Alexander's Mental Health LTD

Park View Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 3 July 2017 and was unannounced. Park View Residential Home provides residential care for up to 30 older people who have a mental health diagnosis, some may experience dementia. There were 24 people accommodated one of whom was in hospital when we inspected the service. The service comprises of four houses which are arranged into two sets of adjoining houses. Within each set of houses there are two communal lounges, a dining room and kitchen, there are some shared bedrooms. There is access between the two sets of houses via a communal rear garden. People were able to mix freely between the houses.

The service had a registered manager. 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.

Staff had undertaken relevant safeguarding training and understood their role in keeping people safe. People we spoke to told us they felt safe within the service. Risks to people had been assessed and measures put in place to manage them for their safety. Staff worked closely with health care professionals to monitor on-going risks to people and ensured required safety checks on the building were completed.

People told us there were enough staff to provide their care. People were cared for by staff whose suitability for their role had been assessed by the provider. Staff had undergone an induction to their role and told us they felt well supported through the provision of regular training and supervision. All staff underwent mental health training to enable them to support people effectively.

Processes were in place to ensure the safe ordering and disposal of medicines and they were stored safely. People received their medicines from competent, trained staff. Accurate records were maintained of people's medicines administration.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw that people experienced pleasurable meal times. They were offered a range of nutritious food choices and plenty to drink. Risks associated with people's eating or drinking were well managed.

People told us their healthcare needs were well met and that staff supported them to access healthcare services as required.

Staff were kind and considerate towards people. People told us that the staff were caring. People said staff involved them in decisions about their care and that their wishes were respected. Staff ensured people were supported to be as independent as possible. People told us staff upheld their privacy and dignity in the

provision of their care.

People had a range of care plans in place to meet their identified needs and these were reviewed and updated with them monthly. People's mental health care needs were identified and addressed within the care planning process. The service was responsive to changes in people's care needs and embraced new initiatives that could improve people's care.

The activities co-ordinator planned both group and one to one sessions across the week; each person also had an individualised weekly activities schedule that was tailored to them as an individual. People were supported to access a range of activities of interest to them.

People told us they felt able to make a complaint if they wished and would just speak out if they needed to. Processes were in place to seek people's' feedback on the service and relevant action had been taken in response to any comments received.

The provider had a clear statement which outlined their mission, vision, purpose and values which underpinned the provision of people's care. Staff were encouraged to speak out about any issues.

People told us they felt able to speak with either the registered manager or the provider. The registered manager and the deputy manager were highly visible in both sides of the service and people approached them at will.

Processes were in place to monitor the quality of the service provided and these were completed by both the registered manager and the provider. Where required actions had been identified they had been addressed to improve the service for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from the risk of abuse.

Risks to people had been identified and managed for their safety.

Sufficient numbers of suitable staff were deployed to provide people's care and checks had been made on staff's suitability for their role.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the appropriate knowledge and skills for their role.

People's consent for their care was sought. Where people lacked the capacity to consent to decisions legal requirements were met to protect their human rights.

Staff ensured people ate and drink sufficient for their needs.

Staff ensured people's healthcare needs were met in order to maintain their good health.

Is the service caring?

Good

The service was caring.

People experienced caring relationships with the staff who provided their care.

People were supported to express their views and to be involved in decisions about their care.

People's dignity and privacy were upheld in the provision of their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People's needs for social stimulation were met.

Processes were in place to enable people to make complaints and express their views of the service; feedback was acted upon to improve the quality of the service provided to people.

Is the service well-led?

Good

The service was well-led.

The provision of people's care was based on clearly defined values.

The registered manager was accessible to both people and staff. Professionals provided positive feedback about the leadership of the service.

Processes were in place to enable the provider to assess the quality of the care provided and the results were used to drive service improvements.

Park View Residential Home

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.

The inspection took place on 3 July 2017 and was unannounced. The inspection team included 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 care service. The expert by experience had experience of caring for people who may exhibit challenging behaviours.

Before the inspection the provider completed 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, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we received feedback on the service from: three specialist nurses, two social workers, a GP and a pharmacist. During the inspection we spoke with an advocate who was visiting the service and five people. We spoke with three care staff, the activities co-ordinator, the chef, the deputy manager and the registered manager.

We reviewed records which included three people's care plans, three staff recruitment and supervision records, staff rosters and records relating to the management of the service. We also observed the staff shift handover from the night to the day staff and medicines administration.

