Autism Sussex Limited

Ellasdale Road

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 24 June 2016 and was unannounced.

Ellasdale Road is a residential care home, which provides care and support for up to six adults who have learning disabilities and autism diagnoses. There were six people living at the home at the time of our inspection. They had a range of complex care needs associated with living with autism. People had complex communication needs and required staff who knew them well to meet their needs.

Ellasdale Care Home is a semi - detached three storey home. All bedrooms were single occupancy. There were two communal lounges, a separate dining room and kitchen.

A registered manager was 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 was not available on the day of the inspection.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People told us they felt safe at the home.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being, at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required.

Accidents and incidents were accurately recorded and were assessed to identify patterns and triggers. Records were detailed and included reference to actions taken following accidents and incidents. Reference was also made to behaviours, observations and other issues that may have led to an accident or incident.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

Staffing numbers were adequate to meet the needs of people living at the home. The provider used a dependency tool to determine staff allocation. This information was reviewed following incidents where new behaviours were observed which might increase or change people's dependency level.

Safe staff recruitment procedures ensured only those staff suitable to work in a care setting was employed.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

(DoLS). Staff sought people's consent about arrangements for their care.

Staff were skilled in working with people who had Autism. Training included autism awareness, communication and supporting challenging behaviours.

Food was produced using fresh ingredients, to a high standard and offered good choice. People could choose to eat in the dining room or other areas of the home. Drinks were provided at regular intervals and on request.

People had access to healthcare professionals when they needed it. This included GP's, dentists, opticians and psychiatrists.

Staff were caring, knew people well, and treated people in a dignified and respectful way. Staff acknowledged people's privacy. Staff had positive working relationships with people.

Staff knew people's individual needs and were able to describe to us how to provide care to people that matched their assessed needs. People were fully involved in the assessment of their needs and in care planning to meet those needs. We could see for ourselves that care was given in line with the guidance in people's care plans.

People were supported to attend a range of activities based on their individual needs and wishes. Relatives told us they could visit when they wanted and that there were good communication links with the home.

Staff listened and acted on what people said and there were opportunities for people to contribute to how the service was organised. People knew how to raise any concerns.

The views of people, relatives, health and social care professionals were sought as part of the quality assurance process.

Quality assurance systems were in place to regularly review and improve the quality of the service that was provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People living at the home had detailed care plans, which included an assessment of risk. These were subject to a regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff had received safeguarding training and knew how to recognise and report abuse.

There were sufficient numbers of staff to make sure that people were safe and their needs were met.

Medicines were stored and administered in accordance with best-practice guidelines.

Is the service effective?

Good

The service was effective.

Staff were trained in topics, which were relevant to the specific needs of the people living at the home, and supported through regular supervision.

People were supported to maintain good health and had regular contact with health care professionals.

People were provided with a balanced diet and had ready access to food and drinks.

Staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) which, they followed to ensure people's consent was lawfully obtained and their rights protected.

Is the service caring?

Good

The service was caring.

People were treated with kindness and dignity by staff who took time to speak and listen to them. People were supported to maintain their privacy.

Staff knew how to communicate with people in an accessible way, according to their individual needs, so they could understand their choices and decisions.

People were consulted about their care and had opportunities to maintain and develop their independence.

Is the service responsive?

Good

The service was responsive.

People received care, which was personalised and responsive to their needs.

There were structured and meaningful activities for people to take part in.

People were able to express concerns and feedback was encouraged.

Is the service well-led?

Good

The service was well-led.

The culture of the staff in the home was positive and they worked well as a team.

The registered manager sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.

There were a number of systems for checking and auditing the safety and quality of the service.

Ellasdale 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 manager 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 24 June 2016 and was unannounced. One inspector undertook the inspection.

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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the registered manager sent to us. A notification is information about important events, which the provider is required to send to us by law. We used all this information to decide which areas to focus on during the inspection.

On the day of our inspection we met with four people living at the service. Due to the nature of people's complex needs, we were not able to ask direct questions. We did however, observe people as they engaged with their day-to-day tasks and activities.
. We looked around the premises and saw the communal areas of the home, activity areas and three people's bedrooms.

