

Chartwell Care Services Limited

Barkby 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 8 November 2016 and was unannounced. We returned on 9 November 2016 and this announced.

Barkby Road is a purpose built care home for up to 11 adults with moderate to severe learning disabilities, complex needs or challenging behaviour. The service also offers specialist support to those with autistic spectrum disorders. The accommodation is provided in the main building and in two additional separate buildings within the grounds. At the time of this inspection the separate buildings accommodated three people in total, who had greater levels of need and high levels of behaviour that challenged. On the day of our visit there were 11 people living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff understood and acted upon the procedures the provider had in place to protect people from abuse and avoidable harm. People were supported to be as independent as they wanted to be. Risks associated with their care and support and activities they participated in were assessed and managed. People also participated in activities at Barkby Road and were supported to maintain their hobbies and interests.

The provider deployed enough suitably skilled and experienced staff to meet the needs of people using the service.

People received their medicines at the right times. Only staff who were trained in medicines management handled medicines. The provider's arrangements for management of medicines were safe.

People were supported by staff with the necessary skills, experience and training. Staff were supported through effective supervision, appraisal and training.

Staff understood they needed to respect people's choice and decisions. Assessments had been made and reviewed about people's individual capacity to make certain care decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family members where appropriate and relevant health care professionals.

People were able to choose what foods they had. Staff advised people about healthy eating options and respected people's choices. People's health needs were met through health action plans. People were supported to access health services when they needed them.

People using the service and staff developed caring relationships because staff had a very good understanding of people's needs. Staff treated people using the service with dignity and respect. People's views were listened to and acted upon.

People received care and support that was centred on their personal needs and preferences. They spent their time how they wanted and were supported to participate in activities of their choice. Activities developed people's skills.

The service was well led. People using the service, relatives and staff all felt well supported by the registered manager.

People using the service, their relatives and staff had opportunities to develop the service. Management and staff had a shared understanding of the aims and objectives of the service. The provider had effective arrangements for monitoring and assessing the quality of the service.

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 were safe because staff understood and followed procedures to safeguard people from harm.

Risks associated with people's care and support were assessed and managed.

Systems were in place to ensure that enough suitably skilled and experienced staff were deployed to meet people's needs, including administration of medicines.

Is the service effective?

Good ●

The service was effective.

There were systems in place to make sure people, family members and other professionals were involved in supporting people's care decisions.

Staff were supported through effective training, supervision and appraisal.

Where people did not have capacity to make certain decisions, the provider operated in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of meals and drinks that met their dietary needs.

People were referred to appropriate health care professionals to ensure their health needs were maintained.

Is the service caring?

Good ●

The service was caring.

People were treated as individuals. Staff understood people's preferences and knew how people wanted to spend their time.

People were involved in decisions about their care and support

and their privacy and dignity were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was centred on their individual needs.

They were supported to maintain and develop their hobbies and interests. Staff supported people to complain through the use of relevant communication methods.

Is the service well-led?

Good ●

The service was well led.

Systems were in place that supported and encouraged people to share their views of the service they received. The registered manager used this feedback to support continuous improvements.

Staff told us they felt supported by the managers and were able to raise any concerns they had.

Barkby 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days. We arrived unannounced on 8 November 2016 and returned announced on 9 November 2016. This inspection was carried out to follow up our previous inspection on 4 and 5 December 2015 to ensure consistent improvements had been made.

The inspection team consisted of 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. Our expert had particular knowledge and experience of caring for people living with learning disabilities.

Before the inspection, we asked the provider to complete 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 what improvements they plan to make.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We contacted commissioners for social care, responsible for funding some of the people that live at the service and health and social care professionals. We also contacted Healthwatch.

Due to people's communication needs and understanding associated with their level of learning disability, we were unable to get people's views about the changes the provider had made since our last inspection. However, we did spend time with six people at their morning 'coffee shop'. This was time staff spent with people over a cup of coffee and cake. We also used observations to see how staff interacted with people and supported them with their individual needs. We spoke with the registered manager and deputy manager. We also spoke five support workers and three team leaders. We also had telephone conversations with three relatives of people using the service.

