

Living Life (UK) Limited

Living Life (UK) Limited t/a the Banyan Tree - 53 Bostock Avenue

Inspection report



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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

The Banyan Tree is a residential care home for up to four younger adults who may have learning disabilities, mental health needs, or emotional difficulties. At the last inspection in December 2015, the service was rated Outstanding. At this inspection we found the service remained Outstanding.

People with challenging and complex care needs were supported to be as independent as possible with a personalised amount of staff support. Staff supported people to make safe decisions, and when they were struggling they were supported to seek the help they required to maintain their own safety. Staff were exceptionally caring and compassionate and took great pride in their work and the relationships they had built with people to achieve great progress and positive outcomes for people.

People were supported to understand their own risks and comprehensive systems were in place to help people and staff maintain people's safety. People were empowered to make their own decisions about their known risks and staff were aware when people needed additional support to enable them to do this.

Staffing requirements were flexible to meet the needs of people to help keep them safe, particularly during difficult times if people were in a period of distress or anxiety. The provider prioritised people's welfare and arranged staffing to ensure people's needs could be met. Staff were suitably recruited and appropriate checks were made on staff backgrounds.

People's medication was handled sensitively and people were encouraged to manage their own medicines if they were able to. Staff tailored the support each person needed to manage their own medicines and staff ensured the medicines were safely stored.

People were supported to learn about infection prevention, cleanliness and the risks associated with poor hygiene practices. Staff ensured there were systems in place to maintain adequate standards and supported safe infection control practices.

Comprehensive assessments were in place to ensure that staff had all the information they needed to deliver the care and support people required. Staff training was personalised to meet the needs of people living at the home and staff were keen to learn and understand about people's needs. People were fully supported to provide their consent to the care they received. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care needs were carefully monitored and staff worked proactively with external services to support people to have access to the support they required. The provider worked to identify and act on best practice and people received excellent support to have their health care needs met. Staff received personalised supervision which identified their strengths and areas for improvement and staff commented that this was effective and helped them to improve.

People were empowered, encouraged, and inspired to make their own decisions about their care. People were fully involved in making decisions which affected them and they were given honest and open information to understand their options. People were treated with compassion and were given opportunities to learn skills of independence when they were ready. Staff understood people's needs well and had built relationships with people to help them get the best out of themselves.

People had comprehensive and unique care plans in place which provided information and guidance about how people preferred their care. The care plans were updated as people's needs changed and staff were aware of people's recent changes. People were encouraged to follow their goals and to make achievements when they were able. The staff worked with external agencies to help support people maintain employment or education if this was their wish and staff celebrated with people when they had done well or achieved a goal.

Staff had a great understanding of people's likes and preferences and ensured people's support was tailored to accommodate this. People were supported to pursue activities and interests they enjoyed and staff supported people to ensure these were achieved.

The home was well led and people and relatives had great respect for the registered manager and provider. There was clear leadership which helped to encourage people receive the care they needed when they needed it. People were consulted, involved, and encouraged to provide feedback which could help improve the service and the care they received. Governance systems helped to review the quality of the service and the registered manager was keen to receive feedback and listen to people and staff.

Further information is in the detailed findings below.

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 remains Outstanding.

Outstanding 

Is the service effective?

The service remains Good.

Staff received personalised and tailored training packages to accommodate the people that were living at the home.

There is a cohesive and structured approach to working with other organisations to ensure people receive consistent care which has significant and positive outcomes for people.

Good 

Is the service caring?

The service remains Outstanding.

Outstanding 

Is the service responsive?

The service has changed to Good.

People have personalised care plans in place which reflect their care needs.

People are supported to follow their interests and achieve their goals.

Good 

Is the service well-led?

The service remains Good.

Good 

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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 was a comprehensive inspection which took place on 30 January and 7 February 2018 and was completed by one inspector. We gave the service two working days' notice of the inspection visit because the location is a small care home for younger adults who are often out during the day. We needed to be sure that staff would be at the home for our inspection. On 30 January we visited the home and on 7 February we made telephone calls to people's relatives.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we met one person that used the service and received feedback from one person that

recently left the service. We spoke with two people's relatives, four members of care staff and the Registered Manager. We also received feedback from five healthcare professionals that supported people at the home. We looked at care plan documentation relating to four people, and two staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, meeting minutes, maintenance records, and arrangements for managing complaints.

Is the service safe?

Our findings

Overwhelmingly, people were supported by a staffing team that were passionate about ensuring people received support which kept them safe but respected their independence and freedom. The ethos within the service was to empower people to make their own decisions and this was reflected in everything the home did. For example, in the day to day living of their lives or about decisions affecting their own future.

