Toqeer Aslam

Welcome House - Nickleby Lodge

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

We inspected this service on 5 May 2015. This was an unannounced inspection.

Nickleby Lodge is registered to provide accommodation and personal care for up to 10 people with mental health needs who do not require nursing care. Accommodation is provided in a semi-detached house in Rochester. At the time of our inspection 7 people were living in the home.

There was a registered manager at the home. 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.

Summary of findings

People were not always motivated, encouraged and supported to be actively engaged in activities inside and outside of the home. For example, people sat down watching TV, or doing nothing in the home throughout our visit. We have made a recommendation about this.

People were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's mental health and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff had been provided with relevant training and they attended regular supervision and team meetings. Staff were aware of their roles and responsibilities and the lines of accountability within the service.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

Staff presented themselves as caring and we saw that they treated people with respect during the course of our inspection.

The manager understood the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards and the home complied with these requirements. Medicines were administered safely to people. People had good access to health care professionals when required.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

Health care plans were in place and people had their physical and mental health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive and inclusive atmosphere within the home and people were encouraged to be involved in their care.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The provider had taken reasonable steps to protect people from abuse.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Risks to people's safety and welfare were assessed and managed effectively.

Medicines were stored, administered and recorded safely.

Good

Is the service effective?
The service was effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Health plans were in place. Physical and mental health needs were kept under regular review. People were supported by relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

People's human and legal rights were respected by staff. Staff had good knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards, which they put into practice.

Good

Is the service caring?
The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed, kindness and compassion.

Positive caring relationships had been formed between people and staff.

Staff new people well and took prompt action to relieve people's distress.

Good

Is the service responsive?
The service was not always responsive.

People's lifestyles preferences were known and respected. However, people were not always supported to maintain active lives and to be involved in community activities.

People's needs were fully assessed with them before they moved to the home, to make sure that the home could meet their needs.

Requires Improvement

Summary of findings

People's individual needs were clearly set out in their care records. Staff knew how people wanted to be supported.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

There were effective quality assurance systems in place. The provider undertook regular audits that were fed back to the registered manager as part of the monitoring arrangements.

Staff, people and professionals were provided with forums in the form of questionnaires where they could share their views and concerns and be involved in developing the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 05 May 2015 and was unannounced.

Our inspection team consisted of one inspector and one expert-by-experience who carried out interviews with people using the service. 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 by experience had experience of accessing mental health services including hospital inpatient and outpatient clinics, specialised clinic as well as community based services.

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 improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service. We looked at information received from the provider that included information about important events which the service is required to send to us by law.

During our inspection, we spoke with four people, two support workers and the registered manager. We also contacted health and social care professionals who provided health and social care services to people. These included community nurses, doctors, Kent and Medway Partnership Trust (KMPT), local authority care managers and commissioners of services.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included two people's records, which included care plans, mental health care notes, risk assessments and daily records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

At our last inspection on 14 October 2013 we had no concerns and there were no breaches of regulation.

Good

Is the service safe?

Our findings

People who lived at Nickleby Lodge told us they felt safe. One person said, "Yes, it's safe here. I feel it". Another person said, "I feel safe here". All the people we spoke with gave positive comments about the staff team.

People were protected from avoidable harm because staff had a good understanding of their mental health needs and people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew the people well, and could inform us of how to deal with difficult situations. As well as having a good understanding of people's mental health behaviour, staff had also identified other risks relating to people's care needs. For example, one person had consented to staff keeping their cigarettes, and giving them one after every meal because of the risks of smoking them all in one go. This reduced their health risks, but also reduced the risks of the person spending all their money on cigarettes and having no money for anything else. Staff showed that they understood risks to people and were supported in accordance with their risk management plans. For example, people who had poor road safety awareness had plans in place to help the staff keep them safe when accessing the community and staff understood and followed these plans.

