Barley Healthcare Ltd

Greycroft 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

We carried out an inspection of Greycroft Residential Home on 10 and 15 May 2017. The first day was unannounced.

Greycroft Residential Home provides accommodation and care and support for up to 14 people, some of whom were living with dementia. The service does not provide nursing care. There were 13 people accommodated in the home at the time of the inspection. The service was registered with the Care Quality Commission (CQC) in November 2015. This was the first ratings inspection since that date.

Greycroft Residential Home is an older type extended property providing facilities on two floors which could be accessed by a stair lift. There were two lounges and a conservatory dining room leading onto a decking area with ample seating for people and their visitors to enjoy in the warmer months. There were twelve single bedrooms and one double bedroom.

The service was managed by 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.

People told us they felt safe and staff were caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. The registered manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and there were no restrictions placed on visiting times for friends and relatives.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. The atmosphere in the home was happy and relaxed. From our observations it was clear staff knew people well and were knowledgeable about their individual needs, preferences and personalities.

Appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority and people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005. People were supported to have 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.

Each person had a care plan that was sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and, where appropriate, they were involved in decisions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

People considered there were enough staff to support them when they needed any help and they received support in a timely and unhurried way. The registered manager followed a robust recruitment procedure to ensure new staff were suitable to care for vulnerable people and arrangements were in place to make sure staff were trained and supervised.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained and supervised to do this safely.

Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. Some people had arranged their bedrooms as they wished and had brought personal possessions with them to maintain the homeliness.

Activities were appropriate to individual needs. People told us they enjoyed the meals and had been involved in developing the menu. They were provided with a nutritionally balanced diet that catered for their dietary needs and preferences.

People were encouraged to be involved in the running of the home and were kept up to date with any changes. People were aware of how to raise their concerns and were confident they would be listened to. Action had been taken to respond to people's concerns and suggestions. This showed that people were able to influence developments at the service.

People considered the service was managed well. There were effective systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.
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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 protected against the risk of abuse and felt safe in the home.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment practices were followed.

People's medicines were managed safely and administered by staff who were trained and competent.

Is the service effective?

Good

The service was effective.

Staff were appropriately supported to carry out their roles effectively through a system of induction, relevant training and regular supervision.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People's health and wellbeing was consistently monitored and they had access to healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good

The service was caring.

Staff responded to people in a friendly, caring and considerate manner and we observed good relationships between people.

People's privacy, dignity and independence were respected. Where possible, people were able to make their own choices and were involved in decisions about their day.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Where appropriate, people had been involved in the care planning process.

People were provided with a range of appropriate social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

People made positive comments about the management arrangements at the service.

Effective systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

Greycroft 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 was planned to check whether the provider was 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 10 and 15 May 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection the provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team and commissioning team for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the provider, the registered manager and three care staff. We spoke with seven people living in the home and with one visitor.

We looked at a sample of records including four people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits. We also looked at the results from the recent customer satisfaction survey.

Good

Is the service safe?

Our findings

People spoken with told us they felt happy and safe in the home. They said," It is a lovely place; I have never heard a cross word from staff" and "Everyone is looked after and there is always someone around to make sure I am safe." A visitor said, "I know [family member] is safe and looked after."

During the inspection we observed people were comfortable around staff and were happy when staff approached them. We observed staff interaction with people was kind, friendly and patient.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and from the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was easily accessible to staff, people living in the home and to visitors to the home. A member of staff was the designated Safeguarding Champion and provided other staff with updates and daily support and advice.

We discussed safeguarding procedures with staff. They were clear about what to do if they witnessed or suspected any abuse and indicated they would have no hesitation in reporting any concerns they may have. They told us they had received safeguarding vulnerable adults training and the records we looked at confirmed this. Staff told us they were confident the management team would deal appropriately with any concerns they raised. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

Our records showed there had been behavioural incidents between people living in the home. We found individual assessments and strategies were in place to help identify any triggers and to guide staff with how to safely respond when people behaved in a way that challenged the service. Incidents were recorded and reported in detail and closely monitored by the management team. Appropriate referrals were made to the mental health team as needed. Staff had access to policies and procedures and records confirmed training had been provided. Training and guidance helped keep staff and others safe from harm.

We looked at how the service managed risk. Environmental risk assessments were in place and there were procedures to be followed in the event of emergencies. Individual risks had been identified in people's care plans and kept under review. Risk assessments included skin integrity, nutrition, dependency, falls and moving and handling. We also noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building. Records were kept of any accidents and incidents that had taken place at the service and the information was analysed for any patterns or trends.

Training had been given to staff to deal with health emergencies and to support them with fire safety and the safe movement of people. Designated moving and handling champions were responsible for supporting staff with safe practice. We observed safe and appropriate moving and handling interactions during our visit.