The service took an innovative and inspiring approach to ensure people received safe care and support. One person's relative commented, "Because [name] is starting to transition into taking on more responsibility to be independent, there is an element of risk, but it's always a calculated risk and the service has never fallen down as a result of this." Another person's healthcare professional told us, "Managers and staff at The Banyan Tree have worked closely with mental health professionals to design and implement a robust and effective risk management and safety plan. At times, this has been significantly tested and emergency responses have been required by The Banyan Tree; from my perspective, their responses have always been measured, appropriate and highly attuned to [name of person]'s needs and risk."

People were fully empowered to make their own decisions about their care which helped to protect them from harm. Staff were transparent and honest about the actions they would take if they needed to intervene to keep people safe however people were supported to take positive risks and to take control of their actions.

Each person had their own unique risk assessment which they were involved in designing. Staff consulted with the provider's psychologist to ensure each person's risk assessments were appropriate and followed best practice. Risk assessments were comprehensive and respected people's ability to make their own decisions, and people were in control about how those risks were managed. People understood when staff would need to take action to ensure their safety and these had been agreed with people. Staff worked with people to make safe decisions, and talked to them when they were struggling to do so; staff had an ability to recognise when people could not communicate this for themselves.

Staff went above and beyond reasonable requirements, and put themselves in uncomfortable or unfamiliar situations to encourage people living at the home to try new experiences but to ensure their safety. For example, when one person wanted to meet up with someone independently at a bar and they were concerned about their safety, staff volunteered to attend the same bar and sit at a distance from them. This meant that the member of staff sat on their own for several hours whilst the person enjoyed their evening.

People and their relatives told us that they were safe living at the home. One person's relative told us that even when their loved one made unwise decisions or put themselves in danger, staff did absolutely everything they could do to reduce the risks and seek help when it was required. One relative said, "Safeguarding is as good as it could ever be." People living at the home were encouraged to understand safeguarding procedures, and how they could keep themselves safe. Information was readily available to people to make their own safeguarding reports if required. Safeguarding investigations were robust and took a multi team approach to ensure lessons were learned from each incident. Staff were fully aware of any

improvements or lessons that could be learnt from this and valued this approach from the provider. One member of staff said, "If anything happens we have a full debrief with the psychologist and review if there is anything we could have done differently. We are all humans and we want to do the best we can."

People were supported to understand about issues which may impact their own personal safety; they were provided with accessible information for them to review at their leisure. This included information about relationships, sexual health issues, human rights and other agencies which they could contact to report any other concerns. The information was displayed in an easy read format, which was appealing to read, with details of where to find further detailed information if required.

Staff and the management team were confident in challenging discriminatory practices, particularly with regards to ensuring people were treated fairly outside of the home. Staff took action to work with other professionals or outside agencies to ensure people had the same opportunities as other people regardless of their backgrounds or diverse needs.

Staffing levels were consistent and enabled people to receive staff support when they required it. The provider took a forward thinking approach to providing safe care, and during times of particular difficulties or anxieties, additional staff, particularly throughout the night were put on duty to ensure people could talk to staff if they needed to. Staff understood the impact on other people when people were experiencing anxiety and did all that they could do to ensure each person had ample time with staff to talk about this.

People's medicines were handled sensitively and with care, recognising the unique preferences of each person. The staff recognised when people were able to manage elements of handling their medicines, for example, contraceptive medicines, and worked with people to manage this safely. People were educated about their own medicines and the impact they had, and people were supported to make their own decisions about how and when to take them, with an awareness of the consequences of these. Each person had an individual approach to how staff supported people with their medicines, and whilst staff promoted and encouraged people to do this as independently as possible, they had a strong awareness of when people's health or wellbeing had declined and they needed additional staff support.

Recruitment practices focussed around the needs of the people at the home, and people were actively involved in deciding who would help to support them. The provider was committed to ensuring that people with the right skills and experiences worked at the home to provide people the support they required. The ability for people to create trusting relationships with staff was a priority for the provider, and people's feedback about staff recruitment was valued and considered. People were supported by staff that were of good character and were suitable to work in the care environment. All staff had been through a rigorous recruitment procedure which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

People were encouraged to take responsibility for managing elements of cleaning and infection control. People took responsibility for their own laundry and cleaned areas of the home with the support and encouragement from staff. When people had become injured the staff were knowledgeable about safe practices to prevent the risk of infection with people's wounds, and gave people the control and encouragement to manage this safely themselves. The staff understood when they were required to take action to ensure that people were adequately protected from the risk of infections and they did so in a respectful and supportive manner.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

The registered manager had a comprehensive understanding of the requirements of the MCA and at the time of the inspection no applications had been submitted to deprive anybody of their liberty as no restrictions were in place. People were able to consent to the care they received and had a good understanding of how staff worked to keep them safe. Staff were knowledgeable about the requirements of people providing consent for their care and fully respected people's wishes.

