

Ashchurch House Limited

# Ashchurch House

## 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

Ashchurch House is a 10 bed service providing support and accommodation to people with a learning disability. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values should include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The accommodation is arranged over two levels. The ground floor is accessible for people with physical disabilities or restricted mobility. At the time of the inspection seven people were living at the service. We inspected the service on 18 and 22 September 2017.

The service had a registered manager. The 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the last inspection on 17 December 2014 the service met the requirements of the Health and Social Care Act 2008.

We have made two recommendations about involving people in decisions regarding diversity and about involving people in choices regarding their diet.

People told us they felt safe using the service and appropriate safeguarding procedures were in place. Risk assessments were completed and management plans put in place to enable people to receive safe care and support. Staff had good understanding about infection control procedures and used protective clothing to prevent the spread of infection. Lessons were learnt when accidents and incidents occurred to help improve service.

There were effective and up-to-date systems in place to maintain the safety of the premises and equipment. We found there were enough staff working at the service and recruitment checks were in place to ensure new staff were suitable to work at the service. Medicines were administered and managed safely.

People's needs were assessed before they began using the service. People using the service had access to healthcare professionals as required to meet their needs.

Staff received supervision, appraisals and training in line with the provider's policies and procedures. Staff had a clear understanding of the application of the Mental Capacity Act 2005. Appropriate applications for Deprivation of Liberty Safeguards authorisations had been made.

Personalised support plans were in place for people using the service. Staff knew people they were supporting including their preferences to ensure personalised support was delivered. Staff had a good understanding of how to promote people's privacy, independence and dignity.

People and their relatives told us the service was caring and we observed staff supporting people in a caring and respectful manner. Staff respected people's privacy and dignity and encouraged independence. People were supported to maintain their nutrition.

People using the service knew how to make a complaint. Meetings took place for staff and people using the service. The service had systems in place to seek the views of people on the running of the service. The provider had quality assurance systems in place to identify areas of improvement. People and staff told us the registered manager was supportive and approachable.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe. There were robust safeguarding and whistleblowing procedures in place. Staff understood what abuse was and knew how to report it.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People had risk assessments in place to ensure risks were minimised and managed.

Appropriate arrangements were in place for the safe administration of medicines.

Good 

### Is the service effective?

The service was effective. People's care and support needs were assessed and reflected in support records. People are supported to maintain good health and access healthcare services and professionals when they needed them.

People had access to enough food and drink. We have made a recommendation about involving people in choices about their diet.

Staff had a clear understanding of the application of the Mental Capacity Act 2005 to practice.

Staff received up-to-date training and appropriate support through supervision and appraisal meetings.

Good 

### Is the service caring?

The service was caring. People told us they were treated with respect by staff and that staff were caring. Relatives told us staff were caring. Care and support was centred on people's individual needs and wishes.

Staff had an understanding of how to promote people's dignity,

Good 

privacy and independence We have made a recommendation about involving people in decisions regarding diversity.

### **Is the service responsive?**

The service was responsive. People's care and support needs were assessed and guided staff on how to meet people's needs in a personalised manner. People support plans were regularly reviewed.

People were able to take part in activities. People were encouraged and supported to provide feedback about the service. There was a complaints process and people using the service and their relatives knew how to make complaints.

**Good** ●

### **Is the service well-led?**

The service was well led and had a registered manager.

People using the service, their relatives and staff spoke positively about the senior staff at the service.

Records were accurate and kept up-to-date. Effective systems were in place to monitor the quality of the service.

**Good** ●

# Ashchurch House

## 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.

This inspection took place on 18 and 22 September 2017 and was unannounced. On the first day the inspection team consisted of one inspector accompanied by an expert by experience with expertise in learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we already held about this service which included details of its registration, previous inspection reports and information the provider has sent us. We contacted the host local authority with responsibility for commissioning care from this service to gain their views about the service. We were aware of a whistleblowing allegation brought to the attention of the host local authority.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people and two relatives of people who use the service. We spoke with five members of staff. This included the registered manager, area manager and three support workers.