People living in the home and their relatives told us they did not have any concerns about the staffing levels or the availability of staff. A visitor said, "There are enough staff and they are lovely with people." We observed staff were attentive to people's needs in a timely way and were available in all areas of the home; we noted staff response to call bells was monitored. We observed staff taking time to talk to people and to listen to them. We found there were three staff available during the day and two staff at night. A cook and a cleaner were available during the week and care staff provided cover at the weekend. An activities person and a maintenance person were available for pre-arranged days each week. The registered manager was available five days each week with an on call system in place and known to staff. We noted any shortfalls due to leave or sickness were covered by existing staff; this ensured people were cared for by staff who knew them.

We found appropriate checks had been completed before new staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. New staff completed a probationary period during which their work performance was reviewed. We noted the provider had a recruitment and selection policy and procedure which reflected current regulatory requirements.

We looked at how people's medicines were managed. Prior to the inspection we received a number of notifications from the service relating to medicines management issues. During our inspection we found appropriate action had been taken to address the shortfalls and additional monitoring had been put in place. Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action.

We found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. However, we noted prescriptions were not seen by the home prior to dispensing, boxes and bottles were not routinely dated when opened and disposal records were not witnessed. The registered manager assured us this would be resolved. We observed people's medicines were given in the correct manner with encouragement as needed. People confirmed they were given their medicines when they needed them.

A monitored dosage system (MDS) of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate sleeves according to the time of day. Care staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to.

The Medication Administration Records (MAR) charts we looked at were accurate, clear and up to date. Medicines were clearly labelled and codes had been used for non-administration of regular medicines. There were records to support 'carried forward' amounts from the previous month which helped to monitor whether medicines were being given properly. People were identified by photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of administering certain medicines to them.

Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered, stored and disposed of appropriately and recorded in a separate register. We checked two people's controlled drugs and found they

corresponded accurately with the register.

We looked at the arrangements for keeping the service clean and hygienic. We found the home was clean and odour free. However, we noted the flooring in the laundry was damaged and could present a risk of infection; the registered manager was aware of this shortfall and appropriate action was being taken. One person told us, "It's always lovely and clean and fresh smelling." Infection control policies and procedures were available and staff had received appropriate training. The registered manager was currently the designated infection control lead. She was responsible for conducting checks on staff infection control practice and keeping staff up to date.
We noted staff hand washing facilities, such as liquid soap and paper towels were available in bedrooms and pedal operated waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were seen in use around the home. A domestic person worked each week day. Cleaning schedules were completed and sufficient cleaning products were seen to be available. There were audit systems in place to support good practice and to help maintain good standards of cleanliness.

We saw equipment was safe and had been serviced. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. Training had been given to staff to deal with emergencies and to support them with the safe movement of people, fire safety and emergency first aid. Visitors were asked to sign in and out which would help keep people secure and safe.

In February 2016 the environmental health officer had awarded the service a five star rating of 'Good' for food safety and hygiene.

Good

Is the service effective?

Our findings

People were happy with the service they received at Greycroft Residential Home. They told us, "It is a lovely place. The staff are very good", "It's wonderful. I am waited on and I am looked after", "It is a very homely and comfortable place; it is my home now" and "I am very happy; I don't want for anything." A visitor commented, "I am very happy with everything."

We looked at how the service trained and supported their staff. We found staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them to support people properly. Additional training had been provided to support staff with developing their knowledge and skills in areas such as leadership and management. All staff had completed a nationally recognised qualification in care or were currently working towards one. Staff told us, "I get the training I need; I am emailed what is needed" and "I get enough training; if I need any more I only need to ask."

Records showed new staff received a basic induction into the routines and practices of the home which included a period of time working with more experienced staff. The Care Certificate had been introduced. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One new member of staff told us their induction had been very useful for them.

Records showed staff were provided with regular supervision and assessments were undertaken to check their knowledge and competence. An appraisal of their work performance was undertaken each year which would help identify any shortfalls in their practice and any additional training needs. Staff told us they felt supported by each other and by the management team. Regular staff meetings allowed staff to express their views and opinions and to be supported and kept up to date. Regular handover meetings, handover records and communication diaries helped keep staff up to date about people's changing needs and the support they needed. Staff spoken with had a good understanding of people's needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager and staff expressed an understanding of the processes relating to MCA and DoLS and records showed they had received training in this subject. At the time of the inspection four DoLS applications had been made to the appropriate agency. This helped to ensure people were safe and their best interests were considered.

