affected their family member and ensured they were involved in all aspects of decision making. Relatives were also invited to reviews and if they were unable to attend their views were sought and shared in the meetings. Records seen confirmed this.

Staff spoke about the needs of each individual and had a good understanding of their current needs, their previous history, what they needed support with and encouragement to do and what they were able to do for themselves. We observed staff greet people as they arrived at the service for their stay, informing them of who would be supporting them and then following their preferred routines detailed in their care records. For

example one person liked to have a drink and a snack, before unpacking their belongings in their room.

Staff confirmed they read care plans and information was shared with them in a number of ways including; a daily handover and team meetings.

Good

Is the service responsive?

Our findings

People who used the service told us about the activities they were involved in and how staff had supported and encouraged them to try new things. They told us how they had sung at a talent show and won first prize. Comments included, "The staff talk to me about what I want to do and we get it organised, so I know what I am doing and when. If I change my mind we can do something different if I want to." and "I get up when I want to and staff help me to get my breakfast when I am ready for it, I like to be up for a while first." During our inspection visit we observed this arrangement to be in place.

Relatives told us they considered the service was responsive to their family member's individual needs. Comments included; "They respond quickly to any requests made and get things put into place quickly." Another relative told us, "We are always involved in any decisions and anything to do with their care. The staff keep in touch with us so we know everything is all right, which is good."

We looked at the care files for four people who used the service and found these to be well organised, easy to follow and person centred. Sections of the care file had been produced in pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. Details of what was important to people such as their likes, dislikes, preferences were also recorded on a 'one page profile' and included for example, their preferred daily routines and what they enjoyed doing and how staff could support them with these in a positive way.

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. These included identified health needs, nutrition, fire, road safety and going out in the community. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed and updated to reflect changes in people's needs. Any changes were acknowledged and signed by staff to confirm their understanding.

Evidence confirmed people who used the service and those acting on their behalf were involved in their initial assessment and on–going reviews. Where people were transitioning to the service for respite, we saw planned visits were arranged for people to have tea at the service or to visit and stay for a short period of time. This gave them the opportunity to become familiar with the service and the staff who would be supporting them during respite stays.

When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required, whilst they were in the service and the community. They were able to give examples of how they supported individual choice. They explained how for one person who used the service, although they had limited

mobility, they fully promoted their independence in line with their wishes and supported them to do the things they were able to do. Detailed information was available within the individual's care plan to inform staff how this was achieved. During discussion with staff, they told us there was more than adequate information in people's care plans to describe their care needs and how they wished to be supported.

Communication passports were in place which detailed how people communicated their needs and wishes. These described both verbal and non-verbal interactions people may use to express themselves for example "When I am happy I will smile and clap my hands and show affection, by hugging you," and "If I am sad I may shout out and cry or sometimes I may become quiet and withdrawn." In discussions with staff they were able to describe how people expressed themselves in their preferred way, so people's needs could be responded to quickly.

Each person who accessed the service for respite care had their own individual activity plan which had been developed with them in line with their preferences. These included activities within the service and the wider community for example; Cycling, shopping, swimming, trips out, pub visits, music sessions, bowling and visits to the cinema. Records showed that following activities monitoring was in place to assess the person's experience of this. This covered what the activity was, whether the person had indicated they had liked or disliked the activity, had there been any positive or negative outcomes and if any further action needed to be taken following this. For example if further risk assessments needed to be put in place.

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. No complaints had been received by the service, but where suggestions had been made to improve the service these had been acknowledged and action taken. One relative we spoke with told us they were happy with all aspects of the service, but had previously raised concerns. They told us their concerns were immediately acknowledged and action had been taken to resolve these to their satisfaction. Following this incident they had had no further concerns.

Requires Improvement

Is the service well-led?

Our findings

People who used the service told us the registered manager was approachable and they always asked them how they were and if everything was alright.

Relatives and professionals told us they considered the service to be good. Comments included, "I can't tell you how good it is, the staff are fantastic and they are willing to work with me." Another told us, "I know I can pick up the telephone at any time and anyone I speak to will always make time to speak to me." Relatives knew the registered manager and told us she made herself available to them and was more than willing to listen to them and work with them.

One professionals told us, "My experience of working with [Name] has been more than satisfactory, in fact I would go so far as to say excellent.[Name] has worked within learning disability services for many years and has a great deal of knowledge and experience within this client group and it shows. It's refreshing to know that I can trust this manager to keep me up to date and informed and I feel that the staff she manages will echo her person centred practice, thus always putting the client's needs, wishes and feelings first."

Although a quality assurance system was seen to be in place, we saw improvements needed to be made in the way the registered provider acted upon feedback from audits. The registered manager showed us a copy of the monthly quality audits completed within the service these included; medication, health and safety, the environment, fire checks and care records. However, where actions had been identified we were unable to find recorded details of what had been done to address the identified shortfalls. The registered manager showed us a copy of a new QA system which was in the process of being introduced within the organisation. An audit completed in September and October 2015 was shared with us and this was seen to be more thorough. This recorded details of any identified shortfalls, identified what action needed to be taken and a date of when this had been completed.

However, we saw that neither system had identified that on some occasions some people's fluid charts had been completed detailing the total amount of fluids people had throughout the day. For example, one record seen for 15 March 2016 showed 2000mls of fluid between 4 and 8 pm, rather than the type, the quantity and time fluids were offered. When we spoke to the registered manager and deputy care manager about this, they offered assurances this would be addressed with the staff members involved and further training would be offered to ensure records were completed correctly.

The registered manager was experienced, having initially worked for the organisation for a number of years prior to becoming the registered manager. A senior support worker worked with the registered manager and shared some of the management responsibilities on a day to day basis for example, supervision for some of the staff and completing checks and audits of the environment.

Staff we spoke with told us they enjoyed their work and worked well together as a team in order to provide consistency for the people who used the service. They told us they felt well supported and valued by the registered manager and comments included, "She has an open door policy we can speak to her at any time

about anything and we will be listened to" and " She is fair but firm when she needs to be. I think she is a good balance of both and at the end of the day it is about what is best for the people living here."

The registered manager told us managers meetings took place within the organisation to share information and best practice and felt supported by the registered provider. Staff told us they attended staff meetings regularly and the registered manager used these to inform them of changes to policies and procedures, care plans and risk assessments updates. Changes in people's needs and changes within the organisation were also discussed. Staff told us they felt these were useful and ensured consistency within the service.

The registered manager said, "I ensure that I am at the service daily so that staff can speak to me if they need to. I remain respectful and open so that staff feel at ease and are able to come to me with queries or issues. I am professional at all times in my approach with other agencies as I understand the importance of forming good relationships with the people we work alongside. The office door is always open, so that people feel welcome if they need to come to me for any reason."

We found the organisation encouraged good practice. For example, there was a system in the organisation to nominate staff for specific awards for recognition of good practice. Staff were provided with handbooks, which explained what the expectations were of their practice and described the organisation's vision. This was described as promoting a 'lifetime support to vulnerable people to enable them to live fulfilled and valued lives through making personal choices, an inclusive society where people have equal chances to live the life they choose'. Staff received awards for long service within the organisation.

Incidents and accidents were recorded; the registered manager was aware of their responsibility to send notifications to the CQC regarding issues that affected the safety and well-being of people who used the service.

A selection of key policies and procedures were looked at including, medicines, safeguarding vulnerable adults, physical interventions policy and complaints. We found these reflected current good practice.