Staff had received training in safeguarding adults and were clear about their role in protecting people from risks associated with abuse or avoidable harm. They understood the signs of abuse to look out for and knew how and whom to report any concerns, including relevant external agencies. Posters were displayed on the staff notice board about safeguarding people and these provided staff with information and guidance at a glance. The registered manager had a good understanding of the reporting procedures and confirmed that they had not been required to make any reports or referrals since the last inspection.

People were enabled to live independent lives. To help support people maintain their safety, a range of risk assessments had been completed. These included aspects of their life within the home and also whilst out in the community. Staff understood the risks that had been identified and involved people in agreeing the focus of associated care plans to help manage these. The care plans in place were up to date and clearly detailed the level of support agreed. We saw that these were kept under review and that the way in which care and support was provided was in line with the individual care plan.

Staff told us they were aware of people's risk assessments and guidelines in place to support people with behaviour that may challenge the home. People had individual care plans that contained risk assessments which identified risk to people's health, well-being and safety. Risk assessments were regularly reviewed and updated in line with people's changing circumstances.

People who lived at Nickleby Lodge were fairly independent, hence required minimal support. They told us there was adequate staffing to meet their needs. One person said "We always have one member of staff here all the time and they stay here overnight". Another said, "Yes, when one goes off to do something, there's always another there". Staff knew how to assist people and support them with choices. We saw that people were given choices about their daily lives. People were happy and relaxed in their environment and we could see people and staff had a positive relationship. Staff confirmed there were always enough staff on duty with the right skills, knowledge and experience to meet people's needs. During the day we observed staff providing care at different times. The provider had a roster system based on people's individual needs. Staffing levels were kept under review and adjusted based on people's choices and needs. This ensured that there were sufficient staff to meet the needs of the people.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of three references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them. The provider had a disciplinary procedure and other policies relating to staff employment.

Staff who administered medicines were given training and medicines were given to people safely. Staff had a good understanding of the medicines systems in place. A policy was in place to guide staff from the point of ordering, administering, storing and disposal of any unwanted

Good

Is the service safe?

medicines. Medicines were booked into the home by staff and this was done consistently with the homes safe procedures. Medicines were stored appropriately in a locked cabinet and all medicines records were completed correctly. The registered manager told us, "The induction programme is detailed and we make sure staff are competent and safe to undertake their role before they work alone with people. It can take up to three months for people to administer medicines; it doesn't matter how long what matters is that they are safe to do so".

The medication administration record (MAR) sheets showed that people received their medicines as prescribed. One person said, "We are given our medicines same time every day in the privacy of the office". This system of MAR sheet records which was in use allowed us to check medicines, which showed that the medicine had been administered and signed for by the staff on shift. There was detailed information for medicines given to people on an 'as required' basis. For example, one person had been prescribed an 'as required' medicine for when they became agitated. The record informed staff of the type of things the person would say, and the behaviours they would exhibit which meant they might benefit from the medicine being administered. This ensured staff were consistent in their approach to giving this medicine. People had signed their consent for staff to maintain and administer their medicines as people were unable to administer their own medicines safely. This meant that people received their medicines safely according to their wish.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The registered manager said, "If I am not the deputy manager will stand in and cover. On weekends, we have an on call system to cover homes". We saw documentations that supported this.

Good

Is the service effective?

Our findings

People we spoke with confirmed staff consulted with them about their support needs. One person said, “There’s nothing (I do) I haven’t agreed to…they [staff] talk to me about my support.” Another person said, “'It's very nice ... there's a big choice at breakfast”. Care records also demonstrated people were given choices and had consented to the support planned for them.

People confirmed that staff sought their consent before they provided care and support. One person said, “The staff help me when I struggle, but they always ask if I need the help first”. Another person told us that they were free to do what they wanted, when they wanted. They said, “I can go out when I want and do what I want, there are no restrictions. That’s what I like about it here”. Consent was sought from people about a range of issues that affected them, for example, consenting to their personal care being provided by staff and administration of medicines.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions were made in people’s best interests when they are unable to do this for themselves. One person had undergone a mental capacity assessment which confirmed they did not have capacity to understand and retain certain information about money. Following this assessment and a best interest meeting, it was decided that it was in the person’s best interest for the local authority to manage this person’s money. This demonstrated that staff understood their responsibility for ensuring that people had the capacity to make their decisions and what to do if people needed support to do this.

Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and in the Deprivation of Liberty Safeguards (DoLS). A DoLS ensures a person is only deprived of their liberty in a safe and correct way, and is only done when it is in the best interests of the person and there is no other way to look after them. One member of staff told us this training had helped them to understand, “It’s their life, their choice, their home and I am here to support them in this.” People in the home had mental health issues such as depression, anxiety, panic disorder and acute post-traumatic stress disorder (PTSD). Staff supported people without any form of restrictions of their liberty. There was no one who lived at Nickleby Lodge who required a DoLS.

People were supported to have enough to eat and drink. During our visit we saw people had sandwiches at lunchtime and drinks throughout the day. Where possible, people were encouraged to make their own meals or support staff in making meals, and to tidy the kitchen afterwards. One person said, “We have two choices every day, which is good”. Meals were planned on a weekly basis via a ‘residents meeting’. We saw from the minutes of a recent meeting, people had expressed a wish to have kippers and fish pie on the menu. We saw that people’s wish had been reflected on the menu. This demonstrated staff listened to, and acted upon people’s expressed wishes.

Staff demonstrated that they had the skills and knowledge required to meet people’s individual needs. For example staff confidently described what people’s needs were and the part they played in delivering the care that had been planned to meet people’s needs. People with more complex mental health needs were known to staff so that their health and wellbeing was planned for and delivered effectively. For example they were aware of people with specific monitoring needs because of their mental health. Staff understood how to deliver care where people required additional assistance such as supporting an individual to attend their health care appointment. People were supported by familiar staff who understood their needs.

People were supported by a stable staff team who has received training relevant to their role and who were encouraged to continually develop themselves. Staff had received an induction when they first started work and this included working alongside experienced staff. One staff member had been supported to complete the level three Qualifications and Credit Framework (QCF) in health and social care. This person said “The QCF gave me more knowledge and understanding to help me do my job”.

The provider promoted good practice by developing the knowledge and skills staff required to meet people’s needs. The staff training plan showed that all staff had been trained in key areas which were required to meet people's needs. All staff completed training relevant to their work as part of their probationary period. These skills were built

Good

Is the service effective?

upon with further experience gained from working in the home, and through further training. Staff told us that their training had been planned with the registered manager. Staff had received autism spectrum disorder, challenging behaviour and physical intervention trainings as it had been identified as required by the registered manager in meeting people's needs in the home. Our observation showed that staff used this training in supporting people effectively.

Staff felt supported by the manager, they received regular supervision and a yearly performance review. One member of care staff told us "The manager listens to what we have to say and they do take on board our contributions and change things if it is needed, no one worries about going to them with anything".

Staff worked well with the mental health professionals who supported people in the home. They also supported people to make sure their other physical health needs were met. People could see a GP when they wanted. People had health action plans in place which were written in a way that the person could understand. These plans provided advice and health awareness information which may support the person's health and wellbeing. They were updated annually and people had either just attended some health appointments or were booked in to attend.

Care records showed that people were supported to attend dentist appointments, visit chiropodists and opticians. One person said "I go to the doctors when I need to and staff come with me". Where specialist support was required from other health professionals we saw referrals had been made and visits had taken place. Where these visits or contacts had resulted in the need for specific health care support, we saw that this was integrated into people's care plans and was being addressed.

Good

Is the service caring?

Our findings

One person told us “I like the staff; they spend time with me chatting about my friends and family”. We observed staff talking to people in a caring and respectful manner and chatting about their day. Another person told us, “They're alright ... they help when you need it”. People felt positive about the care they received. We observed that staff showed, kindness and compassion.

People were encouraged to be independent and to have as much choice over their day to day life as possible. People were supported to maintain their independent living skills. One person said, “I do cooking. I am baking biscuits today as you can see. I like cooking, it makes me feel great”. People were encouraged and enabled to access the community and the level of support they received to do this was in accordance with their risk assessments and care plans.

