

Perthyn

# Shrewsbury

## 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

Perthyn Shrewsbury is located in Shropshire. It is a domiciliary care agency which provides support to people in their own homes. It supports people with learning disabilities and autistic spectrum disorder. On the day of our inspection, there were 20 people using the service.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 who used the service, family members and external agencies were very complimentary about the quality of support provided. The registered manager and staff involved families and other agencies to ensure people received the support they needed to express their views and make decisions that were in their best interests.

People were supported to lead fulfilling lives. People were helped to try new activities and make changes in their lives. The registered manager and staff had a good understanding of managing risk and supported people that had previously challenged other services to reach their full potential and to keep them safe.

Staff developed ways to address the fluctuating needs of people ensuring their full inclusion at all times. Over time people were supported to progress and their support plans adapted and developed to promote their independence.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with the people who used the service. People were actively involved in the interviewing process for potential employees.

The registered manager ensured that staff had a full understanding of people's support needs and arranged training to equip them with the skills and knowledge to meet them.

There was a well-established management structure in place which ensured that staff at every level received support when they needed it. Staff were clear about their roles and responsibilities and how to provide the best support for people.

People had assessments of their needs and care was planned and delivered in a person-centred way. People led fulfilling lives and they were supported to make choices and have control of their lives. People and their family members were fully consulted and involved in assessments and reviews.

People's nutritional needs were met and they had access to a range of professionals in the community for advice, treatment and support. Staff monitored people's health and wellbeing and responded quickly to any

concerns.

Management of people's behaviours that may challenge the service and others was based on the least restrictive best practice to support people's safety. This supported staff to provide a consistent approach to situations that may be presented, which protected people's dignity and rights.

There was a positive culture within the service. The management team provided strong leadership and led by example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. There was an emphasis on exercising choice and developing independence, supporting people with their right to an ordinary pattern of life within the community.

Systems to continually monitor the quality of the service were effective and there were ongoing plans for improving the service people received. The provider gathered information about the quality of the service from a variety of sources including people who used the service, their family and professionals. The service had developed and maintained links with professionals. This provided a multidisciplinary approach in supporting people using best practice.

## 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.

Staff balanced risk for people to ensure they were safe.

There was a robust recruitment procedure in which people who used the service participated.

Staffing levels were sufficient to provide the level of support required.

Incidents and accidents were responded to, to ensure people were safe.

Staff had clear understanding of the role they had in safeguarding people from abuse.

### Is the service effective?

Good ●

The service was effective.

People received person centred care and support that was based on their needs and wishes from a team of skilled, trained staff.

People were supported to be involved in decisions about their care and treatment using communication systems that were appropriate to their needs.

Staff were skilled in meeting people's needs and received on-going support from the management.

People had their health needs met. Their dietary needs were met and healthy eating was encouraged.

### Is the service caring?

Good ●

The service was caring.

People and relatives praised the staff for their caring and professional approach.

People were supported by the registered manager and staff who

were committed to a person centred culture which put people at the centre of the care provided.

People had the opportunity to build positive relationships with staff that were based on respect and shared interests.

People were treated with dignity and their confidentiality was respected.

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

**Good** ●

The service was responsive.

The provider responded promptly to people's changing needs. People received care that was tailored and based on their needs and preferences.

People were fully supported by staff to engage in activities to stimulate and promote their wellbeing.

People's views and opinions were sought and listened to.

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

**Good** ●

The service was well-led.

The culture of the service was person centred and inclusive.

Feedback was regularly sought from families and comments and suggestions acted on.

There were robust systems to ensure quality and identify any potential improvements to the service.

# Shrewsbury

## 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.

The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out on 12, 18, 19 October 2016 by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our planning for the inspection we asked the local authority and healthwatch to share any information they had about the care provided by the agency. 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. This information helped us to focus our inspection.

We spoke with eight people who used the service, one relative, five staff and the registered manager.

We reviewed three people's care records, two recruitment records, management quality reports and quality assurance systems.