We looked at the records of three people, which included their plans of care, risk assessments, health action plans and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Is the service safe?

Our findings

All three relatives we spoke with told us they felt Barkby Road was a safe place. One relative said, "Things are much better than 18 months ago". Another relative told us, "[Person] is always happy to return after he has visited me". We observed interactions between the people who used the service and staff. We were able to ask some people living at the service what it was like living there and they told us, "It's good." When we asked what staff were like they said, "good."

Care staff we spoke with showed a good understanding of their responsibilities to keep people safe. One staff member told us, "I would ask people how they were feeling." Staff we spoke with said they would recognise changes in people's emotional behaviour if things were not right. One member of staff said, "If they suddenly become withdrawn or they behave differently, that is usually a sign something isn't right." Staff understood the different kinds of abuse and knew how they could report safeguarding concerns to the registered manager, the local authority safeguarding team, police or the Care Quality Commission. Staff were aware of, and had access to, the provider's safeguarding policies and they had received safeguarding training. The registered manager and deputy manager were aware of the local safeguarding procedures and knew what action to take and how to make referrals if concerns were identified. People using the service and their relatives could be confident that staff cared about people's safety and protected them from harm.

People were not prevented from doing things they enjoyed even if it involved a risk of injury. A relative told us, "[Person] is able to do out most days and in the last year has started to go to the gym." Another relative said, "[Person] is not prevented from doing anything." This showed that staff did not place restrictions on people in how they spent their time.

People were supported on an individual basis by one, two or sometimes three members of staff for differing periods of time dependent upon their assessed needs and the activities they took part in. Staff ensured people were kept safe and their right to make decisions about their day to day lives were respected and their independence and choices promoted. People's records included risk assessments and care plans which included possible triggers that may cause a person to become anxious. Plans identified strategies to support people when their behaviour became challenging. For example, one person enjoyed looking at books so staff always had a supply of books available to give to the person if they became anxious. This enabled people who used the service to access the wider community with the confidence that their needs would be met and that staff had strategies to provide the support they may need. Staff told us that they felt confident to support people because care plans provided them with the information they needed to minimise risk.

Records showed incidents and accidents had been recorded. The registered manager and deputy manager monitored all incidents and accidents to identify any possible trends. Where action was identified to reduce risk, care plans were amended and staff told us they were kept informed of changes in handover meetings.

We found there were sufficient staff on duty to meet people's needs and keep them safe. Relatives we spoke with told us that staffing levels had improved in the last 18 months. One relative said, "[Person] is now able to go out when they want to and can do all sorts of things, this didn't happen before, there are usually

enough staff available. Occasionally someone might phone in sick and a planned outing might be cancelled but this is rare now." Staff told us they could meet people's individual needs. One staff member said, "There usually enough staff so people can get out to their day care. It's never a problem."

The registered manager and deputy manager told us they had flexibility in staffing levels to increase staff numbers when required. For example, if people needed to be supported on day trips or when people had to attend appointments. On the day of our inspection a person had been supported to attend a hospital appointment.

Records showed that no one worked at the service without the required background checks being carried out to ensure they were safe to work with the people who used the service. Staff recruitment files that we looked at had the required documentation in place.

There were systems in place for the maintenance of the building and its equipment and records confirmed this. During our inspection we saw the maintenance person carrying out repairs to various parts of the building. The registered manager told us that due to the heavy wear and tear on the building and furniture there was an on-going repair and maintenance plan in place.

The provider had plans in place for an unexpected emergency. This provided staff with the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire or damage to the building.

Systems were in place to make sure people received their medicines safely. Medicines were stored at the correct temperatures and were disposed of safely and appropriately at the end of each medicines cycle. Medicine administration records (MAR) sheets confirmed each medicine had been administered and signed for at the appropriate time. Records confirmed that people were given their medicines as prescribed by their doctor. The provider had protocols for each person that required medicines that were given on a 'as required' basis, for example medicines for when a person became anxious. This meant that staff were consistent when they administered 'as required medicines' to people.

The provider had systems in place that ensured people had the medicines they needed with them when they were away from Barkby Road, for example when they were on holiday or when they visited relatives for a weekend. A relative confirmed that they had to sign to say they had received [person's] medicines.