We also spoke with two relatives, three care staff and the deputy manager. We spent time observing people in the communal living areas. Following the visit, we also contacted two health care professionals to seek their views.

We looked at the care plans and associated records for two people. We reviewed other records, including the registered manager's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for four staff were reviewed, which included checks on newly appointed staff and staff supervision records.

The service was last inspected on 16 September 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I like living here, I am safe." Another person told us, "I do feel safe."

The service had policies and procedures regarding the safeguarding of people, which included details about the definitions of what constituted abuse, how to recognise abuse and how to report any suspected abuse. There was a copy of the local authority safeguarding procedures on a notice board in the office so staff had details of how to report any safeguarding concerns. Staff had received training in safeguarding procedures. They had a good knowledge of what abuse was and knew what action to take. Staff were able to identify a range of types of abuse including physical, institutional, sexual, racial, financial and verbal. Without exception staff told us they would keep the person safe, observe the person, give them 1:1 if needed, talk to their manager and if needed report their concerns to the Care Quality Commission and/or the safeguarding team.

Staff said they felt comfortable referring any concerns they had to the registered manager if needed. The registered manager had a flow chart on their office wall, explaining the process, which would be followed if a concern were raised.

Before people moved to the service an assessment was completed. This looked at the person's support needs and any risks to their health, safety or welfare. Where risks were identified, these had been assessed and actions were in place to mitigate them. Staff were aware of how to manage the risks associated with people's care needs and how to support them safely. Risk assessments were in place and reviewed monthly. Where someone was identified as being, at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required. For example, people living with epilepsy had specific care plans and risk assessments on how to manage their seizures.

A relative told us, "The staff know [person], they keep me informed about his epilepsy, they know everything they need to know to support his recovery, and they keep him safe".

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed medicines being administered and staff did so safely and in line with the prescription instructions. Medication Administration Records (MAR) were in place and had been correctly completed to demonstrate medicines had been given as prescribed. Medicines were locked away as appropriate. All staff was trained to administer medicines. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines. We checked a sample of the medicines and stock levels and found these matched the records kept.

Staff had undergone pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working

with people who use care and support services. Where DBS checks had raised concerns over candidates suitability these issues had been explored in depth by the provider. Prospective staff underwent a practical assessment and role related interview before being appointed. People were safe as they were supported by sufficient staff whose suitability for their role had been assessed by the provider.

Daily staffing needs were analysed by the registered manager. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff told us there was always enough staff to respond immediately when people required support, which we observed in practice. There was three members of staff on duty 7.30am to 4pm and two staff on duty 4pm to 10pm. At night, there was one waking member of staff from 10pm to 7.30am, plus one sleep in person, in case of an emergency. The service also had a 24 hour on call system in case additional staff were needed. Rotas we reviewed confirmed sufficient staff to meet people's needs safely. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered.

Risks arising from the premises or equipment were monitored and checks were carried out to promote safety. For example, for the gas heating, electrical wiring, fire safety equipment and alarms, Legionella and electrical appliances to ensure they were operating effectively and safely. The service had a fire risk assessment, which included guidance for staff, in how to support people to evacuate the premises in an emergency.

Good

Is the service effective?

Our findings

People said they discussed their care needs with staff members who had been assigned to support them.

Staff received training, supervision and appraisal of their work so they had the skills and knowledge to look after people well. This included specialised training in autism awareness, communication and supporting challenging behaviours. This training provided staff with the knowledge they needed to support people effectively.

Newly appointed staff received an induction training programme to prepare for work at the service. A member of staff told us this was comprehensive and covered the aims, objectives and purpose of the service. It also included an induction checklist to confirm staff were instructed in areas such as lone working, the care of people and staff conduct. Staff confirmed they completed the induction and that the induction involved observation and assessment of their competency. Staff also enrolled for the Care Certificate, which is a nationally recognised qualification from Skills for Care. This Certificate covers 15 standards of health and social care and are work based awards that are achieved through assessment and training.

The registered manager maintained a spreadsheet record of staff training in courses considered mandatory to provide effective care and recorded when staff had completed these. This allowed the registered manager to monitor this training and to check when it needed to be updated. These courses included infection control, moving and handling, fire safety, first aid, health and safety, promoting dignity, equal opportunities and food hygiene.