We examined various documents including four care records, seven medicine records and personal emergency evacuation plans (PEEPS) for people using the service. We reviewed three staff files including staff recruitment, training and supervision records, minutes of staff meetings, audits and various policies and procedures including adult safeguarding procedures. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk to us.

## Our findings

People told us they felt safe living at the service. One person told us they felt safe knowing they could call on staff at any time and they would deal with any concerns. Relatives told us they felt the service was safe.

The service had a safeguarding policy and procedure in place to guide practice. We looked at information gathered from the host local authority and the service regarding whistleblowing or safeguarding concerns dealt with. Staff had a good understanding of safeguarding adults and gave examples of the different types of abuse. Staff were knowledgeable about the process for reporting abuse and knew who to notify. The service had a whistleblowing policy and procedure. Staff knew how and where to raise concerns about unsafe practice at the service. One staff member said, "If I have a concern I report it. If my manager is not acting on it I will go higher to CQC [Care Quality Commission] and the local authority." Training records showed staff had completed up to date safeguarding training sessions.

The service managed people's finances. There was a policy in place for handling people's money and records and receipts were maintained. Records were audited monthly and records showed no discrepancies in balances. This meant the risk of financial abuse was reduced.

Risk assessments were carried out for people using the service. Risk assessments were reviewed every six months or sooner in response to any incidents that had occurred. Staff were knowledgeable about people's individual risk management plans and knew the actions needed to minimise the risk. Each person's risk assessment identified the risk and detailed actions needed to minimise and manage risk for the person.

These assessments included risks associated with specific medical conditions and sensory impairment, infection control, behaviour that challenges the service, mobility and falls, finances, eating and drinking and nutrition. For example we looked at risk assessments for one person relating to a risk of choking. We saw guidance in place about how staff should support the person during mealtimes. The risk assessment was reviewed every three months to ensure the risks were managed and mitigated.

The service had processes in place to minimise the risk of the spread of infection. Policies and procedures were in place and monthly audits were carried out. Staff were clear about infection control procedures including those put in place if people using the service had symptoms of a suspected infection. Staff wore aprons and gloves when serving meals, carrying out cleaning or preparing to support people with personal care. Staff followed infection control procedures to minimise the risk of infection.

The service minimised the risk of harm to people from substances which may be hazardous to health. All such substances were kept in locked cupboards and appropriately stored. Staff were able to explain the procedures for using and storing substances which may be hazardous to health. This meant people using the service were not at risk of harm.

People using the service and their relatives told us there were enough staff available to provide personal care and support when people needed it. One person told us they didn't like being on their own and liked it when staff talked with them they said staff were always available to do so. Staffing rotas showed staff were available to cover additional activities in the community or appointments for people using the service, staff sickness, annual leave and training. We saw records of changes made to the rota in these situations.

Staff told us the service carried out checks before they began employment. One member of staff said, "I interviewed and had a DBS before I started." DBS stands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed DBS checks were carried out for staff working at the service. The provider had a recruitment and selection procedure in place. Staff were employed subject to the completion of various checks including references, proof of identification, eligibility to work in the UK and criminal record checks. This process assured the provider that employees were of good character and had the qualifications, skills and experience to safely support people using the service.

People were supported with their medicines. The service stored and managed medicines safely. We looked at medicine administration records (MAR) charts for people using the service. We found one gap in one person's MAR chart which was identified by the registered manager as a recording error and rectified. All other records were up-to-date with no gaps in administration. Medicines taken as needed or as required are known as 'PRN' medicines. Information was available to enable staff to make decisions about when to give these medicines. We observed staff administering medicines safely. Staff were able to explain the process and told us about training they had received. Records showed staff received training and assessment on their competency to administer medicines.