People's care needs were effectively assessed and considered by the registered manager to understand the support they required before they moved into the home. One healthcare professional gave exceptional praise about the approach of the home to ensure that a full assessment was completed. The home involved a range of professionals to ensure a structured and consistent approach was provided to the person. This helped so their transition into the home was smooth and they could have their needs met immediately. The healthcare professional said, "Managers and staff at The Banyan Tree have worked closely with mental health professionals to design and implement a robust and effective risk management and safety plan [for a successful transition into the home]." We saw that the registered manager considered people's care needs and made efforts to gain as much accurate information about this as possible. This considered people's mental, physical, and social care needs, and the registered manager took this into account to ensure the home only took people who they felt confident they would be able to support.

People's care needs were carefully monitored and staff worked proactively with external services to ensure people had access to the support they required. This included mental health services, the police service and educational services. The registered manager understood the importance of consistency with care and by working with other services together they could understand people's complexities and the support they required. This worked to positive effect and external services were grateful of a partnership approach to providing outstanding care for people. One healthcare professional said, "The Banyan Tree have consistently supported [name] to attend regular psychology appointments, hospital and outreach education, as well as attending monthly professionals meetings to review [name's] presentation, care and risk management plan. I have experienced that the Banyan Tree have appropriately engaged with mental health services and social care, and their communication has been highly effective with these services."

The provider worked to identify and act on best practice. They employed their own consultant psychologist who helped to review incidents and how staff provided people's care and support. One member of staff said, "It really helps us to look back and review what happened each time. This can be a hard job and we want to do the best we can."

People received excellent support to have their healthcare needs met. Staff took into account people's fears or preferences about how they received support in these areas and went to great efforts to ensure these were respected and supported in a safe and reassuring way. Staff understood when situations required urgent medical input from healthcare professionals, and when it would be safe for people to wait for an available appointment. People were supported to understand how they could have their healthcare needs met and staff encouraged people to make safe decisions about how they could manage this as independently as possible.

Staff training was developed around the needs of the people that use this service, and the insight from families and professionals was utilised to ensure this focussed on the needs of each person. For example, training needs were tailored to each person taking into account incidents which were discussed and training needs reviewed. The registered manager said, "We focus on what each person needs and arrange training around those needs." Staff received an induction to the home, and received training in key areas of care. We reviewed the training that staff had received and saw that staff received a wide variety of training, specific to the people that lived in the home. Arrangements were in place for staff skills to be refreshed with updated training, and if people with new personal care needs were identified, the registered manager supported staff to obtain the skills and knowledge required to meet those individual needs.

People and relatives were more than happy with the skills of the staff and felt they were able to deliver effective care and support. One member of staff told us they believed their training was really good and allowed them a good insight into how to provide the support people need. They said, "I shadowed experienced staff for a while and made sure I read people's care plans. The registered manager has been really good at giving advice and guidance and tells us or shows us how we can improve."

Staff performance was reviewed regularly and staff felt supported by the registered manager. Staff told us they worked well together as a team and we saw that staff made themselves available to support people's needs effectively. Staff received personalised supervision which identified their strengths and areas for improvement and staff commented that this was effective and helped them to improve and support their professional development.

People were supported to eat and drink enough to maintain a balanced diet and people's ethical choices about their food and drink were respected. One member of staff told us, "We have learned a lot about different diets and how people can have a balanced meal taking into account their individual preferences or decisions to exclude certain food groups. We've taught them a few things too and everyone makes their own decisions about what to eat." We saw that people within the home had their food preferences respected and they were supported to ensure they gave consideration to having their nutritional needs met.

Staff were knowledgeable about people's eating preferences and used this to ensure people ate and drank adequate amounts. Staff understood when it was necessary to offer encouragement to people, and were aware of people's eating patterns and the implications of this. They understood when it was appropriate to take a passive role in the support people required, and when they were needed to offer additional guidance to keep people safe and well nourished.

People's needs were met by the design and decoration of the premises. The registered manager supported

people to decorate their bedrooms how they wanted to and used this interaction during the transition process as an opportunity to help promote positive relationships with people. The home had been decorated to help stimulate people's memories and experiences. There were photographs throughout the home of people enjoying good times together and staff reflected on these times with people when they were experiencing anxiety or a difficult time of their lives.

Is the service caring?