The registered manager supported staff to attain the National Vocational Qualification (NVQ) in care or the Diploma in Health and Social Care. The training spreadsheet three staff were trained to NVQ level 3 and one to level 5. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff told us the training they received was of a good standard and that the registered manager encouraged staff to attend training courses. Therefore, staff were supported to achieve further qualifications to enhance their skills and knowledge.

Staff confirmed they received regular supervision, which allowed them to discuss their work, training, and future plans with their line manager. Staff said they found the supervision sessions useful. Records of staff supervision and annual appraisals of their work were maintained and covered the care of people, training and updates on relevant legislation. Regular supervision allowed the registered manager to monitor staff competency and knowledge and respond to any improvements needed.

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 services and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consideration and consultation had taken place. This had included the involvement of families and multi-disciplinary teams.

We also checked people's files in relation to decision making for people who are unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. When we spoke with staff all staff were able to tell us their understanding of the MCA and DoLS. They were very knowledgeable and were able to apply the requirements of the acts in practice ensuring peoples day-to-day care and support was appropriate, and that their needs were met.

The service provided specialist care for adults with autism and additional learning disabilities or other complex needs. We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. People's individual needs were met by the adaptation, design and decoration of the service. The service was well maintained, decorated, and furnished in a style appropriate for the young people who used the service.

Each person had their own bedroom, which was individually personalised by bringing in personal belongings that were important to them. Rooms we saw were individualised and contained items of importance from their lives. Where people did not have relatives or friends to help them to personalise their rooms, staff had helped them to make their rooms homely.

There were two lounges in the service, which meant people could either spend time with friends or be on their own if they wanted calm and quiet. People could move freely around the shared areas.

We saw everyone had choices of when they wanted to eat, what they wanted to eat and where they wanted to eat. There was a main meal cooked at lunchtime taking into account people's preferences, but again people had the choice of something different if they wanted. We saw a good variety of food and healthy snacks were available including fruit. People were also encouraged to assist with cooking to the best of their abilities as part of their weekly activities.

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. We saw people's weight was monitored where they were either assessed as at risk of not receiving adequate nutrition or at risk of becoming overweight due to their medical conditions. This was monitored and professional advice obtained if required. Annual reviews that took place with the placement local authorities, demonstrated staff always sought advice and guidance when needed.

People's care records showed that their day to day health needs were being met. People had good access to healthcare services such as dentist, optical services and GP's. People's care plans provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input from professionals such as advocacy, (this is a way to help people have a stronger voice and to have as much control as possible over their own lives an advocate can speak on behalf of people who are unable to do so for themselves), dietician's and a company that were experts in managing challenging behaviours.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. People were cared for in a person-centred way and one member of staff explained this was about, "Each person we are supporting are individuals. Therefore, we treat them as an individual, not as a group". The majority of people living at the service had limited verbal communication skills, but they were included in meetings to review their care.

A relative told us, "The staff are very caring, they are approachable and lovely." Another relative told us, "[person] has a good relationship with all of the staff, they keep me informed, they always involve [person] in his care planning and reviews. I am perfectly happy".

A member of staff told us how they understood one person, "You can tell his likes and dislikes through particular words used". People were able to indicate their preferences through verbal signs or by physical gestures. People also had 'choice' boxes. Each box had been decorated by the individual and contained activity choices, such as art work, writing, reading and games that were important to the person. We observed a staff member encourage a person to use their box; the person chose to do art work. This person displayed their art work in the dining room, in frames. The person told the inspector, they liked to have their work on display for others to see, because it made them feel good.

From our observations, it was clear that staff knew people's likes and dislikes extremely well.

People's privacy and dignity were respected and promoted. Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity and staff described how they put this into practice.

A member of staff said that when they supported people with their personal care they, "Always make sure the doors are closed, and that curtains are pulled shut if needed". They added it was important to ensure people had the privacy they needed and that they had their own space.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support, as much as they were able. A member of staff told us, 'We need to make sure they maintain their independence, make choices, challenge them where needed to give the guys a normal access to life". They went on to tell us how they supported one person to look after their own personal care such as washing and cleaning their teeth independently.