Since the last inspection of this service the provider has changed their legal entity and become a limited company. This is the first inspection of this service under the new legal entity.

Good

Is the service safe?

Our findings

People we spoke to told us they felt safe within the service. Their comments included: "Quite safe" and "I do very much so." People were provided with a welcome pack when they moved in which included details of the relevant policies in order to keep them safe and posters were displayed around the service which encouraged people to 'Speak out' about abuse.

Staff told us and records confirmed they had undertaken training in how to safeguard people from the risk of abuse. Staff understood the safeguarding process and their role and responsibility to protect people. Staff could readily access both the provider's safeguarding policies and the multi-agency safeguarding procedures. Since the provider had changed legal entity the registered manager had not needed to make any new safeguarding referrals, however, they understood their role. A social worker confirmed to us 'I did not have any concerns regarding the service being safe.' People were kept safe from the risk of abuse.

Risks to people had been assessed: for example, in relation to their mental health, mobility, skin care, vulnerability, medicines, risk of falling and personal care. Where a risk had been identified there was a care plan to say how this would be managed, for example, through the provision of equipment, monitoring of the person's mental state or staff support whilst mobilising. We observed staff gave people verbal guidance as they walked with them to provide reassurance and ensure the person's safety. If people required equipment such as a sensor mat to alert staff when they stood up then this was provided and staff were observed to respond promptly if it sounded, to check on the person's safety. Staff demonstrated a sound understanding of people's risks and how these were managed. They told us who was at risk from the development of pressure ulcers and how this was managed, through the provision of equipment and re-positioning if required.

Processes were in place to ensure people were observed by staff after any falls for complications. If the person was unable to articulate how much pain they were in then a recognised scale was used to assess the person's level of pain. A falls register was maintained to enable staff to monitor the number of falls people experienced and any trends that needed to be addressed. Their care plans were then updated with any changes required to ensure the person's safety.

The specialist nurse visited monthly to monitor any risks to people. They told us staff 'Will ring about anything that causes the slightest concern, have usually already thought of solutions and what might or might not work.' Staff worked with professionals to monitor on-going risks to people.

Records showed safety alerts were shared with staff to ensure people's safety. An alert had been received about the hot weather; staff were observed to apply the guidance and provided people with iced drinks and ice lollies to ensure they remained at a safe temperature. Regular checks were completed in relation to: equipment, electrical and gas, water and fire safety as required. Processes were in place to ensure peoples' safety in the service.

People told us there were enough staff. One person told us "I'm not just saying it, there is enough to help

me, plenty of staff. They are amazing, you can't fault them." People told us they had confidence in the staff providing their care.

The registered manager told us the service was staffed with four care staff during the day, one of whom was a senior member of staff, to lead the shift and to direct staff, in addition to the registered manager and the deputy manager. Two care staff were deployed in each house. There was also an activities co-ordinator who worked across the two houses on weekdays, two cleaners and a chef. At night each of the two houses was staffed a by a waking member of staff, who could access an on-call manager if required. Records confirmed this level of staffing for the service. Staff told us that there were sufficient staff rostered but that it could be more challenging if people were unwell. They told us that at such times management would step in and assist staff if required, this ensured people's needs were met.

Staff told us they had undergone pre-employment checks. We found one recruitment file for one of the two agency staff employed had two gaps in their employment history; the permanent staff files reviewed contained a full employment history as required. We brought this to the attention of the registered manager who took immediate action to obtain an explanation and to ensure that in future, agency recruitment files would contain all of the required information. Applicants had provided suitable references in order to provide satisfactory evidence of their conduct in their previous roles, photographic proof of their identity, a health declaration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There was also a written record of applicant's interview for their role to demonstrate what questions they had been asked as part of their recruitment. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

People told us they received their medicines at the times they needed them. The deputy manager was the medicines lead and told us about the processes in place to ensure medicines were ordered in a timely manner and safely disposed of. The provider's pharmacist said 'When acute prescriptions are issued we almost always get a follow up call from them which shows they care.' Acute prescriptions are those prescribed mid prescription cycle. Processes were in place to ensure the safe ordering and disposal of medicines.

Staff who administered people's medicines told us they had undertaken relevant training and had their competency to do so assessed six monthly; which records confirmed. We observed the registered manager completed a planned medicines competency assessment on the day of the inspection to assure themselves that the staff member was safe to administer people's medicines.

