

# Mental Health Concern

# Coalway Lane

## 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

We carried out an inspection of Coalway Lane on 27 January and 12 February 2016. The first day of the inspection was unannounced. We last inspected Coalway Lane in January 2014 and found the service was meeting the relevant regulations in force at that time.

Coalway Lane is a care home that provides accommodation and care for up to 12 people with nursing and personal care needs related to their mental health. At the time of the inspection there were ten people accommodated there.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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 told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults and protecting their human rights. Incidents and alerts were dealt with appropriately, which helped to keep people safe.

The building was safe, clean and well maintained. Risks associated with the building and working practices were assessed and suitable steps taken to reduce the likelihood of harm occurring. This was balanced with the need to allow people to take measured risk as part of the programme of rehabilitation and development of skills and strategies to live independently.

We observed staff act in a courteous, professional and safe manner when supporting people. At the time of our inspection, the levels of staff on duty were sufficient to safely meet people's needs. New staff were subject to thorough recruitment checks, although there was little turnover of staff.

Medicines were managed safely for people and records completed correctly. People received the support they needed to manage medicines for themselves, so they were taken as prescribed.

As Coalway Lane is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. Staff obtained people's consent before providing care.

Staff had completed safety and care related training relevant to their role and the needs of people using the service. Further training was planned. Staff were well supported by the registered manager.

Staff were aware of people's nutritional needs and as people were supported to be independent in this area, where needed staff supported people with budgeting, meal planning and preparation. People's health needs were identified and external professionals involved if necessary. This ensured people's general medical needs were met promptly.

People accessed community based activities and occupation and were able to come and go freely. We observed staff interacting positively with people. We saw staff treated people with respect and explained clearly to us how people's privacy and dignity were maintained. Staff understood the needs of people and we saw care plans and associated documentation was clear and person centred.

People using the service and staff spoke well of the registered manager and care provider and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

The registered manager had notified us of some events which they were required by regulation to do, but other events had not. This was resolved at the time of the inspection and we will write to the provider separately about this.

## 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 said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe.

There were systems in place to manage risks and respond to safeguarding matters. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included policies and procedures and guidance in people's care plans. Good nutrition was promoted.

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

### Is the service caring?

Good ●

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy was respected and they were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

### Is the service responsive?

Good ●

The service was responsive.

People were satisfied with the care and support provided. People attended activities independently, and employment opportunities were also supported.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

**Is the service well-led?**

**Good** ●

The service was well led.

The service had a registered manager in post. People using the service and staff made positive comments about the registered manager.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service and staff. Action had been taken to address identified shortfalls and areas of development.

# Coalway Lane

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 January and 12 February 2016 and the first day was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor 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.

Before the inspection we reviewed the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including speaking with people using the service, interviewing staff and reviewing records. We spoke with nine people who used the service. We spoke with the registered manager and five other members of staff.

We looked at a sample of records including three people's care plans and other associated documentation, medication records, three staff files, staff training and supervision records, one staff member's recruitment records, computerised accident and incident records, policies and procedures, and audit documents.

# Is the service safe?

## Our findings

People who used the service confirmed they felt safe and comfortable at Coalway Lane. One person we spoke with said, "I feel safe here and have built up trust." We saw there was an alarm call system throughout the home but people using the service said, "We don't use them as staff are around anyhow, so we just find them and they check up on us anyway."

Nursing and support staff we spoke with were clear about the procedures they would follow should they suspect abuse. Although the support staff hadn't had to use the procedure, staff we spoke with were able to explain the steps they would take to report such concerns if they arose. A nurse we spoke with discussed a situation they had recently been involved with, where they were concerned about a person being exploited. They had raised their concerns appropriately and the person's capacity to make decisions (including those that might be seen as unwise or unsafe) was fully assessed.