People were encouraged to be as independent as possible and a member of staff gave an example: "We encourage them to make their own cups of drink. We support the process, we don't take over". We observed staff encourage people to make their own drinks and snacks throughout our visit. We observed staff being tentative, offering reassurance and praise during these tasks.

The staff supported people to maintain contact with friends and relatives. This included helping people to send friends and relatives cards, to speak to them on the phone, and to arrange home visits. Staff positively

supported friendships that people had outside the service. As part of a person's routine, each Wednesday a member of staff would support them write personal letters to their relatives. The person had a care plan in place to support this, to ensure each staff member on duty, would know to do this.

The service had received multiple compliments in 2016, one from a relative who wrote that they appreciated the kindness and commitment of staff during a health appointment. A medical professional from a hospital wrote a letter that included 'It was clear that [person] was very well cared for'. There were other relative comments that overall thanked staff for the care and commitment given to their loved ones.

On the day of our visit staff communicated with people in an appropriate manner according to their understanding. They communicated with some people using Makaton, and other people using short words and phrases. Makaton uses speech with signs (gestures) and symbols (pictures) to help people communicate. We heard one member of staff speaking in a steady and quiet voice to a person who could become anxious. The staff member asked the person short simple questions, in a soft voice, to direct this person to the activity in hand and helped them to remain calm.

Each person had a communication care plan, which gave practical information in a personalised way about how to support people who could not easily speak for themselves. The care plan gave guidance to staff about how to recognise how a person felt, such as when they were happy, sad, anxious, thirsty, and angry or in pain. They also contained information about how staff should respond. For example, one person's communication care plan stated, 'I use short sentences to communicate my wishes and needs, such as "care please", "bing bong", which, means cream cheese. If I don't want something I may say, "back in ten minutes" or "different, no thank you".

Staff ensured they gave people as much freedom as it was safe to do so. One person, who was anxious, was observed walking around the service and in the garden. The care plan stipulated that when the person became anxious it was important to give them space. We observed that staff kept a discreet eye on this person so that they could see them at all times, but did not always follow them, to make sure they had their own personal time. When the person was ready to talk, the staff offered them a drink and reassurance.

People were supported to be as independent as possible and to take responsibility for aspects of the household routine such as making drinks and preparing meals.

People's abilities to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. At the front of one person's care plan it was recorded that the person liked specific music and a particular type of food, but they could also become anxious and unsettled.

When staff spoke about people they focused on the positive aspects of their character and described their enjoyment in supporting people to get the most out of their lives. People were involved in their care plan according to their understanding and abilities.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Many people chose to go out during the day and were supported by staff in a variety of activities.

Activities were not always organised or planned in advance and some people decided what they wanted to do spontaneously on the day according to how they felt. People enjoyed shopping for food at a local supermarket and were supported by staff to purchase food of their choice, and then prepare a meal. Some people liked to do their own laundry, for example, one person was supported by staff to fold the clean laundry and put clothes away.

The service had a garden, we observed that people were encouraged to use the garden, as an area to relax in and talk to staff. There were garden seats and a swing that people enjoyed using. There was an outdoor hut, which, had seating, a stereo, books to read and relaxing lighting.

Information about what activities people liked to take part in was recorded in their care plans. During our visit to the service, people were occupied in household tasks, spending time in the garden, doing art work and accessing the local area.

People were asked throughout the day if they wanted to go out in the community. People went out to the shops, for a drive, a meal, a gym class and to visit relatives and friends.

Each person was supported by a keyworker who co-ordinated all aspects of their care. One member of staff explained it was about, 'Making sure his [person] toiletries are there, communicating with relatives on a weekly basis and supporting him to review he's care plans monthly.'

People's needs were assessed before they moved into the service. Where a person's care was funded by the local authority, an assessment was obtained from the funding authority so that a joint decision could be made about how people's individual needs could be met. These assessments formed the basis of each person's care plan.

Care plans contained detailed information and clear directions about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, communication, well-being and activities they enjoyed. Each person had a one page profile so staff could see at a glance what was important to the person and how best to support them.

Information about people's daily routines, likes, dislikes and preferences were contained in their care plans, which were written in a person-centred way. Detailed guidance was in place for staff to support people who presented behaviours that could result in harming themselves other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour.

