

## Bethesda Eventide Homes

# Bethesda Eventide Homes - Ipswich

### 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	

#### Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This visit was unannounced, which meant the provider and staff did not know we were coming. At the last inspection in 21 May 2013 there were no areas of concern in the standards we looked at.

Bethesda Eventide Homes – Ipswich is a residential home for up to 27 people who may be elderly, have a physical disability or be living with dementia. It does not provide nursing care. At the time of our inspection there were 26 people who used the service.

# Summary of findings

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law as does the provider. We received positive feedback from people who used the service, relatives, staff and healthcare professionals.

People who used the service told us they felt safe, were treated with kindness, compassion and respect by the staff and were happy with the care they received.

Staff knew how to recognise and respond to abuse correctly. People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed and authorised by appropriately trained professionals.

We found the service was meeting the requirements of the DoLS. The registered manager had a full and up to date knowledge of the MCA 2005 and DoLS legislation, and when these applied. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. This meant that people who could not make decisions for themselves were protected.

Appropriate systems were in place to ensure that there were sufficient numbers of suitably skilled staff to meet people's needs. In line with the provider's policy and

procedures newly employed staff received an induction and training. Records showed that staff received ongoing training, regular supervision, an annual appraisal and opportunities for professional development.

We looked at people's care records. The records seen showed that care and treatment was planned and delivered to ensure people's safety and welfare. Information in the records provided clear guidance to staff on how to meet people's individual needs and promote their independence.

People were supported to maintain their health and well-being. They attended appointments with other healthcare professionals such as opticians, physiotherapists, dentists and chiropodists.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food and were provided with a variety of meals. We found that people were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

Throughout the inspection we observed staff interacting with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff were skilled at responding to people's non-verbal requests promptly and had a good understanding of people's individual care and support needs.

People we spoke with told us that they felt confident and able to raise issues. Records seen showed people's comments, concerns, compliments and complaints were responded to in line with the provider's complaints procedure. People were listened to and any issues raised acted upon.

Robust systems were in place that assessed and monitored the quality of the service provided. The views of the people who used the service, their relatives, staff employed at the service and visiting healthcare professionals had been sought and acted on where required.

# 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.

People who used the service told us they felt safe and secure. Relatives told us they had no concerns about the care people received or the way in which they were treated.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately. People's best interests were managed appropriately under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There were sufficient staff to care and support people according to their needs. Where there were risks associated with people's care needs we saw that these were assessed and planned for. This ensured that people were cared for as safely as possible.

Good



### Is the service effective?

The service was effective.

Staff had up to date training, supervision and opportunities for professional development. People, or relatives on their behalf, had been involved in determining their care needs.

People were encouraged to be as independent as possible when eating their meals. Where additional support was needed this was provided in a caring, respectful manner.

Good



### Is the service caring?

The service was caring.

People were treated with respect and their dignity was promoted. People were happy and positive about their care and the way staff treated them.

People were involved in making decisions about their care and daily living arrangements and their families were appropriately involved in their care.

Staff were highly motivated and passionate about the care they provided. Staff understood people's individual needs and care choices and acted in their best interests. Throughout our inspection we saw that staff were kind, attentive and thoughtful in their interactions with people.

Good



### Is the service responsive?

The service was responsive.

People's health and care needs were assessed, planned for and monitored. Staff worked closely with health and social care professionals to provide people with care that met their needs and promoted their rights.

People were supported with their hobbies and interests and had access to a wide range of personalised, meaningful activities which included access to the local community.

Systems were in place so that people were able to raise any concerns or issues about the service. Feedback was encouraged and used to drive improvement. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The service had an effective and established management team in place. People knew who the manager was. They told us the management team were approachable and a visible presence in the service.

Systems were in place to seek the views and experiences of people who used the service. Feedback was used to make improvements to the service provided. This showed that people's opinions were valued and acted on.