Appropriate arrangements were in place for obtaining medicines. Records showed medicines were prescribed and ordered in a timely manner to enable people to have their medicines when they needed them. The systems in place for ordering the medicines were appropriate and utilised local pharmacy provision.

The service had planned refurbishment of the premises to include installation of a lift. Environmental risk assessments were carried and updated appropriately for to keep people safe from accidental harm. This included a planned holiday during the refurbishment and individual risk assessment for each person on their return home to familiarise them with the new layout of the property and support to use the lift.

The service had procedures in place for fire safety including, weekly fire alarm checks and staff training in evacuation procedures. Fire evacuation procedures were based on each person's needs and mobility. For example people with limited mobility had bedrooms on the ground floor. Records were up-to-date and accessible in the event of an emergency.

Systems were in place the maintenance of the building and equipment to monitor the safety of the service. Maintenance records were up-to-date and showed checks included audits of the environmental health and safety and equipment checks. At the time of the inspection the maintenance person was on leave however, the service had support from maintenance staff from the providers other services.

Accidents & incidents were managed by the service. We saw records of incidents that had taken place involving people who use the service and noted actions taken. Staff knew the procedure for reporting accidents and incidents. Staff explained that accidents or incidents were reported to the registered manager or shift leader in the first instance and peoples support plans and risk assessments updated.

## Our findings

People told us they enjoyed the meals at the service however, we found they did not always have a wide choice of meals. For example, on the first day of inspection we observed the evening meal menu consisted of a choice of spaghetti bolognese or lasagne. We spoke with staff about the limited choices and they confirmed that meal options were usually similar. Lunch time observations showed people had a choice of pancakes or soup. We were concerned that the menu options were not always suitable for people with specific dietary requirements, for example, to manage medical conditions such as diabetes.

We spoke with the management team about this. They told us people enjoyed the menu options available and staff were aware of specific dietary requirements. They said people had choice when making decisions about food they ate to manage their medical conditions. We did not see records of consultation regarding meal options with people using the service or their relatives. One relative told us they had not seen menus at the service but would like the opportunity to do so.

We recommend that the service seek advice and guidance from a reputable source, about supporting people to make choices about their diet.

Staff preparing meals had up-to-date food hygiene training and procedures were in place for the storage and preparation of food. However, we noted some food in the fridge did not have labels or the labels were unclear as to time and date of preparation. This meant staff were not following the provider's processes which may place people at risk of receiving foods that may be unsuitable for consumption.

Staff supported people to access drinks and snacks. People were offered hot and cold drinks throughout the day. During lunchtime observations we noted people were offered the menu choices and given time to decide their preference. People who needed support at mealtimes were supported patiently by staff who engaged with them throughout the meal.

Support plans contained information about the nutritional and hydration needs of people using the service and the type of support they may need. One person support plan stated 'offer support and encourage independence when eating.' The service had a nutrition and hydration protocol. We saw food and fluid intake was recorded and there were monthly weight charts for people using the service.

Staff were able to tell us about people's specific dietary needs and food allergies. At the time of inspection there was no one using the service who required meals planned to meet cultural or religious preferences. Support plans and risk assessments for people who required a soft or pureed diet were in place with

guidance for staff regarding how to prepare their meals.

People told us staff obtained consent before carrying out care or support. One person said, "They ask before they help me." We observed staff asking people before they carried out care or support. People using the service signed consent to care or support where able to do so and where unable relatives signed on their behalf. Staff were able to explain how they sought consent. One staff member said, "We ask before we give care, we use pictures and specific words to get consent."

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 are called the Deprivation of Liberty Safeguards (DoLS).

Staff were knowledgeable about the MCA, how to obtain consent before giving care and about completing mental capacity assessments for people using the service. Records showed staff had attended MCA training and were aware of the MCA and able to explain its application to practice. The service was working within the principles of the MCA. Care records included appropriate assessment of people's capacity to make decisions. Records showed the service complied with DoLS, with applications submitted to the local authority when people were subject to restrictions to the freedom. This applied to one person using the service.