## Is the service safe?

### Our findings

People and their relatives said staff took the time to provide their support and care correctly and safely. People told us how staff protected them by knowing how to deal with incidents. They said staff responded appropriately during emergencies like seizures or to any distress to keep them safe. One person said, "No I've not had accidents with staff, but I do have seizures. Staff are with me and they know what to do".

We read that people had comprehensive risk assessments. These included step by step guidelines for staff to follow for every activity which had a level of risk involved. These guidelines were clear to follow and ensured the risks were appropriately controlled. People were still enabled and encouraged to lead a full and active life.

One person said, "They help me avoid injuries. They've put a gate at the top of the stairs to stop me falling", another said, "I feel very safe with staff. I met my social worker today and we sorted out that if there is a fire I wait for the staff and we go out the front door, to keep me safe".

We read that support plans and risk assessments had been shared with relevant people and that their input had been listened to. These plans were regularly reviewed, for example, we saw input from a physiotherapist about how a person was assisted to stand and walk safely. Another person was at risk of falling and injuring themselves and their information was recorded in the first person. For example, 'what I can do', and it detailed what the person could do for themselves and what they needed support with to stay safe.

The registered manager told us of another person who used to get a lift to catch the train on their own to their community activity. Support staff worked with this person to walk to the station on their own having carried out a risk assessment. This person now does this safely everyday on their own.

Staff were able to detail the procedure in place in relation to safeguarding. One staff member told us, "We have very clear ways to report any concerns. We have the daytime office access and on- call system but also we can report to local authorities".

Records showed and staff confirmed they had received training in safeguarding adults as part of their induction training. The registered manager was working on incorporating this into one to one staff sessions to keep staff regularly updated. Staff felt confident that any reports of abuse would be acted upon appropriately. The manager was very clear about when to report concerns and the processes to be followed. The registered manager was aware of a change in legislation to involve people who used the service directly in any safeguarding issues. There were none currently under investigation.

The provider followed safe, robust recruitment and selection processes to help make sure staff were suitable to work with people with complex needs. Staff explained the full process of how they had been recruited including the required checks and references. We saw staff files that showed that appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory disclosure and barring check clearance and

evidence of the applicants' identity.

People who used the service were involved in the interview panels. People spent time with candidates as part of the recruitment process to make sure their views were taken into account and see if they felt comfortable with any potential staff. We saw how one person had been assisted to develop an 'Involvement and recruitment plan'. This was personalised to their abilities and what they wanted from their support workers. The person enjoyed asking their own questions at the interview and feeding back their thoughts on each candidate. The person was able to select their preferred person who they thought would suit their needs best. This also demonstrated a value of the provider, 'To ensure that people are placed at the centre of all that we do'. People who lacked capacity were also included in this process. We saw one example of where a person with high needs had questions put together in their best interests to be asked at an interview. This process involved the person, staff and family. Another person who was living with the onset of dementia had staff assistance to develop interview questions in their best interests too. Questions such as; Do you understand dementia? How would you support me? were asked.

One staff member told us that as part of the staff recruitment process they had attended an interview including a person who used the service on the panel. They also participated in a 'meet and greet' session with the person. The way applicants related to people and how people responded was observed and considered before a decision to offer employment was made. The way staff were recruited benefitted people who used the service by giving continuity and allowing them to build relationships with staff.

There were enough staff to meet people's needs and provide personalised care and support consistently. Relatives and staff told us they were never short staffed and the service had only occasionally used agency staff that were known to them. Everyone we spoke with confirmed that staff were on hand at all times and that if they needed assistance this was available.

The registered manager told us and staff confirmed, that the provider had an on-call system and staff on standby in case of any crisis. One staff member told us, "We are never short staffed; we know we cannot work below the agreed staff numbers so that people are safe".