Care plans and risk assessments were focused on encouraging independence and positive choices. One person’s care plan said, ‘Encourage [the person] to ask questions and have a say in the day to day running of the home’. Regular residents meetings enabled people to be actively involved in the running of the home and in decisions made about a number of things including planning the menu. People worked together to complete routine household tasks such as clearing away the table after meals, washing and drying up and general tidying of the home. People told us “We all have our own jobs to do around here”. They were happy and enjoyed being involved in this way.

People told us and we saw that privacy was promoted. One person said, “I like being able to come and go as I please and I love spending time in my new room”. We saw that people were supported to receive treatments from visiting health care professionals in private areas of the home.

Staff knew the people they were supporting very well. They had good insight into people’s interests and preferences and supported them to pursue these. For example, one person identified in their recent review that they wanted to do gardening related tasks such as working in the back garden and clearing it. We saw in their care records that this was part of their weekly goals, which staff supported them with. This showed that staff supported people based on their choice and preference.

We observed staff caring for people in a respectful and compassionate manner. People were given choices and asked what they wanted to do and when. For example the member of staff sensitively supported a person to make a choice of what they wanted for breakfast. This was done in a way that supported their needs and gave them time to choose. They then sat with the person and supported them throughout.

People were involved in regular review of their needs and decisions about their care and support. This was clearly demonstrated within people’s care records and support planning documents that were signed by people. A member of staff said, “They all have an input into their care plans. For example, they are involved in their finance, what activities they'd like to do amongst other things”. Support plans were personalised and showed people’s preferences had been taken into account. For example people had signed an agreement to the goals they wished to achieve. People's preferences, interests, likes and dislikes had been documented. For example one person’s documentation stated; “I like to buy my own toiletries”. We observed the person going out to buy their toiletries from a nearby shop. People were involved in their care and support to the best of their abilities.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. People told us they were aware of how to access advocacy support. Advocacy information was on the notice board for people in the home.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used.

Requires Improvement

Is the service responsive?

Our findings

People told us they received support or treatment when they needed it. One person said, “I have to go to the medical centre for blood tests and I am always supported by staff”. However, we heard other comments such as, “'I don't go out”. “Nothing much. You’ve got all the activities up there (pointed to the corner with puzzles, craft stuff), there's painting, colouring with felt pens, reading ... we do all that, yea”. Throughout our visit, no-one attempted to get out a puzzle, craft activities and other items to be used or showed interest in them.

We asked people what activities they were engaged in. People felt there were not enough diverse activities. While one person told us they watched television and listened to music, others commented, “I don't watch it. It's boring” and “We stay in and watch telly”. Another person said, “We do go to Rochester”. We asked if they go to places other than Rochester and the person said, “We don't go to other places, just Rochester”. We spoke to the registered manager about our findings and they said that people like going out for shopping, going for a walk and gardening at the rear of the house. On the day of our inspection we did not see people being encouraged and supported to participate in any activity except one person who went out to a plumbing shop as this was his wish to do so and another person who baked a biscuit. We found no evidence of community involvement and community based activities for people. These comments and observations showed that people were not stimulated and engaged in meaningful activities of their choice.

We recommend that the provider seek advice and guidance from a reputable source, about providing diverse meaningful activities for the elderly in accordance with their individual needs and choices.

The provider contacted other services that might be able to support them with meeting people’s mental health needs. This included the local authority’s mental health team, demonstrating the service promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional’s input into their care on a regular basis. A social care assistant told us that if people’s social care needs changed, they were informed by the registered manager.

People’s needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed by the registered manager and staff and care plans had been updated as people’s needs changed. Staff used daily notes to record and monitor how people were from day to day and the care and treatment people received. The care/ therapy plans were designed to meet each person’s needs after their initial assessment. Where other agencies needed to be involved, this had been done and recorded.

There was a range of ways people were supported to express their views and be involved in decisions about their care. Each person had a named member of staff as their key worker. A keyworker is someone who co-ordinates all aspects of a person’s care at the service. There were minutes of key worker meetings but they did not tell us the actions taken in response to people’s ideas or concerns, so we could not see whether they had listened and acted on people’s views.