Staff expressed confidence that the registered manager would respond to and address any concerns promptly and appropriately. A staff member told us, "I'm more than confident issues would be dealt with. I feel it would be dealt with to the highest degree." Staff stated they had been trained in safeguarding and abuse awareness, and this was confirmed by the records we looked at. The registered manager was aware of when they needed to report concerns to the local safeguarding adults team. We reviewed records submitted by staff electronically as part of the provider's reporting system. This included an incident of potential financial abuse (missing money) that had been reported appropriately and referred to the police. Additional support and guidance had been offered by staff to reduce the likelihood of a repeat occurrence.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Staff took practical steps to keep people safe. For example, staff in the service were able to help with people's finances. We saw an example where staff had advised a person about managing this risk of potential financial exploitation. We observed areas of safe and effective nursing practice. Needs assessments, support plans and risk assessments were all regularly reviewed and kept up to date to reflect ensure they accurately reflected people's level of need, and level of risk associated with their needs. Interventions were in place as were contingency plans for situations where risks were heightened. Risk was identified and assessed using a recognised web-based framework (GRiST), widely used within services for people with mental health needs. Some staff had found difficulty in printing out the full documentation. We highlighted this to the registered manager who undertook to review all the files to check the full document was available when staff couldn't access the IT system.

Staff completed more specific risk assessments aimed at promoting positive risk taking. For example, where service users wished to self-medicate, or this was proposed as part of their programme of rehabilitation, there was a specific risk plan in place to support this. The overall aim was to maximise opportunities for people and increase individual responsibility; with staff identifying and taking steps to minimise risk and ensure positive risk taking. When viewing people's care plans we saw risks to people's safety and wellbeing in areas such as going out independently, the risk of self-harm and those associated with health needs, were assessed. Where a risk was identified, there was clear guidance included in people's care plans to help staff

support them in a safe manner. Staff kept records of individual incidents, which were reviewed and practice changed when necessary. This meant staff had the opportunity to reflect on what had gone well and what actions could be taken to avoid similar incidents in the future.

The focus on positive risk taking allowed people's rights to be protected whilst allowing people to develop their skills and independence. This was particularly important as the aim of the service was to help people move on to more independent living arrangements. For example, we saw a risk assessment for a person independently accessing public transport facilities with a gradually reducing level of staff intervention. These risk assessments were reviewed regularly to ensure they remained accurate and up to date and people received the support they needed. Staff we spoke with demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us how they supported individual people in a safe and effective way.

The home was in a good state of repair and decorative order. People using the service were responsible for cleaning and tidying their own rooms; with staff prompting this where necessary. Shared areas of the home were free from unpleasant odours and appeared clean. Corridor, bathroom and lounge areas were free from obvious hazards. Some first floor windows did not have window restrictors fitted. We highlighted this to the registered manager, along with the associated guidance from the Health and Safety Executive. This was addressed by the time of our second visit. The registered manager kept copies of service records; including electricity, gas and water system checks carried out by external contractors.

Staff recruitment checks were dealt with by the provider's human resources department. Before staff were confirmed in post they ensured an application form was completed with provision for staff to provide a detailed employment history. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for the one staff member recruited over the past year. Appropriate documentation and checks were in place for them and they were not confirmed in post before all the DBS and reference checks had been received.

A mix of nursing and support staff were employed at the service. The registered manager told us, and records confirmed, that staff were deployed flexibly. This enabled suitable levels of observation for people living in the home and allowed for appropriate levels of support. A staffing rota was in place to plan ongoing staff cover. Staff we spoke with confirmed staffing levels were appropriate. For example a staff nurse we spoke with felt there were enough staff on duty to meet the needs of the service users. They further explained that there is a mix of staff during the day and night and that registered nurses were on shift throughout the 24 hour period. People living at Coalway Lane had their independence promoted and respected and were fully able to come and go as they pleased. Staff provided emotional and psychological support and prompting where necessary. More structured interventions were offered with medicines management, in providing a safe and structured and supportive home environment.

People were supported with their medicines safely. A monitored dosage system was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date, with no recording omissions. Our check of stocks corresponded accurately to the medicines records. Each person had a medicines care plan, which detailed the differing level of support



needed by each person at different points during their rehabilitation programme. Initially people would receive high levels of support, with people taking increasing levels of control and responsibility for managing their own medicines over time. This approach was subject to a clear plans and risk assessments completed by staff with the involvement of the individual person concerned. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

# Is the service effective?

## Our findings

People who used the service made positive comments about the staff team and their ability to do their job effectively. They told us staff were good at getting them to appointments where needed and they explained to us about meal time and food purchase arrangements, whereby they did their own shopping and food preparation. This was to enable people to maintain or gain the skills needed to live more independently. People told us they were, "Free to come and go," from Coalway Lane and did not feel restricted.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

People's capacity to make decisions for themselves was considered as part of a formal assessment. These were recorded on documentation supplied by the authorising authority (Gateshead Council). DoLS authorisations had been granted for those people who required 24 hour care and supervision or support when leaving the home. Where applications had been made to deprive people of their liberty, the registered manager had formally notified this to us, in line with current regulations. Staff had been trained on MCA and DoLS.