We observed people being asked to give their consent to care and treatment by staff. Care records showed people's capacity to make decisions for themselves had been assessed and useful information about their preferences and choices was recorded. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person. We found people's consent and wishes in relation to care had been recorded. This meant that people, particularly those with limited decision making, would

receive the help and support they needed and wanted.

The service had a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). We looked at records relating to DNACPR decisions. Records showed decisions had been discussed with people and/or their relatives and with a medical practitioner and clearly documented to ensure their wishes would be upheld. The registered manager told us further discussions were taking place with people and their visitors to help them to gain a better understanding.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are very good", "I always get enough to eat" and "I can have what I like; I enjoy the meals. They asked us what we would like on the menu."

During our visit we observed lunch being served. The dining tables were appropriately set and condiments and drinks were available. Adapted cutlery and crockery was provided to maintain people's dignity and independence. People were able to dine in other areas of the home if they preferred. The meals looked appetising, attractively served and hot and the portions were ample. The dining experience was very much a social affair with friendly chatter and laughter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals. People were offered a choice of meal; there were pictures of the different meals available although we did not see these used. We noted a range of drinks, fruit and snacks were offered throughout the day.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported to maintain good health. People's health care needs were assessed and kept under review. People were registered with a GP and staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Staff were able to access electronic clinical consultations which meant prompt professional advice could be accessed at any time and in some cases hospital visits and admissions could be avoided.

We found the home was comfortable and warm and aids and adaptations had been provided to help maintain people's safety, independence and comfort. Some areas of the home needed attention although we noted there was an up to date development plan for the home which was being monitored by the senior management team. A system of reporting required repairs and maintenance was in place and we were told repairs were done promptly.

People told us they were happy with their bedrooms and some had arranged their rooms as they wished with personal possessions that they had brought with them to promote a sense of comfort and familiarity. Bathrooms and toilets were located within easy access of bedrooms and commodes were provided where necessary. Some people's bedroom doors had their name or familiar items displayed outside to help them recognise their bedrooms. However, we noted patterned carpets were provided in the communal areas which were inappropriate for people living with dementia. The registered manager told us consideration was being given to replacing the carpets.

Good

Is the service caring?

Our findings

People told us the staff treated them with care, kindness and respect. People's comments included, "Staff are kind and caring. They are lovely", "Staff are polite and kind but we can have a laugh about things with them" and "I do what I want." A visitor confirmed they were always made welcome in the home and they were kept up to date with any changes. Staff told us, "The care is very good and people have choices about what they want to do" and "People are looked after. The care and support is good."

We saw messages of thanks from people or their families which highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. People were encouraged to maintain relationships with family and friends. People confirmed there were no restrictions placed on visiting and visitors told us they were made welcome in the home

The registered manager and staff were considerate of people's feelings and welfare. We observed good relationships between staff and people living in the home and overheard laughing and encouragement during our visit. Staff understood the way people communicated and this helped them to meet people's individual needs. People who required support received this in a timely and unhurried way. We saw people were treated with respect and staff spent time chatting with people. In the afternoon we observed a member of staff supporting one person with a drink and a piece of cake; the interaction was kind and unrushed and the staff chatted to the person throughout. People appeared comfortable in the company of staff and it was clear they had developed positive relationships with them.

People's privacy and dignity was respected. We saw people were dressed appropriately in suitable clothing. Each person had a single room which was fitted with appropriate locks. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. We saw pictures of door knockers on bedroom and bathroom doors to remind staff to knock before entering. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own possessions. One person said, "I like my room; it is clean and comfortable."

Where possible, people were able to make their own choices and were involved in decisions about their day for instance how they wished to spend their time and what they wanted to eat. People told us, "I can do as I please" and "I tell them when I want to go to bed or when I would like to get up." Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence. People were encouraged to express their views by means of daily conversations and satisfaction surveys. Meetings for people living in the home and their relatives had not taken place. However, we found people were aware of proposed events and changes. One person said, "We don't have a sit down meeting but we have a newsletter which has everything in that you need to know."

People were provided with information about the service in the form of a service user guide; this gave useful information about the standards they should expect. There was information about advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

All staff were bound by contractual arrangements to respect people's confidentiality. People's records were kept safe and secure and there was information available to inform them on how their rights to confidentiality would be respected.

Good

Is the service responsive?

Our findings

People were complimentary about the staff and their willingness to help them. People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the registered manager. People said, "I have no complaints at all. Everything is good. I would tell the staff if I was unhappy with anything" and "We have nothing at all to grumble about. I couldn't ask for a nicer place and nicer people." A visitor said, "I have spoken to staff when things haven't been just right and they have always addressed any concerns."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted there was a complaints procedure displayed in the entrance of the home and in the information guide. A feedback book was available in the entrance hall for people living in the home and their visitors to make any comments.