Audits and checks were in place to monitor the quality and safety of the service. Any shortfalls were addressed. This ensured that people lived in a service that was safe, monitored and well managed.

Good



# Bethesda Eventide Homes - Ipswich

## Detailed findings

### Background to this inspection

This inspection was completed by an 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 service.

At our last inspection 21 May 2013 we looked at a range of standards. There were no areas of concern identified at the last inspection.

Prior to our inspection we looked at and reviewed the provider's information return (PIR). This is information we have asked the provider to send us to explain how they are meeting the needs of people that use the service and any plans for improvements to the service. We spoke with six health and social care professionals about their views of the care provided. Feedback received was complimentary about the service, the management and the staff team.

To help us plan what areas we were going to focus on during our inspection, we looked at the PIR and reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. Information sent to us from other stakeholders for example the local authority and members of the public was also reviewed.

During the inspection we spoke with 10 people who used the service, three relatives, five members of staff and the management team (the registered manager and the head of care manager) at the service.

The majority of people who used the service were able to communicate with us. Where people could not communicate verbally with us we used observations, speaking with staff, reviewing care records and other information to help us assess how their care needs were being met.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

As part of this inspection we reviewed five people's care records. This included their care plans and risk assessments. We looked at induction and training records for four members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance, health and safety and fire records.

# Is the service safe?

## Our findings

All ten people who used the service told us they felt safe and secure. One person said, "If I had a problem I would take it to my son but I do not have any, I am quite happy here, they (staff) are a darned good lot." Another person told us, "I feel so secure here."

The three relatives we spoke with confirmed they had no concerns about the care people received or the way in which they were treated. One person told us, "It is a very safe place. I would be very happy to live here when the time comes. The staff are highly visible, well trained and know what they are doing. If you are worried about anything you can speak with the manager or seniors anytime. Gives me a tremendous peace of mind."

We found that there were sufficient staff to care and support people according to their needs. The ten people we spoke with said they had no concerns regarding staffing levels. One person talking about using the call bell said, "I wait hardly anytime at all." Another person said about the time taken by staff to answer the call bell, "Amazingly quickly they come."

From looking at staffing rotas and talking to the manager and staff we found that the provider had an effective system in place to determine staffing levels. The manager told us they did not use agency staff as the existing staff and management team were able to cover shifts and this ensured consistency and good practice. The manager explained how people's dependency levels had been assessed and staffing hours were allocated to meet the needs of people who used the service. They advised us that the staffing levels had recently changed as people's dependency levels had increased. Records seen and our discussions with staff and people who used the service confirmed this.

We looked at staff training records which showed that staff had received training in the protection of safeguarding adults. The service had policies and procedures in place, and information was on display to guide practice and understanding. All the members of staff we spoke with were clear about how to recognise and report any suspicions of abuse. They were also aware of the provider's

whistleblowing policy which meant they knew how to report any concerns to appropriate agencies outside of the service and organisation. This showed that staff were aware of the systems in place to protect people.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and reports on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care and treatment. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to do so.

The manager knew how to make an application for consideration to deprive a person of their liberty. No one who used the service was were deprived of their liberty. Discussions took place with the manager regarding how the recent judgement by the supreme court could impact on the provider's responsibility to ensure Deprivation of Liberty Safeguards (DoLS) are in place for people who used the service.

The service had up to date and appropriate policies and guidance available to guide practice. Staff training records showed us that staff had undertaken training in MCA and DoLS. All the members of staff we spoke with confirmed that they had undertaken training and demonstrated an awareness of the issues around people's capacity. For example staff we spoke with understood they needed to respect people's decisions if they had the capacity to make those decisions. We saw assessments had been made and reviewed about people's capacity. Where people did not have capacity, decisions were taken in their 'best interest'. This meant the service was adhering to the Mental Capacity Act 2005.

We saw from people's care records that people's capacity to make day to day or decisions had been assessed where appropriate. This showed us that the service knew about protecting people's rights and freedoms and made appropriate referrals to keep people safe.