Staff received training relevant to their role and were supported by the registered manager. A staff nurse we spoke with confirmed they had regular supervision with their managers. Care staff also told us they were provided with the opportunity for formal supervision meetings and made positive comments about the training they received.

Staff told us that supervision meetings took place at least six times a year. The management team completed clinical and management supervisions with the staff nurses. The staff nurses in turn supervised the support staff, although they hadn't attended training specific to this part of the role. Staff we spoke with felt the supervision they received was helpful. They told us they were supported by the registered manager and could raise issues with them at any time. Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. The records of these supervision meetings contained a detailed summary of the discussion and the topics covered were relevant to staff roles

and their general welfare.

When asked about training a staff member said, "It's been fantastic; I've done mental health awareness, mental capacity and DoLS, as well as safeguarding." Records showed staff had received safety related training on topics such as first aid, moving and handling theory and food hygiene. Topics relevant to the health and care needs of people using the service were also offered, with subjects including, diabetes training, Parkinson's disease and Asperger's awareness. Staff had access to additional information and learning material relevant to the needs of people living at Coalway Lane.

A staff nurse informed us the deputy manager monitored their training and supervision records and booked this in to ensure staff remained up to date. They completed mandatory, organisational and personal training. Service specific training was described by them as topics including, 'Suicide and Self-Harm', which was completed, "a couple of years ago," with an external provider. Since that time there was no review of this training. The staff nurse stated they felt able to access training and stated, "If I wanted courses I could go to management and justify this." They also explained that they had annual appraisals to remain up to date and identify ongoing learning and development opportunities. They described some initiatives put in place to support the team; this included regular team meetings, bi-monthly care planning meetings, PIE (psychologically informed environments) and debriefing sessions. The staff nurse said the whole team was supportive and staff supported one another regularly.

Other initiatives were in place to support the staff team and were suggestive of good clinical practice, demonstrating a commitment to continually improving their practice. We were informed by one of the staff nurses that meetings provided an arena for sharing good practice within the staff team. The earlier mentioned PIE meetings were led by a manager from another service. They provided the opportunity for staff to take issues or complexities in relation to their specific caseload to discuss, to generate and to share ideas, identifying ways to move forward. The staff nurse stated, "These meetings are useful." The staff nurse also explained how the staff nurses had a monthly care planning meeting whereby they could discuss their care plans within the team and again discuss ideas, issues and get feedback and suggestions from others. These initiatives supported positive team working and encouraged staff to reflect upon their practice and in turn make improvements.

The registered manager told us people living at the home received a food budget to buy and prepare food themselves rather than having meals prepared each day. Basic food items, such as fresh fruit and vegetables and dried goods were provided for people to use and food items would be available if people had overspent. At the time of the inspection, nobody had been identified as being at risk of malnutrition, although people's weight and physical presentation was monitored and the input of a dietitian sought. Where necessary a care plan had been developed regarding a person's diet and nutrition.

People were registered with a GP and received care and support from other primary healthcare professionals, such as the dentist and optician. Records were kept of any appointments and the outcomes of these. People's records each contained a "My Physical Health" assessment. This assessment described people's physical health needs, for which there is an important emphasis and recognition within mental health services generally. These assessments concluded with a plan to ensure those physical health needs were met. There was evidence of support plans relating to the individual's physical health needs. For example, where there were identified additional health conditions related to diabetes, a support plan was in place to ensure these needs were met.

## Is the service caring?

### Our findings

People using the service told us they were treated kindly and one person told us, "I'm more than happy here." People were observed to be relaxed and comfortable and they expressed satisfaction with the service. Another person told us, "The staff are kind and caring, and really take the time to get to know you." People told us they were involved in decisions about their care and stated if they had any worries they could approach the staff and they would help.

