

# J C Care Limited

# Dolphin Lane

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 17 and 20 August 2018. At the last inspection in December 2015 the service was rated good. At this inspection we found the provider had improved the service to achieve an outstanding rating.

Dolphin Lane is a 'care home' registered to provide care for people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Dolphin Lane accommodates up to 15 people in one adapted building.

The care service was developed and designed many years ago, and in the main the provider ensured the service operated in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability and autism using the service can live as ordinary a life as any citizen. Although the service did not meet these principles in terms of the number of people it accommodated, this was mitigated by the fact that there was a vision for the long term development of the service.

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

People were supported by staff to lead fulfilling lives, ranging from gaining education and employment to achieving their 'hopes and dreams'. The service went the 'extra mile' to ensure that people were able to engage with their hobbies and interests as much as possible.

The service had made extensive efforts to integrate the service with the local community, this included charity events designed and chosen by people to give back to the community, engaging with local councillors and ministers and giving people encouragement to speak up about how local services could improve the lives of people with learning disabilities.

We saw how staff went 'above and beyond' in caring for people at the end of their lives. People received highly person- centred care. Care plans were designed and reviewed in partnership with people, with outcome-focused goals. The service was able to evidence how it had helped people learn new skills and form and maintain meaningful relationships.

There were enough staff who had been recruited safely to deliver care. There was a consistent care team, and each person had a named keyworker. This ensured good continuity of care.

People were supported to maintain good health. This included access to healthcare professionals, eating

and drinking enough, and support with their medicines. People were supported to take their medicines safely.

Staff were skilled enough to meet people's needs. Staff were supported through regular supervisions and appraisals. Staff spoke very positively about the leadership and the open and positive culture of the service, and felt well supported by the registered manager

Everyone we spoke with told us staff were kind, caring and compassionate. Staff supported people to maintain independent lives, and people told us their privacy and dignity was protected.

There were appropriate governance systems in place to ensure quality of care was monitored and improved. The service was a high performer within the provider's network of services both in terms of training levels and staff survey feedback. There was a clear vision for the future development of the service.

The service engaged positively with people using the service and took their ideas into account. People felt they were listened to and their contributions were valued. People were proud of the service and helped maintain it by cleaning and tidying communal areas.

## 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 remains safe.

People told us they felt safe, and there were appropriate risk assessments and health and safety checks carried out to ensure people were safe.

There were enough staff to meet people's needs, and staff were recruited safely with the involvement of people using the service.

There were appropriate safeguarding mechanisms in place and staff knew how to identify and report signs of abuse.

### Is the service effective?

Good ●

The service remains effective.

People told us that staff were competent and well trained. The service used a training matrix to monitor staff compliance.

The service operated under the principles of the Mental Capacity Act (2005). Best interests decisions were made in conjunction with relevant parties.

People were supported to eat and drink enough to maintain a balanced diet and people were provided with support to access healthcare professionals.

### Is the service caring?

Good ●

The service remains caring.

People told us staff were kind, caring and compassionate.

People were supported to lead independent lives. People told us staff respected their privacy and dignity.

The service respected and protected people's diverse characteristics. The service understood the role of advocates in care.

### Is the service responsive?

Outstanding ☆

The service remains 'outstanding'.

People were supported to lead enriched and fulfilling lives, with activities that matched their 'hopes and dreams' alongside support to gain employment, develop relationships and learn new skills.

Care plans were very person centred and were created and reviewed in partnership with people who used the service.

The service went above and beyond in the provision of end of life care. There were no complaints made about the service, however information on how to complain was widely available.

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

The service had improved to outstanding.

The service had worked to integrate people into their local communities and form meaningful networks with a wide variety of community organisations and individuals.

There was a clear vision for the future of the service and this matched the expectations of people who lived at the service. Staff and people using the service all spoke extremely positively about the leadership and culture of the service.

There were appropriate governance arrangements in place, and the service was a high achiever compared to other services registered by the provider. Continuous improvement was a priority for the registered manager.