People were supported to access healthcare services and received support to maintain their health. Staff told us and records confirmed people were supported to attend GP and other medical appointments. People told us they were able to see a doctor if they needed to. One person told us they were supported by staff to attend dental, GP and chiropody appointments regularly. One relative said their family member had regular "check-ups" with the GP and other health professionals. They told us they were, "Happy that staff are vigilant" in ensuring access to all health professionals. Records showed visits to the service from health care professionals. People's support records contained information relating to the outcome of various medical referrals. Each person's care file detailed medical conditions, past medical history and consultations with health care professionals.

Staff were supported through training and regular supervision to enable them to fulfil the requirements of their role. Staff received regular formal supervision and appraisal. These meetings were an opportunity to raise any concerns about the service and individual areas of development and training. Staff told us they received supervisions every two months and found them useful. One staff member said, "Supervision's good you can voice your problems and they can support and will guide you. You can ask for more training if you need it that sort of thing." Records showed supervision meetings took place in accordance with the provider's supervision policy. Annual appraisals were being completed for staff working at the service to identify any training, learning and development needs and any other support needed.

Staff told us they attended training courses which they found useful. One staff member said, "Training here is good, I've done such a lot since I've been here." Training records were up to date and showed staff had completed training in line with the providers training policy. Training included learning disability awareness, mental health awareness, moving and assisting people, challenging behaviour, mental capacity, fire safety and infection control. Processes were in place to identify when staff should attend refresher courses.

We saw staff induction was completed in line with the provider's policy and their competency was assessed during the induction period. Staff told us and records showed staff had an induction which included shadowing shifts (working alongside an experienced colleague). Induction checklists were completed and signed off during the probationary period of employment and were monitored through regular meetings with the management team. Staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of training, be observed by a senior colleague and be assessed as competent within 12 weeks of starting. New staff were inducted using a team approach by all staff to ensure new staff felt comfortable in their new role. Speaking about the staff teams approach to the induction process, one staff member said, "We all settle in at a different pace and sometimes we need more time to go over things. We help, we don't rush that."

The premises were due for refurbishment at the time of the inspection. The lounge area had armchairs that had damaged upholstery. The décor on the first floor was in need of updating. We spoke with the registered manager about this. They explained the improvements would include redecoration of the main entrance and first floor once the lift was installed. New furniture for the lounge would be ordered to replace existing. Following the inspection the registered manager submitted photographs of the improvements made to the communal areas including the entrance area, first floor, dining area, kitchen and lounge. Although the most damaged furniture had been replaced new furniture would be ordered in April 2018 to complete the refurbishment.

## Our findings

Support files reviewed did not show how the service supported people to take part in their cultural or spiritual practices although staff told us they supported people to take part in religious festivals by arranging celebrations at Christmas and Easter. We recommend the service seek advice and guidance from a reputable source, about supporting people to express their cultural or spiritual practices.

People told us the service was caring. One person told us staff were, "Very nice" and named particular staff who they enjoyed spending time with. We observed staff speaking with people patiently and respectfully. Support was given with kindness and compassion. Staff showed a caring attitude in their language, voice, tone and body language with people using the service and with each other. Throughout the day we observed various staff members reassuring one person with behaviour that may challenge the service. All staff spoke calmly and clearly and we saw the person responded quickly and positively to their approach.

Laughter and positive exchanges between staff and people using the service was observed. People using the service had a close and trusting relationship with staff who demonstrated understanding of their communication and ability to meet their complex needs. We observed skilled use of understanding and communication when a person using the service was being supported to speak with the inspection team about their recent visit with their family.

Staff described how they developed relationships with people which included speaking with the person and their family to gather information about their life history, likes and dislikes. One member of staff told us, "We talk and I get to understand them [people using the service], know their moods and anticipate their needs. That comes from knowing them well."