Only trained staff were allowed to give people their medicines. Their competencies to continue doing so were assessed on a regular basis by the deputy manager. Staff confirmed that the deputy manager would assess their competencies.

Is the service effective?

Our findings

Relatives we spoke with told us that staff were sufficiently skilled and experienced at supporting people who lived at Barkby Road. One relative told us, "I think the staff do have the skills they need some of the staff have been there a long time." Another relative said, "Quite a bit of training goes on and they know how to manage people's behaviours."

The registered manager told us that since they came into post some of the old staff group had left and they had recruited new staff. However the new team was now stable and understood the needs of people who lived at Barkby Road.

Staff we spoke with told us they felt confident and suitably trained to support people effectively. Staff told us they completed an induction when they started at the home and they completed all their training during their induction period. One staff member said, "When I started I read the care plans and was introduced to the guys (people who live at Barkby Road). I was able to get to know them."

Induction training included supporting new staff to achieve the national Care Certificate. Staff members needed to successfully demonstrate that they were providing compassionate, safe and high quality care and support. The registered manager and deputy manager carried out observations to ensure staff provided care to a high standard. If staff were identified as not demonstrating these skills, further training was offered to ensure that they had the skills, knowledge and behaviours to support people to a high standard.

The registered manager was a professionally qualified trainer of subjects relating to social care. They evaluated the effectiveness of the training and monitored how staff put their training into practice. This meant that the registered manager could be assured that staff were consistent in their approach when supporting people who lived at Barkby Road.

Staff told us they had regular supervision and appraisal meetings about their individual performance, and they felt supported by their colleagues and managers. All the staff we spoke with told us that they worked well as a team and supported each other. One staff member told us, "I find supervision really useful, we discuss important topics like DoLS (deprivation of liberty safeguards)."

Staff told us how they gained consent from people they provided care to. For example, one staff member said, "We need to gain consent to be able to give them their meds or provide support. If they say no we respect that, but we might need to look at what is in their best interests as well."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We talked with the registered manager and staff about the MCA and the DoLS and what that meant in practice for the service. We looked at the records of some of the people who were subject to a DoLS and found that these were regularly reviewed. We found mental capacity assessments (MCA's) had been carried out, which included a person's capacity to decide where they lived. Where it had been determined that people had capacity

people's care plans and risk assessments had been developed by staff with the involvement of people using the service, where possible, to determine the level of support each person wanted from staff.

Staff we spoke with were aware that in some instances they may need to use restraint if a person's behaviour became challenging. Staff were able to explain when this was necessary and the type of restraint that was least restrictive to the person but maintained both the person's safety as well as those around them.

Incident reports were completed when people's behaviour became challenging and external agencies which included social services and the Care Quality Commission (CQC) had been informed where restraint had been used. This ensured people's rights were protected and their safety monitored and maintained. Staff told us that they had the opportunity to discuss their involvement and approach to incidents. The registered manager reviewed all incidents and looked at 'lessons learnt' that could influence how staff would approach a similar situation, should one occur.

Following our inspection we sought the views of a health care professional who was involved in the assessment and reviewing of needs of people using the service. One visiting professional advised that in their view the service was effective in meeting the needs of the people they represented who had behaviours which challenged. They told us that the service managed and minimised these behaviours through diversion and de-escalation techniques. They told us that staff were very good at taking advice from professionals. They also told us that the service now had the right calibre of staff, they were happy to run with a risk, they understood the need to put DoLS in place and support people to keep safe.

During our inspection we saw people access the kitchen for drinks and food with staff providing support where necessary. People were encouraged to be independent and make choices as to what they wished to eat. We saw that there was plenty of fresh fruit, salad and cakes available in the kitchen. There was a menu on the door listing two main course choices. We saw that people had chosen which of the two courses they wanted. One person had not chosen any of the courses available and we were told by the deputy manager, "[Person] will rarely eat what the others do, [person] likes to be different, they will go out today and get a salad or something else." This shows that staff supported people to eat a variety of foods and make choices about what they eat.