People's care records showed that care and treatment was planned and delivered to protect people's safety and

## Is the service safe?

welfare. Records were updated to inform and guide staff about changes to people's care. This showed that safeguard measures were in place to protect people from the risk of receiving unsuitable or unsafe care.

Risks to individuals were managed. People were protected and their freedom supported and respected. For example one person told us that they had a history of falls and moved to the service as they were not managing well on their own at home. They explained how the management team had made arrangements for them to have specialist

equipment to remain mobile. They said, "The staff sorted it all out for me. They spoke to various people and I have a frame to help me get about. I haven't fallen since, and feel much safer to move around the place."

Individual risks assessments were in place and regularly reviewed for the five care plans we looked at. Assessments covered identified risks such as nutrition and moving and handling. Staff we spoke with confirmed that the care plans reflected people's current situation and were regularly updated. This meant that risks around people's needs were recognised and assessed to ensure that people were cared for as safely as possible

# Is the service effective?

## Our findings

All of the people we spoke with told us the staff met their needs and they were happy with the care provided. One person said, "You cannot fault the home, you have good company and there is always something to eat and I have no problems with the staff." Another person told us, "First class help from all the staff, you cannot fault them. I have never had a complaint." A third person said, "It is a lovely place to be," "The home is very good indeed with really good care and attention. It is a lovely place to live in a lovely area." and the, "Food and the degree of care we get is 20 out of 10. They (staff) go out of their way to meet my needs."

Before our inspection we contacted six health and social care professionals who were involved with the service to find out what they thought of the care provided. They told us that they had no concerns about the service and that people received personalised care that met their needs.

Throughout our inspection we saw that staff communicated and interacted well with people who used the service. People living with dementia were well supported and encouraged to engage in conversation and social activity.

All of the members of staff spoken with were able to tell us about people's care plans and clearly demonstrated a good understanding of people's needs and preferences. They were able to give us examples of what people liked to eat, their preferences around activities as well as their past history. For example we saw one person appeared slightly withdrawn sitting at a table. A member of staff approached them and asked if they would like to help fold some napkins before the lunch time meal. The person agreed and became engaged in the activity supported by the member of staff. The member of staff engaged with them in conversation and the person's mood changed and they appeared happy and relaxed. Later we spoke with the member of staff who said that they knew the person liked to be useful and enjoyed doing household jobs. This showed us that staff were knowledgeable about the people they cared for and promoted people's independence in a thoughtful and sensitive way.

The members of staff we spoke with confirmed they had received appropriate training and development that enabled them to understand and meet the needs of people

they supported. They told us that the management team supported staff through supervision, appraisal and training and development opportunities. People who used the service told us that they felt staff understood their needs. One person told us, "Staff are very hard working and understanding of what I need."

Our observations showed that the training provided to staff ensured that they were able to deliver care and support to people who used the service to an appropriate standard. For example, staff were seen to provide effective manual handling procedures to people who used the service.

The members of staff we spoke with all told us that regular team meetings were in place which gave staff the opportunity to talk through any issues and learn about best practice. This was confirmed in the team meeting minutes we looked at. Records showed that formal supervision and appraisals were in place to support the on-going learning and development of the staff.

Records showed that staff were encouraged and supported to gain nationally recognised vocational qualifications, which developed their skills and understanding in supporting people and enabled them to consider their own career progression.

Our observations of the lunchtime meal showed that the dining experience for people was positive and flexible to meet people's individual nutritional needs. People were given the choice where to have their meal; the main dining room, lounge or in their bedroom.

The lunch time meals provided were sufficient in quantity and were well presented. We saw that people could independently access refreshments of fruit juice and water. Where people who used the service required support and assistance to eat their meal or to have a drink, staff were observed to provide this with sensitivity and respect. People were not rushed to eat their meal and staff used positive comments to prompt and encourage individuals to eat and drink well.