We observed a member of staff administer a person's medicines safely. They washed their hands and wore a red tabard to ensure they were not disturbed. They checked on the person's medicine administration record (MAR) who they were giving medicines to, what they were taking, how much, at what time and how. They offered people their medicines in an unrushed manner, checking the person was ready. Once they had administered the medicines they signed the MAR sheet, to ensure there was an accurate and contemporaneous record of the medicines administered. At the staff shift handover people's MAR sheets were checked for completeness.

Staff had access to written guidance for people about their medicines. For example, people had protocols for medicines which are given 'as required.' People's MAR sheets also provided guidance about how and where to apply their topical creams, to ensure they were effective.

Daily checks were completed on the temperature of the medicines fridge and the room where medicines

were stored, to ensure they were stored at a safe temperature. Medication stocks were regularly checked to ensure there was an accurate record of the medicines held. The expiry dates on medicines were checked monthly to ensure they remained safe to use. Controlled medicines are medicines which require a greater level of security. These were safely stored and records we checked for a controlled medicine, matched the stock held. Medicines were stored safely.

Good

Is the service effective?

Our findings

Staff told us they had received an induction to their role. Records showed staff had completed the provider's induction and the Care Certificate, which is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. People were cared for by staff who had undergone an effective induction to their role.

Staff told us they felt well supported in their role with the provision of regular training and supervision which records confirmed. Supervisions took the form of both one to one meetings with staff and practical observations of staff practice to enable them to reflect upon the quality of the care they provided to people. Records demonstrated staff received an annual appraisal so they could review their work across the year and identify opportunities for future development.

In addition to the provider's required training, records demonstrated staff were offered a range of specialist training to equip them with the knowledge and skills to meet the needs of the people for whom they provided care. This training included areas such as: mental health, dementia, tissue viability, positive risk taking and diabetes care. A nurse reported 'Any training of any sort that I put on is always attended - and any changes suggested/discussed always implemented.' Records showed that 12 of the 23 staff held a professional qualification in care. People were cared for by staff who were appropriately trained for their role.

People told us staff requested their permission before providing them with care and were observed to do so. Where possible people had signed their care plans to demonstrate they had been consulted about the care provided to them and their agreement with their care plan.

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.

Staff told us they had undertaken MCA training, which records confirmed and understood how it applied in their work with people. They described to us how they would support people to make decisions about their care, such as what to wear, by showing people two outfits to choose from. The registered manager told us about best interest meetings that had been held for people when they lacked the capacity to make certain decisions about their care, which records confirmed. The registered manager understood when people might need access to an advocate to represent their interests. This had been arranged for people where required to ensure their human rights were upheld if they lacked the capacity to make a specific decision.

A DoLS application had been submitted and the registered manager was waiting for it to be processed by the supervisory body. The application was underpinned by MCA documentation which demonstrated: whether the deprivation was necessary, how they had assessed whether to seek authorisation and the measures taken to avoid deprivation of liberty for the person. Staff were aware of why the application had been made; the correct legal processes had been followed.

People told us they received plenty of food and that they enjoyed their meals. A person told us 'We have a choice of different options every day.'

At breakfast we noted the tables had been laid which made breakfast a more inviting experience. We saw people greeting each other and chatting as they sat down. Staff brought a pot of tea and a jug of milk for each table, so people could help themselves. The chef told us people chose their meals on a weekly basis. They recognised that not all people were able to do this and some chose their meal on the day. At lunch people were offered a choice of two meals, but if they did not want either they could choose an alternative, which one person did. Fresh fruit was available to people across the day. People were provided with a range of nutritious foods.

People had been weighed monthly or more regularly if required and their Malnutrition Universal Screening Tool (MUST) score calculated. MUST is a screening tool to identify adults who are at risk from either malnourishment or being overweight. If people were at risk of weight loss then they were on a food diary, to document and monitor their food intake. The chef told us about the measures in place to manage a person's risk of weight loss by supplementing their diet with full fat foods and snacks.

Staff provided people with drinks across the day. Where people required their fluid intake to be monitored they had a fluid chart, which demonstrated they were well hydrated. However, there was no written guidance for new staff about how much fluid people should be prompted to drink or a total for their daily intake. Staff told us this was discussed verbally at staff shift handovers so they could identify anyone for whom they needed to prompt fluids and were knowledgeable regards who was at risk. Although this had not impacted upon people's welfare, we discussed the forms with the registered manager who took immediate action. Following the inspection they provided us with an updated fluid form which now contained written guidance for staff.