People's moods and behaviours were observed and recorded together with any lessons learnt from any incident that could inform future ways of positively supporting the person. People's well-being was discussed at staff meetings, reviewed by the registered manager and health professionals were involved as appropriate.

People's concerns and complaints were encouraged, explored and responded to in good time. A member of staff said that they recorded complaints and compliments, which were kept in a folder dedicated for this purpose. Formal complaints were dealt with by the registered manager who would contact the complainant and take any necessary action.

Due to people's complex needs, they were unable to communicate their experiences about living at the service. We observed one person voice some concerns to a staff member on shift, on the day of our visit. The staff member, listened carefully to what this person had to say and outlined the action they would take. The person was satisfied with the response that they received.

Views of the people using this service were sought through an annual questionnaire, which a member of staff, an advocate or member of family supported them to complete. Monthly 1:1 key worker meetings also occurred which; is when a allocated staff member meets with the person each month to discuss their views on the care they received, activities they would like to do in the future and discuss any changes occurring in the service – this may be décor, staffing or new people moving in.

Staff said that if a person told them something was upsetting them, they would try to resolve things for the person straight away. If they could not do so, they would report it to the registered manager. Staff told us most people could not verbalise their concerns, but changes in their behaviour would alert them that something was not right with them that might need further investigation. To help people understand the complaints procedure, it was available in easy read and picture format.

The complaints procedure for visitors and relatives included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. The registered manager made a record of any complaints, together with the action they had taken to resolve them. The last complaint was in June 2015, which was compliant to the company policy, it did detail the issue, it had a date that it was responded to, it detailed action taken in response and there was a positive outcome, which had been signed by the registered manager.

Good

Is the service well-led?

Our findings

People told us, "The manager listens", and another person said, "The manager is helpful."

A staff member told us, "[Registered manager] is brilliant. She is firm, fair and knows her stuff. She keeps updated with training. [Registered manager] comes from a care background; she cares for staff and residents. She helps on shift when needed." Another staff member told us, "I have a great deal of respect for [registered manager], she's good. She has a lot of experience, which shows." Another staff member told us, "[Registered manager] always listens to suggestions; she works on shift when needed. She encourages us to come up with ideas to improve the service".

Quality assurance systems were in place to regularly review the quality of the service that was provided. These audits were carried out by a nominated officer within the company and the registered manager. There was an audit schedule for aspects of care such as medicines, activities, care plans, finance checks, accident and incidents, health and safety and infection control. Records we observed demonstrated that information from the audits was used to improve the service. Where issues were found, a clear action plan was implemented to make improvements. For example, areas of a ceiling required redecorating, certain policy and procedures that needed reviewing were identified. Particular care plans needed reviewing and updating.

Records demonstrated that people, their relatives and professionals were contacted to hold the reviews and update plans where needed. Specific incidents were recorded collectively such as falls, medication errors and finance errors so any trends could be identified and appropriate action taken.

Staff meetings were held six monthly and this ensured that staff had the opportunity to discuss any changes to the running of the service and to give feedback on the care that individual people received. Discussion points were mainly around shift changes, legislation updates, policy and procedure updates.

Staff said they felt valued and listened to. Staff shared that they felt they received support from their colleagues and that there was an open, transparent atmosphere. Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously.

Staff said they felt valued, that the registered manager was approachable and they felt able to raise anything, which would be acted upon. We were told there was a stable staff group at the service, that staff knew people well and that people received a good and consistent service.
A relative told us, "The staff are stable, There has been a very good consistent manager, [person] loves her."

People, relatives and professionals were asked for feedback annually through a survey. The last survey was in July 2015. The survey completed by people included people's views on the manner of staff, whether people felt listened to and if they knew how to make a complaint. A staff member told us that people completed these with support from their key workers. The responses from the last survey were all positive. The survey completed by relatives in July 2015 included their views on the standard of the accommodation,

if they were made to feel welcome and if staff had a good understanding of people's needs. The responses from the last survey were positive overall.

Two staff told us the, vision and values of the service. They told us, the ethos of the service was to provide and ensure meaningful trusting relationships were built, that people were respected, all in a homely relaxed environment. Overall staff said their focus was to ensure the quality of care provided, was to ensure people and their relatives were happy. We observed these values demonstrated in practice by staff during the provision of care and support to people.