We saw a set of worksheets that were designed to help service users to understand about less healthy food choices. We asked how many people could read and were told that two of the service users could read. The registered manager said that staff spent time talking with people and explaining issues in a way that was relevant to the individual using images to support people's understanding.

It has been recommended by the Government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. These had been completed with the involvement of people and their relatives where possible.

During our inspection we saw staff making arrangements for people to attend health care appointments. Staff spoken with told us how they supported people to access health care services. One member of staff told us, "If someone isn't well or tells us they don't feel well we would tell the senior and book a doctors appointment if we need to. We add any concerns to the daily notes and we get told in handover if anyone is unwell or has a GP appointment. We usually go with them so we are able to know what the doctor has done and pass on any actions to seniors." Another staff member said, "We know if someone isn't well, we know all their ways. Usually they behave differently, we just know if they are ill." All the relatives we spoke with

confirmed that staff contacted the GP if their loved one became unwell. One relative told us, "[Person] sees a GP when they need to and staff always let me know if [person] is unwell."

Is the service caring?

Our findings

People we spoke with were able to describe staff in general terms as "good" and "ok". Relatives we spoke with were confident that staff were kind and caring. One relative told us, "They always make me feel welcome when I visit they are really helpful and support me staying in contact with [person]." Another relative commented that when they visited they always saw staff chatting and spending time with people. They said, "They are usually doing something, going out for the day or sitting and listening to music or just talking."

Staff engaged people in conversations that made people feel relaxed and involved. The atmosphere within the home was calm and relaxed and we saw people laughed and chatted to staff and each other.

Records confirmed that staff had received equality and diversity training and staff understood how to promote equality of opportunity for all, giving every individual the chance to achieve their potential, free from prejudice and discrimination.

Staff recorded all the achievements and goals people had made over the last 18 months. The deputy manager explained that achievements differed for each person. For example, one person might want to do a voluntary job where another person simply being able to spend time in the communal area was an achievement. We looked at the 'Barkby Outcome' Folder. This reminded staff to recognise large all outcomes, to "highlight the hard work and determination of the service user." This meant that staff were able to identify what progress and achievements people had made through effective support. For example, staff told us about a person who had recently gone to the cinema for the first time in 30 years and also to a restaurant for the first time in 35 years. Staff described how they [person] had progressed from "not getting out of the van to going into shops and cooking and eating the food that they had bought."

The deputy manager was the dignity champion and supported staff to understand the importance of promoting people's dignity when providing support. Staff understood and were able to describe how they provided personal support in a dignified manner. For example, one staff member told us, "I always make sure that [person] shuts their bedroom door when they are having a bath." Another staff member said, "[Person] sometimes takes their clothes off, I would encourage him to get dressed. If they come down with their trousers on the wrong way round I would quietly encourage them to go back to their room to redress. I would do it discreetly." Staff also understood that they had a responsibility to report any concerns if they witnessed colleagues not treating people with respect. A staff member said, "I would have no hesitation, they are my colleagues but it would be wrong. I have never seen anyone treat people here badly."

There was information about advocacy services available in an 'easy read' format. We asked the registered manager if anyone currently had an advocate. We were told that staff sat with people and would go through information such advocacy and the Mental Capacity Act (this too was available in an easy read format) to ensure they were made as aware as possible of their human rights.

One visiting health care professional who we contacted as part of the inspection told us that the service was

caring and considerate towards the needs of people using the service. They told us they had only ever seen staff treat people with dignity and respect.

Staff told us they liked working at the service because they had the opportunity to spend time with people, enabling them to go out to a range of activities, provide people with support when making decisions and were able to encourage and promote independence. One staff member told us, "I really enjoy my job, I don't dread coming to work as I did in the past."

Each care plan contained information about the person, needs, likes, dislikes and preferences. These records also contained people's personal goals and objectives and how they wanted to spend their time. All of the staff were able to demonstrate a good knowledge of people's individual choices. For example, we were told that a number of service users had very rigid expectations with regard to activities and that the home respected these expectations, such as specific times when personal laundry must be washed.

During the day we observed staff support a person who had become anxious. Staff supported the person so they did not injure themselves, it was done sensitively and calmly. On reading the person's care plan it was clear that staff had followed the plan exactly and had been able to distract the person and support them effectively for a positive outcome.