People told us staff supported them to ensure their healthcare needs were met. One person told us "Yes they do, thank God I haven't needed to go to the doctors that much. But if I do need to ever go staff take me."

Records demonstrated people saw a range of healthcare professionals as required. These included: GP's psychiatrists, speech and language therapists, social workers, community nurses, chiropodists, dentists and opticians for example, to ensure their physical and mental healthcare needs were met. People had a 'Health Action Plan' in order to identify what their healthcare needs were and how they were to be met. They also had an annual health review with their GP to monitor their mental and physical health. Feedback from healthcare professionals demonstrated people were supported to access a wide range of disciplines and that there was a strong focus on promoting people's good health. A GP reported 'They are responsive when I ask for tests or observations to be done and do these promptly.' People's healthcare needs were identified and met.

Good

Is the service caring?

Our findings

People told us staff were caring. One person commented "They are very good staff" and another said staff were "Very kind." A third person told us that if they were upset "Staff try to sort it out somehow." A nurse informed us 'I have always found all of the care staff to be caring, kind and empathetic.' Whilst a GP reported 'The staff are friendly and helpful and appear caring and patient to the residents.'

People appeared relaxed and comfortable in the company of the staff who attended to them. Staff were friendly in their approach to people, smiling and spoke to people in a kindly manner. Staff used touch where appropriate as a form of communication when speaking with people and got down to the person's level when speaking with them. Staff were kind and considerate towards people.

We observed that when a staff member was unable to attend to a person immediately, they explained to the person why and how long it would be before they could attend to them. This reassured the person who accepted their explanation.

People's care records noted if people had any vision or hearing needs which could impact upon their communication and how these were managed, for example; through the provision of glasses or a hearing aid. Staff had a good understanding of people's communication needs and told us about them and how they were met.

People were observed to be well-presented and well kempt. We saw that some of the ladies had had their nails done and the hairdresser visited the service regularly. Staff had supported people in accordance with their wishes to maintain their personal appearance.

People told us staff involved them in decisions about their care. One person said "I have conversations with them, they always ask me first before going ahead with anything" and "Staff respect my decision."

Staff told us that most people could make day to day decisions about their care. A staff member told us "I involve people in decisions and give them choices." Staff ensured people were provided with sufficient information to make a choice. A person was seen to be unsure about eating their meal. Staff explained exactly what was on their plate and reassured the person who then decided to eat it. We heard the activities co-ordinator consulting with people regarding whether they wished to go out later that day and discussing the options with people. People were observed to make choices across the inspection, sometimes independently and sometimes with the support of staff. For example, we noted some people chose where to eat, whether in the dining room, the lounge or their bedroom, whilst others were asked by staff where they wanted to eat.

A person had made a choice about their lifestyle; which was not necessarily one that would be perceived as 'healthy.' Staff had assessed the person had the capacity to make this choice and therefore respected the person's right to self-determination. Staff were observed to support the person with their chosen lifestyle choice and in doing so demonstrated a non-judgemental attitude. People's wishes were respected.

A social worker told us 'Residents are well cared for, treated as individuals and in spite of their mental ill health are given as much freedom as possible within their capabilities. It (the service) is extremely effective in promoting independence and dignity amongst the residents in their care.' Care plans noted people's right to independence and choice. Staff were able to tell us who was more independent and who required greater levels of support. A person told us how staff ensured their independence was maintained during the provision of their personal care.

People told us staff upheld their privacy and dignity when providing personal care. One person commented "If I want to be on my own I just go to my room." Whilst a second person said "Yes they knock before coming into my room."

If people required personal care this was provided in private. Staff were able to describe how they ensured people's privacy and dignity were maintained, for example, by knocking on people's bedroom doors before entering and by ensuring they were covered. They told us that where people shared a bedroom then there was a privacy screen which they used to provide people's care in order to uphold their rights.

We observed a person was given their medicines in the lounge when no-one else was present. The provider recognised that it was not always possible in a care home environment to give people their medicines in private. Records showed people had been consulted about whether they agreed with having their medicines administered in a communal area or whether they wanted them provided in private. Consideration had been given to people's privacy and dignity regards medicines administration and their views had been sought.

Good

Is the service responsive?

Our findings

People had a range of care plans in place to meet their identified needs and these were reviewed and updated with people on a monthly basis through meetings with a member of staff who was the person's 'keyworker'; which gave the person the opportunity to contribute their views. A keyworker is a member of staff responsible for drawing up the person's care plans with them. People confirmed to us they were involved in planning their care. A social worker commented 'Care plans are always up to date and regularly reviewed.'