**Outstanding** 

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

This inspection took place on 17 and 20 August 2018 and was unannounced on the first day and announced on the second. At the time of the inspection there were 15 people living at the service.

This inspection was carried out by an adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we gathered and reviewed information we held about the service, such as feedback from the local authority, statutory notifications (changes, events or incidents the provider is legally obliged to tell us about within required timescales).

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we looked at documents relevant to people's care. This included six people's care plans, medicines administration records, risk assessments and other documents related to the management of the service such as health and safety records and quality assurance documents. We spoke with seven people who used the service and two relatives of people who used the service. During our visit we also spoke with six members of staff including the registered manager, deputy manager, senior staff and care staff.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People told us they felt safe. Everyone we spoke with responded positively. One person said, "Yes it's safe, I've been in four homes before this one", another person said, "Yes, it is safe, people do not take advantage of you".

There were enough staff to meet people's needs. One person said, "Yes, I've been here nine to ten years. There have always been enough staff." Another person said, "Yes absolutely all the time." There was a consistent staff team which ensured good continuity of care. The newest member of staff had been in post for over a year. One member of staff said, "There are definitely enough staff. We dealt with winter pressures well and staff made strenuous efforts to get into work when the snow hit earlier this year." During our inspection staff were visible and it was evident they had enough time to spend with people. Each person had a named keyworker who they chose based on how well they got on and similar interests. Keyworkers conducted keyworker meetings where they discussed with the person and the registered manager what had gone well, what they wanted to achieve and how staff could support them achieve their goals.

Staff were recruited safely. We reviewed three personnel files which evidenced a detailed interview and application process and included stringent identity checks such as photographic ID and a disclosure and barring service (DBS) check. The DBS is a national agency which uses the police national database to help employers make safer recruitment choices to protect vulnerable people. People were involved in the recruitment process and following an introduction to a prospective member of staff at a communal event such as an evening meal people's feedback was taken into consideration.

We reviewed the service's systems and processes around medicines management and found this to be safe. People told us they were supported with their own medicines safely. One person said, "Mine is on a night time. I self-medicate. They check if it's been signed." The majority of people using the service had been assessed as having the capacity to manage their own medicines and were provided with an individual locked medicines cabinet in their rooms. Medicines administration records were completed correctly and medicines documents and records were audited regularly.

People's ability to administer their own medicines was assessed, and where incidents had occurred such as a missed dose people were supported to take their medicines with staff until they had demonstrated through an assessment that they were safe to take their own medicines again. The temperature of the medicines cabinets were recorded regularly. Information about medicines was provided in an easy read format for people with pictures and explanations in plain English about what each medicine did and what its side effects may be. Staff were trained in medicines administration and received competency checks to ensure they met the standards required to administer medicines. The registered manager was aware of the principles of 'stopping the overmedication of people with learning disabilities' (STOMP), a national project aimed at stopping the over use of psychotropic medicines.

Staff completed training in safeguarding vulnerable adults and were able to describe how they would protect people from abuse. One member of staff said, "If I saw unexplained bruising or the person was withdrawn for example, I would raise it to either the registered manager or the senior in charge. We would complete a body map, note the colouring of the bruise to see how recent it is. Then the situation would be assessed we would also have to ask the person how it happened."

The service conducted a number of health and safety checks and risk assessments to ensure the environment was safe. These included a valid five-year electric safety certificate, gas safety certificate, portable appliance testing for all appliances, and a fire safety risk assessment. There were regular fire evacuation drills with the time taken to evacuate people recorded. Drills involved a variety of scenarios such as what would happen if a specific fire exit was blocked. The registered manager had invited the local fire service to give a talk and demonstration of various fire safety measures and danger awareness. Everyone had personalised emergency evacuation plans detailing how to evacuate people in the event of a fire.

Risk assessments included a generic environmental risk assessment, furniture moving risk assessment, working at height risk assessment and icy weather risk assessment which gave clear guidelines for staff on what the risks were and how to avoid them. There were also positive risk assessments for activities such as swimming and staying safe in the community. There was also a business continuity plan detailing the scheme of delegation and actions for staff to take in the event of a serious disruption to service delivery such as a flood or power cut. Incidents were recorded and investigated appropriately. Relevant notifications the service is obliged to send to CQC were received in a timely way.