Records showed that staff supported people to stay in contact with their relatives. All the relatives we spoke with confirmed that staff helped support contact, whether by driving the person to visit them, meet them in town or bringing the person to the telephone. One relative told us, "The staff are very good at supporting me staying in contact with [person]. They either drive him to my house or we meet in town. They are very good."

People using the service made decisions about their day, deciding when to get up, when to eat, indicating to staff who were supporting them what they wanted to do, if they wanted to go out and where to. People were supported individually by one, two or three members of staff dependent upon their needs. This meant people had developed positive relationships with those that supported them. Throughout our inspection there was an open dialogue and rapport between everyone, with laughing and joking.

People were encouraged to maintain their independence and get involved in household tasks. Staff told us one person enjoyed helping set the table for the meal and we saw people assist preparing the midday meal. One relative told us, "[Person] is quite independent and is able to wash and dress themselves. Staff also help and encourage him to keep his room clean." During the day we heard staff encouraging people to tidy their bedrooms.

Is the service responsive?

Our findings

People were actively encouraged and supported with their hobbies, interests, personal goals and ambitions. Relatives told us that they were happy that their loved ones were supported to go out regularly, go on holidays and experience different things. One relative told us, "[Person] recently went to a 70's weekend at Butlins, he had a great time."

Staff told us about one person who was a fan of Leicester City football club. They had a season ticket and staff went with them to home matches. Staff also told us that this person was going to Portugal soon to watch Leicester City play Porto. We spoke with this person and they told us, "In December I'm going on holiday to Portugal." Another person said "I go to church. The new one in Leicester." We also saw one person make the Makaton sign for place of worship. The registered manager said that the person wanted to go to the temple and a staff member was going to take them that day.

The registered manager told us about another person who wanted a voluntary job. They told us that they approached all the cafes in the local area and arranged for the person to work four hours every Tuesday. They were paid at the end of their day with tea and a cake. Staff told us that "they love their job and looked forward to it." Staff also added that the person had in the past had very negative experiences of college where their skills and abilities were not recognised and the courses were not appropriate for them. The registered manager and the deputy manager told us that people's abilities and access to day time activities had improved due to improved staffing levels. Records confirmed this.

We also saw people engaged in activities within Barkby Road, which included reading, watching television, using mobile phones and listening to music.

Care plans contained detailed information that enabled staff to meet people's needs. They contained life histories, personal preferences and focussed on individual needs. Care plans included appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. For example we looked at a care plan for a person who had very specific care needs. The care records contained appropriate information for staff, such as how to provide specific care for day and night time routines. Records also contained charts for staff to complete that identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe. Staff spoken with told us they recognised certain signs when this person became agitated. Staff were confident they could manage this person by observing them closely until their anxieties reduced.

Through discussion with staff it was clear they had a good understanding of the needs of each person and had the skills and knowledge to support people effectively. For example, one person was due to undergo a medical procedure. Staff knew that the person would be anxious about going to the hospital, so staff spent time doing things the person liked to help distract them and reduce their anxiety. The person was then able to successfully have the procedure and return to Barkby Road.

People's care plans were reviewed monthly. Care plans were reviewed by the registered manager or deputy

manager and relatives told us that they had been involved in annual reviews.

Staff were made aware of any changes at handover meetings so were given the information they needed to know to provide appropriate support.

The provider had a complaints procedure that was accessible to people using the service because it was in an 'easy read' format. Records showed the provider had received two formal complaints in the last 12 months. These had been handled following the procedures indicating what action was taken.

Relatives we spoke with all knew how to complain and felt any concerns would be listened to by staff and the managers. Relatives also told us they felt that the registered manager welcomed feedback and was happy to listen to any concerns. Staff told us how they would support people using the service to complain. One staff member said, "If someone wasn't happy, I would try to find out what the problem was and I would talk to whoever was in charge of the shift or the manager."

Regular meetings were held for those living at Barkby Road. The manager showed us records of these meetings. They provided a forum for people to discuss issues affecting their daily lives, which included everyone helping out in the day to day running of the service. People were able to talk about activities, holidays, staffing and any issues affecting them. We saw that where suggestions were made, for example for trips out, these were agreed and staff made arrangements for these to take place.