All the people we spoke with were complimentary about the food. They told us they had plenty to eat and there was choice and a variety of options at meal times. One person said, "The food is good. Very tasty." Another person told us, "Good quality produce is used, they don't scrimp on the ingredients. Cooked really well. I enjoy the meals here."

## Is the service effective?

Records showed each person had eating and drinking plans showing their likes and dislikes. We found that the provider had suitable arrangements in place that ensured people were supported to eat and drink sufficiently and to maintain a balanced diet. For example care plans seen, contained detailed information for staff on how to meet people's dietary needs and provide the level of support required.

For people with complex needs in their eating and drinking we found a risk assessment was carried out. This assessment identified the specific risks associated with an individual's eating and drinking and the measures in place to manage this. For example using thickened or fortified drinks as advised by the dietician to assist people who had difficulty swallowing. This meant that people received the appropriate care to meet their needs.

The care records that we looked at confirmed that people, or relatives on their behalf, had been involved in determining people's care needs. One relative we spoke with told us that they saw and reviewed their family member's care plan regularly.

All three relatives we spoke with confirmed they were kept informed about their relation's health and welfare. They said their relation saw their usual GP and staff discussed treatment options with them. One relative told us, "They (staff) phone me if the doctor is needed." Another relative said, "I am kept well updated on what's been happening. The staff and manager are quick to contact you if needed and the communication in place works very well for us. They don't worry you unnecessarily so but strike the balance of keeping you informed."

# Is the service caring?

## Our findings

The ten people who used the service that we spoke with were overwhelmingly positive about the care provided. One person said they had, "Peace, happiness and security. I could not fault them. I have been so happy since I came here. It is not like a care home it is like a hotel." Another person said, "It is so friendly here. I come down to the lounge and see my friends."

Everyone we spoke with who used the service were complimentary about the staff and how they were treated. One person told us, "I am very happy here, they (staff) look after me." Another person said, "To me they (staff) are caring and I have not heard anyone moan about the staff." A third person told us, "They (staff) are very caring and there is a nice atmosphere."

The relatives we spoke with told us, "The people (staff) are caring and they treat the residents as people and not as patients." "The staff are really lovely, kind and compassionate and very caring. I couldn't do what they do. It is such hard work and demanding and yet they make it look so easy. Nothing you ever ask of them is any trouble."

During our inspection we saw that staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated affection, warmth, compassion and kindness for the people they supported. This was confirmed in our discussions with three people who used the service. One person told us how thoughtful and considerate a particular member of staff had been. They said, "One of the carers (staff) found me crying and she asked me why and I told her about a friend who I had not heard from and she went the extra mile to try and contact her for me, she really went out her way." Another person told us how the staff met their personal care and mobility needs, "They are very kind and they look after me. They help me to the toilet and help me to the table; I am well looked after."

We spoke to a visiting healthcare professional during our inspection. They were positive in their comments about the care provided to people. They told us, "The staff here display a very caring nature and are very professional in their approach. Never heard anyone here complain or have a bad word to say."

Members of staff had an extensive knowledge about the people they cared for. They told us about people's individual needs, preferences and wishes and spoke about people's past histories. This showed that staff had sufficient information about how to meet people's personal needs and knew and understood them well.

All the staff we spoke with were highly motivated and passionate about their job. They told us they enjoyed their work because of the caring involved. One member of staff said, "I love my job, I love helping people and I have job satisfaction." Another staff member told us, "Making the residents smile and laugh makes me happy." A third member of staff said, "You get to know the people who live here, I really enjoy it."

The people who used the service that we spoke with all told us the staff encouraged them to maintain their independence and knew their preferences for how they liked things done. One person said, "It goes without saying they respect our dignity. The night before I choose my clothes for the day with the help of the carer (staff)." Another person said, "They (staff) are all nice people. Sometimes I have a bowl of water on my table and I wash myself and they (staff) help me with the buttons on my shirts and I comb my hair."