Staff promoted dignity, respect, privacy and choice. We observed staff knocking on bedroom doors and asking for permission to enter even when bedrooms were already open. We saw staff discretely supporting a person who required support with personal care.

Staff told us how they ensured people had choices. One staff member said, "We ask people what time they want to get out of bed in the morning and what they would like for breakfast. They make decisions about clothes and activities." Another staff member said, "I ask them [people using the service] when they want to do something. I allow them to do as much for themselves as possible." Staff members knew people using the service well and were able to tell us about their personal preferences.

Staff provided information and explanations when supporting people. We observed a staff member supporting a person who had become upset and tearful because they wanted more biscuits. The staff member gently recounted the amount of biscuits they had consumed and the reason they should wait before eating more. Together they agreed when the person would have more biscuits. The person became calmed and asked to go to the sensory area.

Plans were being implemented for end of life care and included people's wishes for preferred place of care and specific funeral plans. The registered manager said relatives were involved in completing these plans where possible and we saw records of best interest meetings relating to this.

Staff completed end-of-life training and explained how they had supported someone using the service at the end of their life. One staff member when asked about end-of-life care said, "It's about staying with the person and making sure they are never alone. We worked with staff from the hospice to make sure they felt comfortable even though their surroundings may be frightening. It's important they have familiar people with them." The service supported people using the service and staff by providing bereavement counselling and allowing people to discuss how they felt following the death of someone who had used the service. People using the service were also supported following the loss of a family member or friend.

## Our findings

People told us they enjoyed taking part in activities in the community but felt they needed more opportunities within the service. Relatives told us although some activities were available there needed to be more variety. One relative said the service needed to provide, "More art and relaxation type activities" on a one-to-one basis for people who preferred not to access the community.

People were able to make their own choices regarding the activities they wanted to do and their support plans showed their preferences. We saw planned activities recorded in people's daily reports included aromatherapy and massage sessions and visits by an entertainer. In the lounge area we observed people were given choice regarding television programs and DVD's they wanted to view. During the inspection we did not see meaningful activities taking place within the service. This meant people did not always have opportunities to access a variety of meaningful activity. However, one person returned from attending an activity outside the service.

We spoke with the registered manager about this. They told us the service planned to revise the activity programme to include more activities within the service as the emphasis had been on involving people in community activities. Staff told us they supported people using the service to take part in activities they enjoyed. This included holidays. We saw records of one person's holiday arrangements included details of staff accompanying them and risk assessments carried out to ensure possible risks were identified and mitigated. The service had a sensory room on site with music and lighting to help people relax. This was used predominantly by one person as part of their support plan for managing behaviour that may challenge the service.

Before people came to live at the service an initial assessment was carried out and each person had a support plan put in place as a result. People and their relatives were involved in making decisions about their care and received the support they needed. Support plans were personalised and contained comprehensive assessments of people needs. They looked at all aspects of the person and were reviewed every six months, or sooner if people's needs changed. The support plans we reviewed were up to date and enabled staff to have a good understanding of each person's needs and how they wanted to receive their care and support. For example, one person's support plan contained information about what they needed staff to do if they became anxious or upset. This meant their support was personalised and allowed staff to deliver the specific care they needed.

Each person had a member of staff who acted as their keyworker and worked closely with them and their

families as well as other professionals involved in their care and support. A keyworker is a staff member who is responsible for overseeing the care and support a person receives. Staff were knowledgeable about people's individual care and support needs and had a good understanding of personal histories and preferences. One staff member explained how they supported one person who enjoyed music by accompanying them to weekly music and movement groups. This was recorded in the person's daily report record.

Staff used the support plans and risk assessments to ensure, appropriate support was given to meet people's needs. Any changes to people's needs or preferences were documented and updated by staff or the registered manager. Staff completed daily reports for each person living at the service. This was used as a handover process for staff at the beginning of their shift and contained details of activities, meals eaten, mood, support given and any changes to their support needs. We observed staff recording and reading through the daily reports of each person and the staff communication book. We looked at these records which were clear and up to date.