People's care records noted their personal life story, their history, significant dates and life experiences. Staff used this information to plan people's care. For example, staff told us that in recognition of a person's cultural heritage the service had celebrated a saint's day. People's individual preferred routines across the day were noted, for example, if a person liked a cup of tea when they woke up. A person's care plan recorded that they liked to spend time alone in their room and staff were seen to support the person to go back to their room when they wished to do so. It was also noted what interested people, what they liked to talk about and subjects they were not comfortable discussing. This information provided staff with guidance which they could use in the provision of people's care.

If people were living with a specific medical condition, then they had a care plan to provide staff with guidance about how to meet their care needs. There was also information for staff to inform them about any factors they should be aware of to provide the person with safe care. For example, if people were living with diabetes then their file contained information for staff on hyperglycaemia and hypoglycaemia which is when a person's blood glucose levels become dangerously high or low.

Where people's behaviours were more challenging to staff or they required closer monitoring, observational charts were in place to enable staff to document the level of monitoring which had been provided to people in response to their needs. There was guidance for staff in people's care plans about the triggers, signs and actions to take in response to people's mental health presentation or behaviours. For example, whether staff should give the person time to themselves or use distraction. We observed that a person did not want their meal; another staff member was used to try and engage the person. However, when it became clear the person was becoming irritated; staff withdrew to give the person space before offering their meal at a later time.

Staff had a good level of knowledge about each person; this was confirmed by a person who told us "Yeah.... they know me inside out." Staff received a comprehensive handover of information about people at the start of each staff shift. Records demonstrated that important information about people's welfare was passed to staff either for their information or for them to act upon. For example, any current risks to people that staff needed to monitor were discussed and documented to ensure people's safety across changes of staff on shifts.

Staff monitored people's on-going needs and were responsive to changes. For example, a person's bedroom had been changed in response to an increase in their mobility needs to make it easier for them to access

their bedroom.

Staff were responsive to new initiatives and were about to embark on the use of the 'Red bag' scheme in conjunction with the local clinical commissioning group and national guidance. This scheme is where a red bag is used to transfer paperwork, medication and personal belongings when a person is admitted to hospital and stays with the person before being returned home with them. Staff were applying national guidance and working with other providers to improve people's experience of hospital admission.

The activities co-ordinator planned both group and one to one sessions across the week for people; each person also had an individualised weekly activities schedule. This included any of the group activities people wished to attend such as a tea dance or the ladies club, but also built in activities relevant to that person's interests such as: talking with staff, reading magazines and going out. A specific activity session had been held on a one to one basis to meet a person's needs in relation to their physical disability which could preclude them from participating in some of the other activities on offer; this had ensured they received the stimulation they needed. The activities co-ordinator told us that another person very much enjoyed reading. Since the mobile library service had ceased, staff either supported the person to visit their library or went and fetched books for the person from their reading list. Another person enjoyed baking, so there was a weekly baking session. Staff supported people to pursue their personal interests. In addition to the weekly programme of activities, the activities co-ordinator planned monthly outings for people to places of interest which included: the pub, cinema trips, picnics, shows and visits to places of interest. This enabled people to access the wider community and to participate in regular stimulating visits.

We observed a craft activity run by the activities co-ordinator. They were very proactive and engaged with everyone in the group. They also validated people's efforts and provided positive re-enforcement for people's achievements.

People told us they felt able to make a complaint if they wished and would just speak out if they needed to. People were provided with a copy of the complaints procedure in an accessible format in their welcome pack. Details of how to make a complaint were also displayed within the service. People were provided with the opportunity to raise any complaints at their monthly keyworker meetings and residents meetings. Staff understood their role in supporting people to make a complaint if required. Although no complaints had been received since the provider's change of legal entity, records showed that complaints were a standing agenda item at the staff meetings; in order to ensure any learning from complaints was shared with staff.

People's views on the service were sought through their monthly keyworker meetings, monthly resident's meetings and quality assurance processes. Resident's meetings were co-chaired by people and staff. At meetings people were asked for their feedback on items such as: the food provided, staff, the environment and activities. Records showed people had asked for more homemade desserts and we saw these had been provided.