Accidents and incidents were closely monitored by the community support manager. They analysed the situation and took appropriate emergency action if it was needed. Feedback was also given to the registered manager to include in their quality monitoring of the service. This helped ensure any learning was identified and adjustments made to minimise the risk of the accidents or incidents occurring again. Any lessons learned from incidents or accidents relating to an individual were then implemented. This improved the overall service to benefit everybody and protect people from the risk of harm. For example, there had been an incident with a person whilst using their bath chair. The staff and management reviewed the health and safety aspect of this service and liaised with the relevant housing association. It transpired that there was a fault in the design of the chair and a new type was immediately fitted.

Medicines were managed safely. Medicines were only administered by staff trained and deemed competent to do so. We were told by the registered manager that staff had a three yearly refresher course that we saw detailed on the training plan. We saw that capacity assessments were carried out for a person's ability to take their medicines and a support plan had been put in place. This detailed preferred times assessed against medical requirement so ensuring that preference was taken into account. A person taking a certain medicine would become tired whilst eating and was therefore more at risk from choking. So their medication was given in liquid form. Information about the management of medicines for each person was easily accessible by staff in care plans.



## Is the service effective?

### Our findings

People were supported to cater for their own food and drinks at a level suitable for their abilities. They were assisted to plan a weekly menu or choose daily and to do their own food shopping. Staff assisted people who were not able to communicate their choice verbally. Staff also supported people to cook their own food encouraging them to eat healthily. People told us that staff involved them as much as possible taking account of their individual needs. One person said, "I help cook meals. Yes, there is a choice", another said, "They make my meals and they help me and I get to do some as well. I help chop the food. We all help round the kitchen".

A staff member explained how they had supported a person to make a cup of tea and a sandwich with one hand. They gave step by step, hand over hand support to enable the person to make their snack themselves. This showed the person was given choice and control in their nutritional care. A staff member said, "If people we support have a weight issue. We involve the dietician and the GP in their care."

Staff involved other professionals such as, community nurses, the speech and language therapist to ensure people's health needs were met. This multidisciplinary approach helped to ensure that people maintained optimum health and that consideration was given to their full range of health and support needs.

Staff we spoke with gave us examples of how they achieved positive outcomes for people. They worked with people in developing social skills, building relationships and learning basic cooking skills. One staff member said, "We work to develop people's living skills such as, cooking, washing and money management".

Perthyn provided a specialist support team to support people who displayed challenging behaviour. This team, together with external professionals, provided additional expert advice and support to individuals and their staff teams when a need had been identified from working with that person. The team developed a positive behaviour support plan which gave support staff clear guidelines in order to maintain someone's challenging behaviour to a minimum level. Staff told us they used this to respond to people safely and effectively and manage incidents of challenging behaviour well. We saw this was reviewed to determine whether the approach was consistent and to monitor staff actions against the agreed intervention. This approach ensured that support was pro-active and avoided situations becoming a crisis and causing an individual distress and harm.

Staff told us they received training to understand people's individual behaviours and they discussed each person's needs in meetings with community support managers.

People were supported by well trained staff who were knowledgeable in how to support people with complex needs. Staff told us they received training relevant to their roles and they were supported by managers to develop and progress in their career. One staff member said, "I believe the training we receive is very good. We have face to face training and electronic learning as well. The training and the support I had helped me to settle into my new role as I have never done this work before".

One staff member spoke of the new staff forum that had been introduced. Staff had spoken of wanting more dementia care training to be able to meet the needs of a person that used the service. This training was supplied and staff were clear about the benefit this training had had on the person's wellbeing. Staff could recognise that the person had more lucid days and so engaged with them to give them more control of what they did during this time. The impact on the person was assurance that staff were providing optimum care for the individual

All staff completed induction training when they started in their role. They also had time for where they learned about the company, management structures, policies and procedures and they were inducted in the values and the ethos of the organisation. A newly employed staff member told us, "From the first day I was made aware of the values of the company and how they work to maximise people's quality of life". Learning and development included face to face training courses, e-Learning, coaching and competency assessments. Staff said they received regular one to one sessions with their line manager and felt these were constructive and relevant to them as an individual. We looked at records that showed their line manager gave them feedback on their overall performance and they agreed training and development needs.