Our findings

Staff were passionate about providing exceptional care for people. One person said, "They treat us amazingly." And one relative said, "You can tell they [the staff] genuinely care and they're not just going through the motions." Every member of staff told us how much they loved their job and that they felt privileged to be working with the people living at the home. One member of staff said, "I absolutely love my job. I love working with the people here, we all really care about them so much. We'd do anything for them." People were respected and their decisions and opinions were valued and acted on. People were given the confidence and ability to make their own decisions about everything that impacted on their life. Staff had great empathy for people but recognised when people needed to work independently through their emotions or challenging situations.

The registered manager and provider went to great lengths to ensure that people had the opportunity to build positive relationships with staff that would help their development. One relative told us, "It takes a lot for [name] to trust anyone and this is the longest they have engaged with staff; there are elements of trust in their relationships with the staff. They seem to be getting it right with [name]." This was a major development for this person. The registered manager and provider matched staff at the home in accordance with people's backgrounds and staff that may help each person's own personal progress. Staff gender, interests and previous experience were fully considered to ensure people had access to staff that could significantly contribute to their experiences and develop the ability to maintain good relationships with staff.

People had developed open and honest relationships with staff. One relative commented, "The staff are caring and compassionate and kind." Staff had an understanding that there were times when people found it difficult to be open about particular situations and worked with people about other ways they could communicate when they were dealing with a challenging situation. For example, the home had a mobile telephone that people could use to text staff if they felt more comfortable to do this than have a verbal conversation with staff. We saw that there had been many examples when this had been utilised and staff had responded immediately when this was necessary. Staff regularly reassured and praised people for being open and honest and this helped to embrace the nurturing relationship staff had with people that helped to encourage people to be more independent.

People were empowered and encouraged to express their views in a manner that suited them. For example, people had the ability to write down their thoughts for staff, or to have time on a one to one basis to talk about their thoughts and feelings. People also had access to a 'mood monitor' which they could change the display so staff would understand when people were struggling without the need for people to have to ask for help. Staff were particularly skilled at recognising when the dynamics within the home were challenging for people and worked with people to help resolve conflict or potential sources of struggle. People had been given the information and tools to contact the provider; when they had done so, the provider had reacted positively.

People's relationships with their family and friends were respected and people were in control of how much

information was shared with them. One person's relative told us that their loved one valued their privacy. Staff respected this and maintained their confidentiality; however relatives still felt adequately informed and trusted the staff to provide the right support for them. One relative said, "They [the staff] respect [Name]'s confidentiality. [Name] doesn't want us to know about everything that's going on and they really respect their decision about this." People's families felt able to make contact with staff, especially if they were worried about their loved one and the staff gave this full consideration.

Staff went above and beyond the required expectations to help people seek innovative support that was unique and well desired. People were encouraged to try new treatment options, for example, using therapeutic petting to help manage and reduce people's mental health concerns, or to contact advocates or other sources of support independently. The home had on display contact details for a diverse range of support groups for people to use discreetly if they wished and people had access to information on a range of diverse topics which may help their own understanding of issues that they may have experienced or struggled with, for example with regards to sexuality or sexual health.

Respect for privacy and dignity is at the heart of the service's culture and values. It is embedded in everything that the service and its staff do. People's privacy was truly respected at all times, including when people were out of the home. Staff always asked permission before they attempted to gain entry to people's bedrooms and respected how people liked to organise their own belongings. People were in full control of which staff would support them and when, and this was respected by the management. People were able and empowered to maintain their own dignity and staff offered support and advice when this was at risk of compromise.

The registered manager had a thorough knowledge of the needs of the young people they supported, particularly as they transitioned between services for young people. They sought opportunities to ensure that people had a voice and their opinions could be heard and taken into account at all times especially when dealing with other services.

People living at the home were empowered to be as independent as possible. Staff had a comprehensive understanding of people's abilities and encouraged them to make their own decisions independently, with a balance of support from staff when this was necessary. Staff celebrated with people when they had made good steps towards their independence, for example by managing their environment or making safe decisions in relation to their care.

Is the service responsive?

Our findings

People had comprehensive assessments before they came to live at the home, and information was gathered from a variety of sources to ensure staff had a full understanding about people's care needs and backgrounds. This enabled the registered manager to provide a tailored programme of support for each individual. This information was used to create individual and personalised care plans which reflected people's unique care and support needs.

People's diverse care needs were considered and care planning supported people's preferences. As people's care needs changed, or their preferences changed, people's care plans were amended and updated. Each person's care plan had been reviewed on a regular basis and accurately reflected their current care needs.