Staff received training in preventing infections. There was enough personal protective equipment available for staff. People were supported and encouraged to clean their own rooms and people willingly took turns helping to clean communal areas. The home was tidy and well presented. One person said, "Oh yes we do jobs every day. We keep on top of it. I did the skirting boards and doors. Sometimes we do different jobs. I love doing different jobs."



# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

Everyone we spoke with agreed staff had the right level of expertise and training to meet their needs. One person said, "Yes, they have the right skills." The service maintained a training matrix which allowed the registered manager to monitor compliance with training the service considered mandatory. This included fire safety, safeguarding vulnerable adults and basic first aid. All staff received training on learning disabilities and autism spectrum disorder. Staff had also received training in positive behaviour support and challenging behaviour.

Staff were supported with a 12-week induction into the service which included reading people's care plans to get to know them before they were introduced to people. Staff also conducted 'shadow shifts' with experienced staff before they were signed off by the registered manager and their probationary period completed. New staff completed the care certificate. The care certificate is a nationally accepted set of standards that sets out the knowledge, skills and behaviours expected of health and social care professionals. Staff were also supported through regular supervisions and annual appraisals. Staff we spoke with told us they were productive and that they felt well supported.

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. Care plans demonstrated that capacity assessments were carried out in line with best practice, and that best interests decisions were made which involved multiple stakeholders. Applications for DoLS were made appropriately and tracked with follow up emails sent to the local authority. Staff received training in the MCA and the five principles of the act were visible in the staff room. Staff we spoke with were knowledgeable about capacity and best interests decisions. One member of staff knew in detail people's capacity to understand their own medicines and described how certain people's capacity had fluctuated, and that they had supported them through assessments when there was a reason to believe they did not have capacity.

Consent forms were all signed and dated appropriately, and provided easy read explanations as to what information the service held and what people were consenting for. This included the release of their care plans to third party organisations such as CQC where relevant and for their photographs to be taken. One

person said, "My care plan is kept private. I can say if I want someone to look at my file or not."

People were supported to eat and drink enough to maintain a balanced diet. People using the service decided what they wanted to eat, and people were taught to cook for themselves if they wished. We saw people helping themselves to snacks throughout the day. One person said, "Yes they (staff) are good cooks. I used to cook but not now. It is nice and lovely. Nice pudding. Lots of choices. Snacks, biscuits and crisps. Healthy food too, fruit as well."

The layout of the service and door signs were clear and met people's needs appropriately. Guidance for staff and policies available were informed by relevant NICE (National Institute for Health and Care Excellence) guidelines.

People were supported to access healthcare professionals appropriately. All interactions with healthcare professionals and social care professionals was recorded in a log which showed when, why and what the outcome of the interaction was, such as an eye test resulting in a need for glasses or a regular flu jab.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be good.

People and their relatives were universally positive about staff's care and compassion. Comments from people included, "Staff are awesome; absolutely cosmic and brilliant", "Totally brilliant; I need prompting a little bit. They help me sort money out. Absolutely a big help", "I feel comfortable the way they speak to you. They try to understand the situation. Listen and give you the best advice. I trust them." One relative we spoke with said, "Staff's kindness is fantastic. They value people as equals and share their own things with them like books and games."

From our observations staff were kind, attentive and patient. We saw someone talk to staff about their recent trip out in a good humoured and relaxed way, staff listened attentively and there was a good rapport. This was evident in all other interactions we observed.

People were supported to be as independent as they wanted. One member of staff said, "Rather than us doing things for them we support them to do things themselves. One person was doing a course and was unsure what buses to get. They are very independent but this was an unknown bus. They were very nervous. First time I took them in the car because that put them at ease going somewhere they didn't know. Then we did a test route on the bus, then after that they were more than happy to go on their own. Now they can get there by themselves."