All the people who used the service that we spoke with confirmed they were involved in making decisions about their care. They told us they were aware of their care plans and had participated in their reviews. Care records seen showed that people were involved in making decisions where they were able and their decisions were respected.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

All the people who used the service that we spoke with confirmed that the staff respected their privacy and dignity. Two people told us that the staff, "Tap the door before coming in." This was confirmed during our observations. We saw that staff knocked on people's doors before entering and called out their names to let them know who they were as they entered the room. We saw staff ask people's permission and provide clear explanations before and when undertaking a task. For example, assisting

## Is the service caring?

people with medication and personal care. This showed that people were treated with respect and provided with the opportunity to refuse or consent to their care and or treatment.

Records seen showed that meetings were held for people who used the service and those acting on their behalf at regular intervals. This enabled people to express their

views about the quality of the service provided and to share ideas and suggestions. This was confirmed in our discussions with people who used the service who said their comments and feedback was listened and acted on. For example on person told us, "Resident meetings are quite frequent, every two weeks. Care, food and problems are discussed. They (staff) act as quickly as they can."

# Is the service responsive?

## Our findings

All the people who used the service that we spoke with told us that their care needs were met in a timely manner and that the staff were available to support them when they needed assistance. One person said, "If I need anything I press my buzzer, the staff are good to me." Another person said, "This resident told me of a fall a few months ago and they rung the buzzer and they (staff) came quickly". A third person told us, "Them (call buttons) are going all the time but the two carers on nights they do go quickly."

Two people who used the service told us how considerate and conscientious the staff were. One person said, "If I need anything from the shops the carers get it for me and if I ask for anything they do help." Another person said, "Most days I go to the dining room and the food is good. Last week I did not like the dinner and one of the staff said you have not eaten anything so they went to the kitchen and brought me a separate dinner; it was nice." This showed that staff were aware of people's needs and responded accordingly.

A relative we spoke with told us, "Anything you ask them (staff) to be done is done as promptly as possible." This was confirmed during our observations. We saw that staff were attentive to people, checking on people in the communal areas and bedrooms. Call bells were answered promptly and requests for help given immediately.

People and their relatives confirmed they had been involved in the development of their care plans and had given their views on how their care and support was provided. One person told us, "The care manager asked if I was satisfied with my care and I said yes." Another person told us, "I discussed different healthcare options with the manager and my family. They all listened and the manager responded to what I said." The five care plans we looked at provided information to staff about how people would like to receive their care, treatment and support. These included their personal preferences for meeting their social, care and health needs. This meant staff were provided with appropriate information to provide personalised care for people.

All of the staff we spoke with confirmed that the care plans provided them with sufficient information to provide the appropriate care and support to meet people's individual needs. One member of staff said, "The care plans are very detailed and tell you about each person. Such as what is

important to them and how they like things done. They are regularly updated by the seniors. If we spot a change to someone's health we let the seniors or managers know and they review the person straight away and contact the relevant professionals if needed." This meant arrangements were in place for people to have their individual needs regularly assessed, recorded and reviewed.

Two members of staff told us, and we saw from records, that the service was responsive to people's changing needs. For example, one person received specialist care from a nurse who visited regularly. We saw that the service had liaised with their family and other professionals in relation to their care. The person told us, "The nurse comes in twice a week and says I have come to look at your legs is that alright?" Another example was given of where the service had worked closely with nurses and the person's doctor to monitor and manage palliative care for a person.

People could spend time how they wished. During the inspection we saw that some people chose to sit in their own rooms, others were in the communal areas and some spent time sitting in the garden. The majority of people we spoke with said they were able to participate in hobbies and interests of their choice. For example films, quizzes, bingo and board games. We found that people's families and friends were regularly invited into the home to join with social events and seasonal celebrations. One person who used the service speaking about the activities provided told us, "You can please yourself. I go to the spiritual ones." Another person said, "I am happy in my room but I have been to services in the lounge and I go down to the dining room for my meals." A third person told us, "There is always something going on if you want to get involved, you're not lonely here." This meant that people were protected from social isolation.