People using the service had monthly workbooks which contained various monitoring records. For example falls monitoring, weight monitoring, skin integrity and incidents and accidents. These records were reviewed monthly and used to update support plans as required.

People were encouraged to be as independent as possible and were supported to do small tasks for themselves. With support most people were able to participate in managing aspects of their own personal care. One staff member said, "[Person using the service] likes us to set everything up for their personal care and then wait outside the bathroom until they've done certain bits. Then we help if they need us." This was also recorded in the person's support file and we observed staff waiting outside the bathroom.

People using the service were able to personalise their bedrooms. Two people showed us their rooms which were personalised. One person said, "These are all mine. I like it like this" This meant the service gave people choice and encouraged individuality.

People using the service told us they knew how to make a complaint. One person said, "I would speak to the manager and she'll get things done." Relatives told us they were aware of the complaints procedure and felt any complaints would be dealt with by the manager. However, they had not needed to make a complaint. The service had a complaints policy. Records showed complaints received were dealt with in line with the provider's policy and procedure.

## Our findings

People and their relatives told us they found the registered manager approachable. One person said, "I like the manager. She is nice. I talk to her." A relative said, "She [registered manager] is very approachable." The same relative went on to explain they were satisfied with the service and the way it was run. We observed the registered manager interacting with people using the service and noted people sought her out for conversations and to drink cups of tea with them.

Staff were positive about the leadership of the service. They told us they found the registered manager and senior manager approachable and described them as, "Approachable," and "Easy to talk to." One staff member told us, "My manager is so approachable and I really like her. We all do, she's so supportive and will help you she listens to you no matter who you are."

The registered manager sought the input of staff in the day-to-day running of the service. They told us about changes made within the staff team and how they worked with staff to ensure there was team work. Staff told us their suggestions about service improvements were listened to. One staff member said, "[Manager's] door is always open and I can talk to her about anything. She listens to my suggestions."

The service had systems in place for seeking the views of people that used the service. Responses reviewed showed people responded positively about the care and support they received. A survey was issued to people and relatives which asked if staff were caring, supported people with personal care and to make choices, activities they would like to participate in and if they were supported to make choices. We saw people were positive in their responses. The service sought the views of people's relatives by sending out quality review forms. We saw feedback was discussed in staff meetings and internal audit meetings and changes or improvements recorded. One relative told us they had received the forms but had nothing negative to feedback so did not respond. They said they were satisfied with the service but would welcome the opportunity to be invited to "Residents meetings" if they were given the opportunity to attend.

Staff were positive about the culture of the home and said they found it an, "Enjoyable" place to work. One staff member said, "We look after each other. There is always someone on hand. We have set responsibilities but we also help each other everyone chips in." Another staff member said, "It's a good team here. No one assumes they know everything so we work together and share our knowledge and our work." We observed team work and positive interactions between staff. People told us they found staff approachable and easy to talk to.

Staff had opportunities to discuss the quality of the service and support they gave to people. Staff meeting records showed discussions included dealing with complaints, health and safety, outcome of quality assurance audits, health and safety and goals for people using the service. Staff told us they found these meetings useful. One staff member said, "The monthly team meetings are good. We exchange ideas, share problems and learn new skills."

We looked to action plans put in place by the service following quality assurance visits by the host local authority. The service had begun to make improvements regarding the areas highlighted including risk assessments. This showed that the service was working in partnership with other agencies to improve the quality of the service.

Quality assurance systems were in place to monitor the quality of the service. Infection control, medicines management, safety of the premises, staff training and development, staff recruitment, support planning and risk assessment reviews and building safety were subject to quality monitoring checks. This meant the service had process in place to monitor and improve the quality of the service.

Throughout the inspection we requested information and records which were accurate and stored appropriately, from the registered manager and staff. This was provided promptly and with detailed explanations. All staff we spoke with were helpful, co-operative and open.