People told us they felt that their right to privacy and dignity was respected. One person said, "Yes I keep myself to myself. If other people get too loud I go to my room for space. Watch TV. Staff will knock on my door." Another person said, "Yes staff don't barge in they always knock and wait."

Staff demonstrated a highly detailed understanding of people's personalities, life histories, likes, interests and dislikes. Staff spoke warmly and enthusiastically about the people they cared for. One member of staff talked in detail about a person for whom they were a named keyworker, discussing their daily routine, favourite books and music, hobbies and interests. They said, "[Name] has a radio upstairs which we got him for Christmas. He went through everything he wanted in a radio. He likes real wood, if its fake he doesn't like it. So we worked with that and got him one he is happy with." People were clean and well presented, and dressed in clothes that they felt expressed their personalities.

The service recorded information about people's cultural and spiritual needs and how they wanted to be supported. This included supporting people to attend Afro-Caribbean events such as carnivals, to attend religious services, and how people with other protected characteristics such as people from the lesbian, gay, bisexual and trans (LGBT) community wanted to be supported by staff.

The service understood the role of advocates. Advocates are individuals who help vulnerable people make important decisions about their lives. Information on how to access an advocate was available at the

service.

# Is the service responsive?

## Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of outstanding. At this inspection, we found the service continued to be outstanding.

Everyone we spoke with told us that thanks to the staff and management team they could fulfil their goals and ambitions. The service made every effort to secure activities for people that would allow them to achieve their personal 'hopes and dreams and maximise their opportunities. The service demonstrated that they went 'above and beyond' to achieve them. For example, one person was supported to see a famous live show, staff contacted the promoters and ensured that they got to meet the acts after the show. One person was supported to see their favourite singer on their last ever concert, and we saw they had made a scrapbook about the event with pictures of the night and had written a letter about how much they had enjoyed the experience. Everyone we spoke with told us about the range of activities that they wanted to do and were helped to participate in. This included the service contacting a local guitarist to provide guitar lessons for a person, support to attend regular sports events, pubs, arts classes, concerts and major touring attractions. One relative said, "Yes, [Name] goes on activities all the time; camping, holidays to Skegness, X-factor, professional darts matches, rugby and pubs."

The service had pictures of each member of staff on a wall in a communal area which listed their interests so people knew what shared interests they had with different staff members. One staff member said, "We try our very best to achieve hopes and dreams, and usually get multiple in. The person I am a keyworker for as an example will tell me if there is something he really wants to do, so recently we went to forbidden corner (an outdoors adventure park), he loved that. Me and [Name] have similar interests, for example he loves museums and so do I, so we discuss at keyworker meetings where he would like to go next and any feedback on the last outing."

The service had an activities room which contained a pool table, darts board and musical instruments. The room was used to host activities provided by external providers such as aromatherapy, guitar lessons, art classes and drama classes. Staff told us how this had a positive impact on people. One staff member said, "When [Name] is in a bad mood or unsettled we ask what he's done with aromatherapy and tells us they have whale music they are calm and quiet, and shows staff the hand massage techniques he's learned." One person's art was displayed around the service, and they told us that the service had ensured some of their art was displayed in a local art gallery.

People were also actively supported and encouraged by staff to access education and employment. People were supported by staff to go on courses to help them prepare for job interviews, and we saw people held jobs that had made a big impact on their lives. One person told us, "I've been in my job 12 years. I travel to Leeds by bus. I went to college and I did a course, I interviewed on my own. My face dropped to my boots when they said I got the job." Staff also supported people to learn other skills such as cooking, counting and ironing, and we saw pictures of people performing activities they had previously not done for themselves and now did regularly.

People had progressed from using languages such as Makaton to verbal communication. One person said, "I struggle with finances, but staff help me. The manager does as well. She is teaching me how to stay safe." We also saw staff had supported someone who was in a relationship to stay safe. This included a record of conversations held about topics such as safe sex, which were handled in a sensitive and supportive manner. This had a large impact on the person's life as subsequent reviews with keyworkers detailed that the person was happy and confident thanks to staff's support. We also saw strong evidence that people were supported to maintain positive, meaningful relationships with their families as much as they wanted.