We observed staff members interacted in a caring and respectful manner with people using the service. They acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. People said their privacy and dignity were respected. We saw people being prompted and encouraged considerably and staff were seen to be polite. We observed the people using the service to be relaxed and they were open in posture when in the presence of staff. We saw there was humour in their interactions. One person we spoke with informed us, "I get on well with all of the staff. I work well with the females (staff) and want to start getting support from the males (staff)." This person explained this was their personal choice based on what they felt comfortable with. As they became more comfortable and trusting of the staff team and their approach, they had then been able to consider being supported by staff, irrespective of their gender. Another person explained, "I like it here, I get on with people, its good company and good support."

People were able to spend time in the privacy of their own rooms and in different areas of the home. Personal relationships were respected and supported. Staff were able to explain how they would preserve people's privacy, for example by always knocking on people's doors and awaiting a response before entering. On a tour of the premises, we noted practical steps had been taken to preserve people's privacy, such as door locks fitted to toilets and bathrooms.

There was evidence that people using the service were involved in aspects of planning their care and treatment. One person told us, "I cried when I read my notes, it was the first time they had ever been written right; I feel really listened to." This person also commended their Key Worker (a member of staff with a lead role in planning and co-ordinating a person's care). They commented, "It's the first time in 20 years of being in mental health services that I feel really listened to and involved." The person spoke at length about their Key Worker, who they said, "Spent lots of time getting to know us." They explained that this has had a positive impact on building trust between them and the staff. Another person informed us, "I can go to my Key Worker and staff with anything I need."

Care records evidenced that consent had been obtained to share information. An area of good practice in relation to this was that people were able to identify who they did and did not wish to share information with for example, specific named family members. This was documented and signed. One staff nurse told us they actively encouraging participation and responsibility from service users and gave an example of a person with whom they were working, being given ownership of their support plans. The staff nurse explained the person had their own copy of the plans and was encouraged to approach staff members weekly to prompt reviews, rather than awaiting staff approaching people using the service to review.

People were also encouraged to express their views as part of daily conversations, during regular 'residents meetings' and in care reviews. We observed people being asked for their opinions on various matters, and we observed staff to be discussing and encouraging normal day to day activities such as cleaning, with staff participating in such activities. Records of these meetings demonstrated that a variety of topics had been discussed.

We observed staff encouraged people to maintain and build their independent living skills. For example support plans had been developed to help people build their confidence in accessing public transport and employment opportunities. People were encouraged by staff to access community facilities regularly throughout the week.

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs and they were listened to. One person explained to us, "Once a month I go over my plans with staff, I get to read them and sign them." Another person said, "I am going to art class, the gym and day care for creative crafts." A further comment was, "I go to Badminton class, the gym and the climbing wall. I do my own budgeting, shopping, cooking and staff do listen to me." Another person told us they were, "Going to the Club House for the art group at 3pm. I enjoy that."

There was evidence to show that people's care and treatment was reviewed and re-assessed in response to changes. For example, staff acted on feedback from people where plans of care were not working and if risks had changed or increased. One person explained they had approached staff to look at developing a support plan around changing the way in which staff supported them. This person also explained that staff, "Look into things (such as activities), they give ideas and choices." The person told us that staff were responsive in terms of their support. They explained they usually attended appointments independently, but that on one particular day they had a few appointments close together. They said, "I had a busy day and started to panic. The staff were really helpful and supported me to get from one appointment to another."

The people we spoke with explained that they accessed a variety of activities, mostly away from Coalway Lane. Examples they told us about included volunteer work and attending college for further education. One person talked us through their weekly timetable, they said, "Every week I tidy and clean my bedroom. I go dog walking and swimming; I see my family and go to the gym. I also do a maths and a cooking course. I do my food shopping and see my friends on a weekend." Another person said, "I take myself off to my local Church service." They informed us they did not have other involvement with that community or participate in other activities going on there. The registered manager explained further opportunities were regularly offered. These were not always taken up and staff respected choices as expressed at the time. We were reassured that opportunities would continue to be explored and staff would provide encouragement to participate in these.

The registered manager told us about the staff teams' work to give people things to do and look forward to. He told us about the importance of building routine and offering meaningful activities, such as support in employment, as well as educational and social opportunities. We saw, and records confirmed, these activities were carried out.