One staff member told us, "Managers are very approachable. We have regular supervisions formally but we can talk to managers when we want or need. Somebody is always available."

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.

We checked whether the service was working within the principles of the MCA. The registered manager and staff demonstrated a clear understanding of the MCA and how this fed into their practice. The registered manager showed us the work undertaken to screen people regarding any deprivation of liberty. Information was ready to be supplied to the local authority and court of protection.

We saw that MCA assessments had been arranged for people regarding for example, wearing a seat belt whilst out in the car. The outcome being the person was willing to wear the belt but was unable to secure and unsecure it. Another example was about nightly checks for a person who had pressure area issues. A capacity assessment had been done with the involvement of the person, the decision being they had capacity to agree to nightly checks by staff to ensure their wellbeing.

Staff were able to explain to us when a best interest decision had been made for people whilst involving their family and other professionals. Staff kept clear records of each step of the process and decision making. One member of staff told us, "We don't assume things. Just because someone can't speak it doesn't mean they automatically lack capacity". Another member of staff told us, "You have to ask for their consent. If they haven't done a certain activity you explore why and decide whether you need to do something for them, with them".

The registered manager and staff were committed to promoting people's health and wellbeing. Each person had a personalised health and wellbeing plan which staff supported people to follow. This set out their specific health needs and provided guidance for staff about how to monitor and improve people's health. The registered manager actively supported staff to make sure people experienced good healthcare and led meaningful lives.

The staff team organised by the community support manager constantly assessed people's needs through regular daily communication, meetings and reviews. They recorded what was working or not working and any changes needed to the person's plan. Staff said communication was good. They spoke of effective communication with people that although was time consuming allowed them to express themselves fully. For example, one person communicated through body movement their acceptance and by hand gestures their rejection.

## Is the service caring?

### Our findings

People we spoke with responded positively that staff were caring towards them. They were able to tell us names of the staff who supported them which indicated they knew them well. One said, "I have lovely support staff. There is (staff name) and (staff name) and they are all absolutely lovely". Another said, "Yes, the staff are polite and respectful with me". Relatives told us they felt the staff and the support they gave was very caring.

One member of staff told us, "We always aim to let people be in charge. They have control, everyday". Another said, "We listen to people despite any communication issues there are". People and relatives told us they were involved in decisions about how they would be cared for. Relatives told us they had been involved in their relatives' care plans and review meetings. One relative of a person with high care needs said they had been fully involved before and after the care was set up. Another told us, "They have involved me at every stage. It's a lot of care and staff are on hand all the time. That's very reassuring. They make notes of all the care and they keep me informed".

Staff talked with kindness and compassion about people. They told us they knew the people well and supported them through providing information and explanations. People were involved in making decisions and choices about their care.

Staff talked about people in a respectful manner and they told us how they respected people's privacy and dignity when delivering personal care. They told us that where people lived in shared houses, any personal care or discussions around personal care took place in private. Relatives we spoke with told us that people's privacy was maintained and they were treated with dignity.

The service had developed a service user guide. This informed people of what they could expect from the provider in terms of service and support. The registered manager said they were working on an easy read format for those people who may need this. This gave people the opportunity to understand what the service would and could offer them.

Staff we spoke with were knowledgeable about people's care and how people preferred their care to be given. Relatives we spoke with told us they were pleased with the knowledge staff had and used this in forming good relationships with people. People were encouraged to maintain good relationships with their family.

People had access to advocacy services to ensure their rights were protected and to help them through change. For example, a person who had lived at their home for many years with support from Perthyn. This person was initially reluctant to consider a new neighbour, but with increased support from their advocate the outcome was that the person settled in and they enjoyed each other's company.