People told us and we saw that their views about their care were regularly sought. One person said, “We have meetings where staff ask us if everyone is happy, if anyone’s not happy we can say why not and we talk about any problems. The registered manager is very good and deals with problems straight away”. People told us that changes were made in response to their feedback. For example, one person told us changes were made to the menu in response to the feedback they had given.

People knew how to make a complaint if they felt they needed to do so and felt listened to when they had raised a concern. One person told us “If I am not happy with something I tell the staff who are on shift and they need to do something about it or let the boss know, I don’t wait I just tell them”. A complaints policy and procedure was in place which people had access to. This procedure told people how to make a complaint and the timescales in which they could expect a response. There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome. Complaints were recorded in a complaints log.

Requires Improvement

Is the service responsive?

There were no complaints recorded in the log since we last visited. The registered manager told us there had not been any complaints received. Informal complaints were dealt with on an informal basis and resolutions found quickly.

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to service users, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. They attended care reviews; one person's written feedback from family said "The whole family is happy with the care here". The completed questionnaires demonstrated that all people who used the service or worked with people were satisfied with the care and support provided.

Good

Is the service well-led?

Our findings

People spoke positively about the staff and we saw there was a positive atmosphere at the home. One person said, “The staff are very nice and they work so hard”. A visiting health and social care professional said, “It’s very homely and flexible”. Members of staff said, “'The leadership's good”. “Approachable and supportive”. “You feel you can ask ... you can go to other staff for support. You don't feel dumb”.

The management team encouraged a culture of openness and transparency as stated in their statement of purpose. Their values included open door policy, management supportive of staff and people, respect and communication amongst others. Staff demonstrated these values by being complimentary about the management team, they said “we can go to them with new ideas or tell them if something isn’t working, they are very approachable and do listen”. Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered manager had an ‘open door’ policy which meant that staff could speak to them if they wished to do so. One staff member went on to tell us that they “Can approach the manager at any time. [Registered Manager] has done a good job here [at the home]”.

People knew who the registered manager was, they felt confident and comfortable to approach them and we observed people chatting to the registered manager in a relaxed and comfortable manner. Staff told us. “All are treated equally. No-one's treated differently by management. Head office and management are very approachable ... just pick up the phone and it's dealt with”. This showed that both people and staff felt supported by management.

The registered manager told us they were well supported by the operations manager who provided all the resources necessary to ensure the effective operation of the service. The operational manager visited the home every month to carry out a monthly service audit. The provider’s action plan following the most recent quality audit in April 2015 had identified that people’s care records, risk assessments and other documentation needed action to ensure they met the standard expected. As a result, the registered manager had completed these identified shortfalls. Previous action plans showed dates when the actions had been completed which showed that improvements were continually being made to the service.

The registered manager continually monitored the quality of the service and the experience of people in the home. They regularly worked alongside staff and used this as an opportunity to assess their competency and to consider any development needs. They were involved in all care reviews and quickly identified and responded to any gaps in records, changes in quality, issues about care or any other matter which required addressing. Care plans and risk assessments were reviewed on a monthly basis and any concerns were acted upon straight away.

The registered manager had appropriate arrangements for reporting and reviewing incidents and accidents. They audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way. This is a process for staff to raise concerns about potential malpractice in the workplace. One member of staff told us; “I wouldn’t worry who it might upset I would report anything that I thought wasn’t right”.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. One staff member said, “We get supervision and an appraisal where we go through my performance and the manager lets me know if there are any problems with my work”. Staff competency checks were also completed via observation by the registered manager that ensured staff were providing care and support effectively and safely. For example, staff who administered medicines were observed to check they followed the correct medicines management procedures.

Communication within the service was facilitated through monthly team meetings. We looked at minutes of April 2015 meeting and saw that this provided a forum where areas such as medicines, staff handover, staff training, annual quality monitoring and people’s needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

Good

Is the service well-led?

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.