The registered manager told us the annual quality assurance survey had just been circulated. To date 10 people had returned their questionnaires and five family and friends and 15 staff. Although the registered manager was waiting to collate the full results once received, they had reviewed the forms as they were returned. Overall there was a high degree of satisfaction with the service. Two relatives had raised the same query about the working of the TV aerial and immediate action had already been taken in response to their feedback to address this for people.

Good

Is the service well-led?

Our findings

The provider had a clear statement which outlined their mission, vision, purpose and values which underpinned the provision of people's care. Staff told us they learnt about the provider's values during their induction process. The values encompassed: empowerment of people to reach their full potential, acceptance and understanding of dementia and mental health issues within the community and the promotion of equality, inclusion and diversity. Staff were observed to apply these values in their work with people across the inspection. For example, by supporting people to pursue their individual interests and to access the community.

The service had an open culture, staff told us and records confirmed there were regular staff meetings to enable them to discuss any issues about the service and people's care. Staff were able to tell us about the process to raise any concerns internally or externally if required for people.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. People told us they felt able to speak with either the registered manager or the provider.

Professionals involved with the service provided very positive feedback about the management. A pharmacist told us 'They have excellent leadership.' A nurse commented 'The manager is kind and cares deeply about her patients and staff.' A social worker reported 'The service is very well led, as it is owned by two ex-psychiatric charge nurses, who run a very good in house training scheme surrounding the different mental illnesses and the skills required to deal with these. The staff are enthusiastic and caring.'

Staff told us of the registered manager "She is always very open and gives everyone time" and "She puts people first." Another staff member confirmed that "The service is well-led" with "Good communication." Staff told us the providers were "Accessible," the registered manager confirmed they were supportive.

Throughout the inspection both the registered manager and the deputy manager were highly visible in both sides of the service. People immediately greeted them and were happy to go up and speak with them. The deputy manager told us they spent some of their hours working on the floor which enabled them to observe staff's practice and for management to be available to people on some weekends, which records confirmed. The registered manager was seen completing an observed practice with a staff member, which enabled them to assess the quality of care being provided by staff. People experienced positive and open relationships with management.

The provider had a service improvement plan for the period 2017-2022, this encompassed all of their services and had been drawn up in consultation with people and staff. This set out the provider's aims and objectives for future developments. For example, this included plans to refurbish the service in order to further improve the environment for people in relation to wheelchair accessibility and the provision of en-suite facilities where they were not currently available. Actions such as replacing the lounge chairs were already underway for people.

The registered manager completed a bi-monthly audit of the service which was sent to the provider to enable them to monitor the quality of the service provided. The audit identified: any changes to the service, new people accommodated, care plan reviews completed, staffing, training and provided details of any complaints, safeguarding's or incidents that had occurred. Details were also provided of any actions being taken in response to issues identified. This ensured the provider was provided with information to enable them to monitor the quality of the service for people. The provider visited the service and completed a bi-monthly audit, which was last completed on 2 May 2017; this was designed to measure if the service was meeting their policies and procedures and legal requirements. It also enabled the provider to meet with people and staff and to seek their views. Where issues were identified such as the need to provide people with a copy of the complaints leaflet, these were added to an action plan that was then completed by the registered manager.

The provider had recently introduced a single form to document and log any incidents, accidents, complaints and concerns. Staff had received instruction on the use of the form which was designed to streamline the reporting and monitoring processes within the service and to enable them to more clearly evidence the actions taken in response. The log demonstrated that three issues had been reported since the provider had changed legal entity. It was clearly recorded the actions taken in relation to each and whether they were closed or on-going. For example, following the latest incident, the person's risk assessment had been updated and action had been taken to reduce the likelihood of repetition. This information was then sent to the provider as part of the registered manager's audit to ensure they were aware of any issues reported and the actions taken for people.

The registered manager told us and records confirmed staff completed a daily visual health and safety check of the service for people, they completed a weekly registered manager's checklist, in addition to the annual health and safety audit, which was last completed on 29 June 2017. Following this audit action was being taken to replace some cracked glass and to repair a window lock for people. Processes were in place to regularly monitor the safety of the service for people and any required actions were taken.

Medicines were audited by the provider as part of their bi-monthly audit. They were also audited externally on an annual basis by the provider's pharmacist. Records showed that at the last audit on 30 November 2016 the fridge although clean was not storing medicines at the correct temperature. Records demonstrated that a new fridge was purchased immediately and the importance of reporting if the fridge was operating outside the required range was discussed at a staff meeting. Current records demonstrated the new fridge was operating at the correct temperature in order to store people's medicines safely.