## Is the service responsive?

### Our findings

One person had been supported to go on holiday. They told us, "The staff go out with me to places. We've been to Blackpool. It was a holiday, and we are going to go to London". Another person said, "I do some work with their help. I work at a café and I'm going to do some other work on a Tuesday. I've worked in a charity shop, (staff) help me get there and back. I love to meet people when I'm working. They also help to take me out. I like to go to the café and chat. I've also done some work at shops".

This person had asked for a 'person centred' meeting to discuss a number of things they would like to work towards and the staff facilitated this. This showed that the staff treated each person as an individual by offering a personalised service.

Staff approached each person individually and tailored their support and communication to suit that person. One relative said, "[Person] attends a centre and the staff work well together. They are aware of her behaviours or moods and that she can become upset and how to then deal with this. They are very professional and seem well trained to deal with all the care and the situations that can arise".

Relatives and staff told us that the diverse activity programs people followed depended on their abilities and interest. Every person's daily living was planned around their preference. Each person had an activity and support plan as part of their person centred care. The registered manager told us that the staff rotas and the activity support plan were sent out each week to each individual. These detailed what would be taking place for each day. Staff told us these plans were not rigid and had evolved over some time. They use it with the person as a tool to plan the day and map staff to the person and their activities. People who had high needs had their activity planned out hour by hour. This particularly suited people with autism because they would know what would happen in advance.

Other activities that people enjoyed included; mountain biking, food shopping, cooking and lawn mowing. Staff developed an engagement support profile with each individual. For example, we saw one that gave specific detail about the activity enjoyed and guidance for staff on the preparation, communication and support required. This led to the person being more motivated responding to praise that staff gave. Staff we spoke with explained how useful these detailed plans were in helping people participate in meaningful activities and relationships.

The registered manager explained that most people they supported had been with them for some time. As such staff had developed an informal process by which issues could be resolved face to face. We read that people were encouraged through their person centred meetings that it was alright to say if they were unhappy with something. However, the provider had a formal complaints process that people could use. This was to be in an accessible format when the easy read service user guide had been produced. Staff said that involving complaints in reviews worked better for people as it formed part of a conversation rather than a separate issue.

We read a person centred plan for an individual. This detailed information about choice and decision

making which explored what the person was doing now, how it was going and the next steps to take. There was an emphasis on community inclusion and maintaining or developing relationships. The person centred care reviews were organised by the registered manager and involved as many of the team members and family as appropriate. People were always included in their reviews and offered choices about every aspect of their life. Another example we saw demonstrated that staff were sensitive to people's gender preference for care and support.

The service supported people who may have previously challenged services and they benefited from a personalised service offered by Perthyn. Staff managed people's behaviour through positive risk taking and engagement. They worked closely with families and people to manage transition between services and gave people a sense of worth by promoting their rights. For example, before one person was referred to Perthyn they had lived in a different setting. They had demonstrated challenging behaviours which escalated to the point where the person was in crisis. Following an urgent assessment and transition process involving other professionals, the person moved in to their own home with one to one support of a staff team from Perthyn. This showed that staff had respected the person's choices, their right to independence and enabled them to take their own decisions about how they wanted to live their life.

The person become more independent, their behaviour changed and they became more confident in the community. They were leading a more active life; their sleeping had improved as well as their nutrition and wellbeing. The registered manager told us that during a review meeting with this individual, they were able to tell staff, using a complexity of language that other professionals had not known they had, that they were now happy since the move. This demonstrated the provider was meeting one of its key values; 'To provide individual, needs-led services which enables and supports people to become increasingly independent'

Staff provided financial management support to people. Financial skills assessments were completed and plans put in place for giving people the skills to manage their monies. Some individuals did not have a bank account and their money was managed by appointees. Staff had a plan to work with these people in their reviews to look into setting up accounts to increase that person's independence.