We saw some people were supported to write their own daily notes about what activities they had undertaken; how they felt at the time and what they had eaten. People said they felt empowered by this and that they had control over their lives. People had a one- page profile in their care plans which was a personalised introduction to them. They all had different colours and designs to represent the things that people found meaningful, for example a football club theme and a Disney film theme. The profile included things others like about the person, what makes them happy, how they want to be supported, and what a good and bad day looked like to them.

Care plans provided highly detailed and personalised information with clear guidelines for staff to support people in important aspects of their lives. For example, in one person's mobility and 'getting out and about' care plan it instructed staff that, '[Name] likes to link arms when crossing roads, if [Name] doesn't want to step down from the curb they will say no and wave their hand, find somewhere else to cross. [Name] will not go up or down escalators, use the lift or stairs'. Care plans were reviewed monthly in partnership with the person at 'keyworker meetings' and included updates to the care plans in response to people's changing needs. They also showed improvement and learning people had achieved. One staff member said, "Care plans are good and clear. I make alterations to [Name's]. It has been updated recently as it still says staff help him cook, but he doesn't need help any more. [Staff name] taught him, now he does it all himself." We saw one person's keyworker meeting form was made using pictures because this is how they expressed themselves.

People's end of life wishes were recorded sensitively in people's care plans, and in an easy read format. This included what type of flowers and music they wanted at their funerals, and who they wanted to be involved in their care at the end of their lives. We saw an example where a person had passed away and it was recorded that they wanted their ashes scattered in the service's garden and they wanted a personalised coffin. Staff had made every effort to ensure the person's wishes were met, and staff took a prominent role in organising the funeral with the permission of the person's family. Staff attended to the person when they were in hospital, in their own time, and we saw a handover diary was put in place for any updates from clinical staff. One relative's card in respect to the end of life care received for their family member stated, 'To all the staff and manager thank you for your support, the love and care you shared in [Name's] life was outstanding, the care when in hospital in his final days was appreciated by all his family. In some way he knew you were still there and looking out for him you are worth millions.'

The service was working under the principles of the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The service ensured that any information people needed was available in easy-read formats, or pictographic formats. We saw one person's care plan and monthly keyworker meetings were in pictographic form that the person had chosen themselves to express how they wanted to be supported and how they felt.

The service collected details about people's sensory needs such as sight and hearing and ensured that

people's communication needs were recorded in detail so staff would know how best to communicate with people. For example, in one person's communication care plan it read: '[Name] has limited speech and needs a lot of time, while talking sometimes they may close their eyes: staff are to listen carefully and be patient, if [Name] doesn't understand a question they will dismiss it, change subject or walk away.'

There were no complaints recorded for the last 12 months. Complaint forms were made available in easy read formats and there was information on how to complain readily available. People we spoke with told us they knew how to complain and would not be uncomfortable doing so. There were policies and procedures in place to respond to complaints. During our visit we observed people coming into the office (which had an open door) and discussing issues and asking for advice.

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service had improved to outstanding.

There was a registered manager in post who was supported by a deputy. People, their relatives and staff gave universally positive feedback about the management and leadership of the service.

The registered manager worked to form meaningful links with the local community and partner organisations to integrate people with the local community as much as possible. For example, staff supported people to write applications to join a Learning Disability advocacy group as board members. They work to ensure people's views are heard by local authorities, services and private sector organisations. As a result, people from Dolphin Lane were successful in their applications and attended a televised event hosted by the local authority which was attended by other organisations such as the police where people spoke up about issues that were important to them such as how they did not always feel safe in the community at night or that transport planners did not consider the needs of people with learning disabilities. Through contacting local community groups people also engaged with 'Thorpe in bloom' maintaining plants and flowers in the local area. The local MP was invited to and attended the service's Christmas ball and had subsequently sent a tweet where she expressed thanks and that she 'had a wonderful time'.