All of the people we spoke with told us they were confident their complaints would be treated seriously and knew they would not be discriminated against for making a complaint. One person told us, "I would speak to the manager but I haven't had to make a complaint." The provider's complaints policy and procedure was displayed in the service. This informed people how to make a complaint and included the stages and timescales for the process. We looked at the complaints log and saw that there had been no formal complaints received within the last year. The manager advised us that all feedback

## Is the service responsive?

including verbal comments and informal concerns were logged as well as written complaints and compliments. We saw that the service had received four formal compliments about the quality of care provided and had passed the feedback onto the staff involved. Records showed that feedback received had been recorded and included the actions taken in response. This included how the outcome was fed back to the person. We saw that feedback was used to drive improvement and people's feedback was valued and respected. A member of staff told us, "The house (service) has a standard on respect; they do like feedback from the residents, and staff are encouraged to report back."

This was confirmed from our discussions with people who used the service and their relatives. One person who used the service told us, "I can speak to the manager or one of the seniors if I am not happy. Everyone is approachable and friendly." Another person said, "Yesterday I said I used to like shredded wheat and it is here today, they do listen to what you say." This showed us that people's views and experiences were valued and taken into account.

During the inspection we spoke with a visiting healthcare professional. They told us there was always a member of staff to greet them and that staff responded in a timely manner to the call bells and requests for assistance by people who used the service. This meant that people who used the service were responded to appropriately.

# Is the service well-led?

## Our findings

A registered manager was in post at the service and was supported by their head of care manager and senior staff. It was clear from our discussions with the management team and from our observations that there was an effective management structure and they were clear about their roles and responsibilities.

Throughout the inspection we saw that people who used the service, their relatives and staff were comfortable and at ease with the manager and senior team. We saw that there was an open and supportive culture within a relaxed atmosphere. One member of staff told us that there was a, "Homely atmosphere and they do things so much better here than at all the other homes I have worked for." Another member of staff said, "If we have any problems, the management like us to go to them and the problem gets resolved."

All of the relatives we spoke with told us that the manager was a visible presence in the home and approachable. They told us they had confidence in the management of the home. One relative told us that they attended meetings every few months and said the manager had acted on the feedback given. Another relative said, "The management team are very caring and lead by example. The staff are excellent. I could not ask for anything more."

All of the people we spoke with told us they had no concerns with the management and staff. They said they felt involved in how the home was run because they were invited to meetings and were asked to take part in surveys.

We saw that people had the opportunity to express their views about the service through regular residents and relatives meetings and through individual reviews of their

care. We looked at the outcomes from the last annual satisfaction survey which provided people with an opportunity to comment on the way the service was run. We saw that action plans to address issues raised were in place and either completed or in progress. This showed us that people's views and experiences were valued and acted on.

All of the staff members we spoke with told us that they were encouraged in their one to one supervision meetings to discuss the needs of the people they cared for and improvements that could be made to the service. They told us they felt supported by their manager and senior team and had a good understanding of their roles and responsibilities. They said that they understood the management structure and knew how to raise concerns, and to whom, should they need to do so. We saw that regular team meetings were held which gave staff the opportunity to talk through any issues and learn about best practice. This showed that people were cared for by staff that were supported and empowered in their role.

Systems were in place to manage and report incidents. The members of staff we spoke with understood how to report accidents, incidents and any safeguarding concerns. Records of two incidents showed that staff followed the provider's policy and written procedures.

Records seen showed that the manager and provider carried out a range of audits to assess the quality of the service and to drive continuous improvement. These audits included medication processes and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Information and identified trends from these audits were analysed by the manager and used to make improvements to the service provided and reduce the risk to the people who lived there.