There had been two complaints made about this service in the last 12 months regarding mealtimes and laundry services. Records showed appropriate and timely action had been taken to respond to the complaints. The information had been discussed with staff to help improve the service. We saw seven complimentary comments had been received about the service in the past 12 months. Comments included, '[Family member] couldn't have been looked after better' and 'Thank you for looking after [family member]". Other comments indicated an appreciation of the 'love and care', 'kindness' and 'dignity and compassion' shown.

Before a person moved into the home a detailed assessment of their needs was undertaken by the registered manager. Records showed information had been gathered from various sources about all aspects of the person's needs. Most people were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff were able to determine whether the home was able to meet their needs.

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. We found good information was recorded about people's likes, dislikes, preferences and routines to help ensure they received personalised care and support in a way they both wanted and needed. However, one person's plan did not reflect the care and support being provided by staff in relation to skin integrity and another person's plan did not clearly reflect why a DoLS application had been made. We discussed this with the registered manager and this was actioned immediately. The information in the care plans had been kept under review and updated on a monthly basis or in line with changing needs. Some people or their visitors had been involved in the review of their care; the registered manager told us further work was planned in this area. A visitor told us they were kept up to date and involved in decisions about care and support.

There were systems in place to ensure staff could respond quickly to people's changing needs. This included

a handover meeting at the start and end of each shift and the use of communication diaries and handover sheets. Daily records were maintained of how each person had spent their day and these were written in a respectful way.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

From our discussions and from the records maintained we could see that people were able to participate in meaningful activities in small groups or on a one to one basis. Activities included, games, crafts, gardening, sing a longs and visits to the local shop. Structured activities were provided every 'Friday Fun Day' and other activities provided by care staff during the day. During our visit we observed people playing cards, chatting with staff or in small groups, watching TV, listening to music and enjoying an ice cream whilst sat in the sunshine. People told us how they had enjoyed the Queens Jubilee celebrations and making bird feeders. People said, "I can watch TV or join in. It depends how I feel on the day", "I do what I would normally do at home. I'm happy with that", "We get our hair and nails done; it's like being on holiday" and "There are things to do to stop us from getting bored. I like to have a chat with staff. I have made some good friends here."

The service had good links with the local community such as local schools and charitable and fund raising organisations. Regular social events for people living in the home and their visitors were held. People were supported to follow their faith.

Good

Is the service well-led?

Our findings

People spoken with during the inspection made positive comments about the leadership and management of the home. People living in the home said, "It is a very nice place and it seems to be run very well" and "I couldn't suggest any way to improve the place. It is my home and the staff know what they are doing." Staff spoken with made positive comments about the management team and the way the home was managed. They said, "The new owners have improved things in many ways", "The owners and the manager are very nice and take time to talk to people" and "It is a nice place; it is well run and a nice home for people."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home interacting warmly and professionally with people, relatives and staff. We were told the registered manager was available to speak to people, their visitors and staff at any time. The registered manager was described as 'approachable' and 'supportive'.

The registered manager told us she was supported by the providers (owners) who were in regular contact about the operation of the service. We were told they regularly visited the service to monitor compliance and were available to talk to staff, people using the service and their visitors. However, records of the visits were not made. We discussed this with the providers and we were told suitable records would be introduced. The management team had set out planned improvements for the service in the Provider Information Return. This showed us they had a good understanding of the service and strove to make continual improvements.

We found effective systems were in place to assess and monitor the quality of the service in all aspects of the management of the service such as medicines management, nurse call responses, equipment, accidents and injuries, care planning, infection control, falls, record keeping and the environment. We saw that any shortfalls had been identified and appropriate timescales for action had been set and had been monitored by the management team.

People were encouraged to voice opinions informally through daily discussions with staff and management. We noted people had raised dissatisfaction with the meals served. Further discussion had taken place and a new menu was developed taking into account people's comments and expressed preferences. This showed people's views were listened to. A regular newsletter was available to keep people up to date and involved in the service. Annual satisfaction surveys were undertaken; the results from a recent survey indicated a high satisfaction with the service.

All staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. One member of staff told us, "I really enjoy my work. It's a good team here and we all work well together." Staff indicated they had a high satisfaction with their jobs and they felt valued. We were told staff loyalty/length of service had recently been recognised. In addition people were able to nominate a member of staff as 'star of the season'. Regular meetings were held and the minutes showed a range of information had been discussed.

Staff told us they were able to air their views and felt they were listened to.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies. Accidents and incidents were recorded and analysed to help identify any patterns or areas requiring improvement. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

The registered provider had achieved the Investors In People (IIP) award which is an external accreditation scheme that focused on the provider's commitment to good business and excellence in people management. The service was also a member of the social care commitment to develop and deliver high quality care.