People were supported to host their own fundraising events for charities that were important to them, taking turns to choose a charity. For example, one person had lost someone important to them to cancer and had decided that their event would be in support of a cancer research charity as well as an armed forces charity. The local mayor and councillor had been invited to and subsequently acted as judges for the 'Dolphin's got talent' fundraising talent show. They also attended regular coffee mornings for the community hosted at the service. This meant that people's social networks were widened and people felt empowered to make a positive impact on their local community.

Because people wanted to be involved and learn about fire safety the registered manager had invited the local fire brigade to deliver a demonstration on the topic and we saw photographs of this event. As a next step the registered manager had contacted the St John's ambulance service because people had expressed a desire to learn how to perform basic first aid and this was being planned at the time of the inspection.

There was a clear vision for the future of the service, with the aim being that Dolphin Lane staff would provide an outreach service to people who they had been able to transition to live in the community. The service was looking to procure land or property to be able to facilitate this. The service had previously supported people who felt confident and wanted to live in the community to do so, however because the service did not have the facilities to provide an outreach service their needs were met by other providers and so staff no longer provided care for people they had built meaningful relationships with. The ultimate goal was for there to be a clear pathway from people coming to Dolphin Lane from a higher dependency service



(also registered by the provider) to living in the community independently if they wanted to and were safe to do so. Therefore although the service was not meeting the principles of Registering the Right Support and relevant guidance in terms of number of people accommodated, there was a clear vision for the future of the service.

We reviewed the service's quality monitoring and governance arrangements. The service was a high performer in comparison with other services registered by the provider. For example, during our inspection the registered manager was presented with an award for 100% compliance with new general data protection regulations in the quickest time relative to other services. The service was sent a letter from the provider on their staff survey engagement score of 95% which 'far exceeded' the average of 76%. This was a score given through analysis of the annual staff survey.

The service conducted regular audits of care plans, health and safety checks and medicines documentation, and had a clear system of audit tracking. Audits gave clear actions for staff to take and where improvements were identified there was evidence that discussions took place and if necessary training or support was provided. Staff told us they received feedback from audits and were continuously improving their records and practice. The registered manager attended regular supervisions with the provider's quality lead manager to discuss, monitor and analyse any health and safety matters, incidents, safeguarding and risk assessments. The provider also conducted internal inspections based on CQC's inspection model. At the last internal inspection, feedback was universally positive.

All staff we spoke with had high praise for the leadership and culture of the service, in particular for the registered manager. One member of staff said, "I couldn't have asked for a better manager. They give us compliments when we do well. It's how we've been treated. If she wasn't how she was we wouldn't think as we do. We're very lucky." Another member of staff said, "The manager is quick to praise us as well because it's great to feel like we are the people that help this place become what it is. I count myself lucky to have found this job."

There were regular staff meetings. Staff felt positively engaged by them. One staff member said, "Staff meetings are good. Everyone gets to say what they think, what we can improve or what is working well. We feel listened to and valued. I can go to the registered manager at any time with any issues." It was clear from records that staff meetings were positive and open. At the last staff meeting staff discussed safeguarding concerns, staffing arrangements and other news.

People also felt the culture of the service was positive, and that the registered manager was very involved in their care and was always approachable. Comments included, "The manager is very good; she gives me advice I really need. If I needed anything she would be there for me. Talk to her anytime. Changes are made too when you raise them", "The manager is a nice lady. Helpful woman. You can talk to her, she isn't always too busy", "The manager is helpful, nice and the best manager we have had." We saw one example where the registered manager had sat with and helped a person to write a eulogy for their loved one who had passed away by discussing their memories and feelings, and the person was supported to deliver the eulogy at the funeral. A relative we spoke with said, "Oh yes I can speak to her, she's so down to earth. Anything, she's open and helpful." There were also regular resident's meetings for people living at the service. Everyone we spoke with felt they were able to contribute, and that their suggestions were listened to and acted upon. This included as an example the redecoration of the property or the idea of hosting charity fundraising events.