Is the service well-led?

Our findings

People were involved in developing the service. They were supported to contribute ideas and suggestions about how their care was delivered and the type of activities made available to them. They had opportunities to do that through regular residents' meetings and quality questionnaires. Their ideas and suggestions were listened to and acted upon. Records showed that people had made suggestions for trips out and we saw that these suggestions had been acted upon. A relative told us, "[Person] decided he wanted to go to the gym so arrangements were made to support him to go." Another suggestion made was to eat in the conservatory and free the dining room up for other activities. This had happened during the summer months but people had decided now it was colder to eat in the old dining room.

Both staff and relatives were very positive about the registered manager. A relative told us, "[Registered manager] is very definitely a better manager than previously. They are very approachable, I shared concerns over problems with [person] laundry. I am pleased with what they have achieved." Another relative said, "[Registered manager] is very approachable." Staff's comments included, "Things have improved since [registered manager] came. We now have the employee of the month. They make us feel like we are doing a good job. Another staff member told us, "Staff who have left in the past now want to come back."

The registered manager and staff had a shared understanding of the aims of the service. The aim was that people were supported to be as independent as they wanted to be. A common theme we heard in all our discussions with staff and the managers was that, "They aren't living in our workplace we are in their home." There was even a small poster reminding staff of this aim in the staff room.

What relatives told us about their experience of the service showed that people were supported in line with aims of the service. One relative commented, "I visit at different times during the week and day and they are always doing something, I visited once and some were playing Monopoly. There are usually some about to go out to town."

The registered manager and staff supported people to lead active lives in the community. This was evident through the activities participated in which involved going to a local leisure centre, shops and cafes in Leicestershire.

Relatives told us the registered manager and the deputy manager were very helpful and supportive. A relative said they had supported them with arranging for their relative's birthday party. The relative told us, "I wanted to arrange a birthday celebration for [person] and [registered manager] was very helpful, they said I could bring in what I wanted. They helped so much."

Staff told us that the registered manager promoted openness at Barkby Road by encouraging them to report concerns. Staff were familiar with and used the provider's procedures for reporting incidents and accidents. They told us that their reports were taken seriously and investigated and that the registered manager informed them of the outcome of their investigations. Findings from investigations included 'learning' that was implemented to prevent similar events happening again. For example, staff had made an error whilst

administering medicines. We were informed of the incident by the registered manager and what action would be taken as a result to minimise future occurrences. Staff spoken with knew the actions to take and were aware that the need for openness was crucial to the safe running of the service. One staff member said, "[Registered manager] is open and encourages staff to raise concerns."

The managers were visible to people using the service, relatives, visitors and staff. A visiting health care professional who we contacted as part of the inspection process told us that the staff were supported well by the registered manager. They commented that the registered manager supported staff to work with families even when they were critical of the service and that they worked hard to maintain relationships.

The registered manager, deputy manager and team leaders ensured all staff employed were regularly supervised and had their work appraised. Records showed that the needs of people using the service were central to these discussions and included the need for on-going training to further develop staff's knowledge. Regular staff meetings took place and were used to discuss people who used the service, staff training and the values and visions of the service. This ensured staff knew how the service was performing.

The registered manager and deputy manager carried out scheduled checks of care plans and peoples' care records. They observed staff's care practice and regularly spoke with people using the service and their relatives about their experience of the care and support they received. Staff told us that they received feedback from the registered manager or the deputy manager. One staff member told us, "[Registered manager] tells us if we are doing well, such as if we are building up a rapport with a person. It makes us feel valued."

The provider's area manager visited Barkby Road regularly to carry out monitoring visits. During these visits they verified quality assurance reports they received from the registered manager. Each audit followed a theme, for example medicines, health and safety, environment or finance. The head of operations highlighted any suggestions for improvement or actions the registered manager should take. Records showed that where actions had been made these had been taken.

The registered manager understood their responsibilities to notify certain events at Barkby Road to the Care Quality Commission (CQC). This was important, because CQC use notifications as one way of monitoring the safety of a service.