People's care plans focussed on their whole life goals and worked towards achieving them. For some people, this focussed on independent living skills so in time, they could live independently. Other people focussed on shorter goals and how they could maintain their health and wellbeing so they were not feeling overwhelmed. The registered manager helped to support people's individual needs in an approach that was right for each person. For example, some people required additional support to achieve their work or educational goals and the registered manager tailored the support and input staff had with people to empower them to achieve those goals.

People living at the home recognised the positive impact the care at the home had on them, even after difficult periods of time, or when the home had been unable to fulfil all of their needs. One person said, "The staff helped me a lot when I was struggling and were there to support me and did very well at that. [It was the] best residential home I've ever been to. [They were] also fantastic at promoting [my] independence and got me to where I am today."

Relatives and professionals commented on the exceptional progress that people made whilst they were at the home. One professional explained, "Before [name] moved into The Banyan Tree they were very institutionalised. They [the staff] have supported [name] excellently in supporting their independence and inclusion within the community. [Name] is doing fantastically well. They [the staff] have been extremely good at supporting [name] move back into college."

The registered manager was not afraid to support people with challenging or complex backgrounds, or where other services had failed to provide the care people required. One relative praised the progress the person had made since they lived at the home and credited the truly supportive and empowering approach of the staff for this. One person's relative said, "They [the staff] offer [name] lots of positive reinforcement... they have never punished [name] for their behaviour but offered [name] ways to reflect on incidents and different coping skills."

People were encouraged to share their concerns and these were taken seriously. Whilst no formal complaints had been received, when people raised concerns the staff and management made every effort to help resolve people's concerns and they were open about how this could be resolved. The provider made

themselves accessible to people who would prefer to talk with them and took action to ensure that people could contact them directly if they felt they needed to. People felt the provider listened to them and they were satisfied with how their concerns were resolved.

Staff and carers had a good understanding of people's communication needs and made significant efforts to make this as easy as possible for people. The service had looked at ways to make sure people had access to the information they needed in a way they could understand it to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had good communication skills and did not require additional support in this area, however, the registered manager had provided a number of easy read documents, and information guides for people that may prefer information in this way.

Is the service well-led?

Our findings

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People and their relatives praised the approach and commitment of the registered manager and told us how compassionate and dedicated they were. One person commented, "You can tell that [the registered manager] really cares about their job."

Leadership within the home was strong. The provider and registered manager set a clear vision for staff that they would do all they could to provide unique and personalised care for people. This enabled people to live as independently as possible, and have additional support or intervention at the times when they needed it. One healthcare professional commented on the excellent care people received. They said, "I believe that this would not have been possible without the strong and effective leadership that has been provided by both [name of the registered manager] and [name of registered provider], as well as individual staff members."

Another relative praised the approach of the management and said, "[Name of registered manager] always listens to anything I have concerns about and acts accordingly and quickly. Her common sense approach is refreshing and practical. I believe she truly cares about the residents. The provider has also given me their phone numbers and emails so that I can always contact them to discuss my [relative's] care. On one occasion I rang them out of hours and they called me straight back as I had a major concern regarding [an incident]. [The provider] put a plan into place immediately."

There was an open and transparent culture within the home. The registered manager worked with the staffing team to identify if improvements could be made and reviewed incidents together to learn if actions had worked well or could be changed. The registered manager had ideas about improvements they wished to make in the upcoming year and was working towards a plan to implement those ideas, for example, identifying holidays people might enjoy.

The registered manager was keen to seek feedback and people felt able to share their thoughts about the home. All parties were invited to provide feedback about the home and this was considered appropriately. Feedback was obtained in a variety of formats which included staff meetings, surveys, one to one feedback opportunities, and an open door policy for anyone wishing to speak with the registered manager.

People were supported by a staff team that worked well together. The staff interacted well together and organised themselves effectively to ensure that people received timely support, particularly at times of crisis. Staff worked extra hours during a crisis to ensure people received consistent care, unless it was felt that other staff skills could better help to support the person.

In addition to the staffing team, the registered manager ensured that they worked in partnership with other agencies by regular attendance of meetings about the care and support people required. The registered

manager understood when it was necessary to involve new agencies or when people needed additional support from other services, and worked with them to ensure they had the information they required to provide consistent and cohesive.

The registered manager and the provider had a number of quality assurance systems in place to review the quality of the service. Regular auditing of care planning, medication and incidents were completed and when actions were identified they were resolved in a quick and efficient manner.

Records related to the running of the service and people's care were well maintained. Staff had access to people's records and to the operating policies and procedures. Records were stored appropriately and this maintained people's confidentiality where necessary. The registered manager also ensured that they submitted all relevant notifications to the Care Quality Commission when necessary.