Staff identified and planned for people's specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. When people had moved to Coalway Lane an initial assessment of their needs had been undertaken. Their needs had been reviewed and re-assessed since that time. From these re-assessments a number of areas of support had been identified by staff and care plans developed to outline the care needed from staff.

Care plans covered a range of areas including; physical health, psychological health, vocational activities, networks and relationships. We saw that care plans were reviewed regularly and if new areas of support

were identified, or changes had occurred, then care plans were modified to address these. Care plans were evaluated frequently and included updates on the progress made in achieving identified goals. Care plans were sufficiently detailed to guide staffs' care practice. The input of other care professionals had also been reflected in individual care plans. Staff wrote care plans with a focus on building people's skills and independence; empowering people to do more for themselves.

Detailed progress records were available for each person. These were individual to each person and written in sufficient detail to record people's daily routine and progress. Such records also helped monitor people's health and well-being and meant staff had accurate information to ensure people could be appropriately supported in line with their preferences and needs. Entries were detailed, factual and respectful. Areas of concern were clearly recorded and these were escalated appropriately, for example to the GP, District Nursing service or other mental health professionals.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided support that was important to the person. Staff were readily able to explain each person's preferences, such as those relating to health needs, work opportunities and leisure pastimes.

People using the service told us they were aware of whom to complain to and expressed confidence that issues would be resolved. Most said they would speak to a member of staff and the registered manager if they had any concerns. People were aware of external agencies and organisations they could contact should they be unsatisfied with the registered manager's or provider's response. There had been no complaints recorded during the past year from people using the service.

## Is the service well-led?

### Our findings

People told us they were kept informed about important matters affecting the service and expressed confidence in the management of the home. The staff we spoke with were also complimentary about the way the service was managed. One staff member commented, "The management team complement each other well and are supportive." Another comment made to us was, "(Name) is a really good manager. He doesn't hassle you, but if you haven't done it he'll be on your back." Staff expressed positive views about working at Coalway Lane. One commented, "There is nothing that would make my job here better. I love it here."

At the time of our inspection there was a registered manager in place. The registered manager was present and assisted us with the inspection. They walked round with us for part of the inspection and appeared to know the people using the service and the staff well. Paper records we requested were produced for us promptly and we were able to access care records on the provider's IT system.

The registered manager was able to highlight their priorities for developing the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send CQC notifications for certain events. Some incidents investigated by or reported to the police had not been notified to CQC. We highlighted this to the registered manager who acknowledged our concern, submitted a notification and undertook to address this issue with the care provider. The system for reporting incidents was completed electronically and notifications raised by a central administrative team. This had resulted in some notifiable incidents not being reported. These notifications were reported by the time of our second inspection visit and the provider undertook to review the centralised system for managing and raising notifications.

We saw the registered manager had a visible presence within the home and was known to the people using the service. They told us about the underlying values they saw as important, including ensuring people's wellbeing and helping people to move on. The registered manager was proud of the achievements people had made, supported by the staff team; where people had been supported to move on to more independent setting. They had balanced this by continuing to support those people who lived there from when the service was set up as a 'home for life.' This pride was shared by the staff we spoke with. To ensure a continued awareness of current good practice the registered manager attended ongoing training, networked with other managers within the provider group and had supported a nurse to attend further training; the learning from this being cascaded to the rest of the team. The registered manager was also clear about the challenges faced by service, including the increasingly varied needs of people using the service.

We saw the registered manager carried out a range of checks and audits at the home. A representative from the provider organisation (Mental Health Concern) also visited to carry out a quality check on care and staffing issues, and staff confirmed senior managers attended the service periodically, seeking their views and those of the people living at Coalway Lane. Annual questionnaire surveys were carried out and those received from people using the service provided positive feedback and highlighted areas for further action.



Comments included; "I'm doing well because of the staff," and, "I believe the staff have the right qualifications. My keyworker has helped me discover and understand the way I think and tackle these thoughts. Something psychiatrists had not flagged up before..."

The registered manager told us there were staff meetings and meetings for people living in the home. Records confirmed this was the case. There was a broad range of topics discussed, with the agenda set by people using the service. The team meetings had a broad ranging agenda which included care related, safety and personnel related issues. This gave people and staff the opportunity to be involved in the running of the home and to be consulted on subjects important to them.