People were assisted with their mail as those unable to open and read their letters may have missed appointments or risked having unpaid bills. This showed people were supported to make day to day decisions about their personal affairs. Staff told us, "The support we offer is very individual and specific. Some people need very structured support and daily routines because they cannot function otherwise. Some people we need to respond to daily or even hourly depending on their moods".

## Is the service well-led?

### Our findings

People told us that the service was open to comment and feedback and people said the managers were approachable and personable. One said, "I can talk with them. Yes, they listen to me. It's a good service". The conversations we had with people gave a strong impression of the respectful manner and professionalism of the staff and managers. The registered manager and all levels of staff supported people to overcome significant barriers in their lives. The registered manager clearly communicated the approach and ethos of the service to everyone involved. One staff member told us, "We are valued and our opinion counts".

The registered manager facilitated a twice yearly person centred review for each person involving their family and staff. They were involved in the assessment and transition for each new person. They monitored the support staff received through their induction and into the support required for each person. One staff member said, "The recruitment process and initial training I found was faultless".

The provider had an open and transparent culture, with clear values and vision for the future. Senior managers were actively involved and engaged in the lives of people the service supported as well as with the teams supporting them. For example, the quality lead for Perthyn visited people and reviewed their views of the service provided to them. The resulting report was aligned as to whether the service was safe, effective, caring, responsive and well led. We saw action plans were produced for community support managers to address. This would be then followed up through one to one meetings with the registered manager. Trustees of the charity also went out and visit people in their homes showing that all levels of management were accessible and visible.

The provider used their quality monitoring systems to continually improve and develop the service. There was a strong emphasis on continually striving to improve the service for people. Quality assurance audits were carried out monthly by the service managers and senior staff carried out regular audits of all aspects of the service to review the effectiveness of the support people received. The registered manager showed us how they made sure actions were followed through, and issues identified in one audit were followed up in the next to ensure the service had made the necessary improvements.

Staff were complimentary about the leadership and the way they felt motivated and supported by the management. All staff we spoke with were committed to achieving the best support for people using the service.

The registered manager used staff resources and person centred planning to improve the lives of people who, because of their complex needs, required specialist and personalised support to enable them to live fulfilled lives. We were told of many examples of the ways the service had improved the quality of people's lives. The registered manager told us in the provider information return about their recognition of people's differences and that everyone was unique. Staff used tools to help people focus on all areas of their life. These ensured that staff support had a positive effect in meeting people's needs. The level of risk was assessed for each individual consistently and where the risk was high a multi-disciplinary approach was

implemented to ensure best practice was used.

Regional managers attended team meetings from time to time and talked with staff. Each year Perthyn distributed satisfaction surveys to some of its stakeholder groups. Staff received an employee satisfaction survey every two years in addition to staff engagement days. Community support managers spent time with staff and people in their home to provide practical support to both. They told us they also had admin time when they checked record keeping, safety and security and spot checked medicine administration amongst other tasks.

People had the opportunity to complete an easy read satisfaction survey asking questions about their quality of life, the staff that supported them and the leadership and management of the service. The latest survey was in the process of being collated. People were able to have their say in a way they could understand and contribute to.

Staff spoke highly of the registered manager and the community service managers and said that they were always accessible and approachable. Managers at all levels had meetings within the organisation to share good practice ideas and discuss ways to improve the quality of the service they provided. The open and progressive culture of the service and teamwork meant that people received continually improving support.

Perthyn's systems and training had been accredited by the National Autistic Society as part of the Autism Accreditation award. Perthyn are members of the British Institute of Learning Disabilities (B.I.L.D) and the positive behaviour support model the provider uses and the training was B.I.L.D accredited. The provider had developed a team of qualified trainers, externally accredited with bodies such as the manual handling passport scheme.

The registered manager had links with the Tizard Centre in Kent which is a centre of learning disability research. They stated that learning from attending this centre had fed into the person centred planning for people, ensuring the process was actively delivered.

The registered manager understood their legal obligations including the conditions of their registration. They had appropriately notified us of any significant incidents and proactively kept in contact with local commissioners.