# Dalskats Limited

# Lynwood

## Inspection report

Rock Road
Chudleigh
Newton Abbot
Devon
TQ13 0JJ

Tel: 01626859735
Website: www.homeorchard.co.uk

Date of inspection visit:
30 June 2016

Date of publication:
01 August 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Lynwood is registered to provide personal care and accommodation for up to three young adults who may have a learning disability or an autistic spectrum disorder. Lynwood is situated on a residential road in the town of Chudleigh.

This inspection took place on 30 June 2016 and was unannounced. This service had not been inspected prior to this date.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Lynwood is located within a short walking distance of two other homes owned and run by the provider. One of these is located on the grounds of a small working farm. People who lived in Lynwood were able to visit the farm at any time and take part in animal care. The animals on the farm included horses, sheep, chickens, ducks and geese. Also located on the farm was a large vegetable garden, an art room and a workshop area which offered woodwork and mechanics.

People's individual health and support needs were assessed and specific management plans had been put in place to meet these needs. Specialised external healthcare professionals had been consulted and involved in the creating of these plans alongside the people they related to, their relatives and staff. Where people displayed behaviours which may present risks to themselves or may heighten their anxieties, steps had been taken to ensure the best possible communication methods were being used to reduce these risks.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to ensure the risk to people was minimised. Premises and equipment were maintained to ensure people were kept safe and there were arrangements in place to deal with foreseeable emergencies.

People were protected by staff who knew how to recognise possible signs of abuse. Staff told us what signs they would look for and the procedures they would follow to report these. Safeguarding contact numbers were accessible to staff and people who lived in Lynwood were also provided with information for reporting concerns.

Recruitment procedures were in place to ensure only people of good character were employed by the home. Potential staff underwent Disclosure and Barring Service (police record) checks to ensure they were suitable to work with vulnerable adults.

Staff treated people with kindness and respect. People enjoyed pleasant and affectionate interactions with staff who spoke highly of the people they supported. Staff knew people's preferences and used people's

preferred communication methods to speak with them and gain their views. Where people had specific routines, staff knew and respected these to ensure people felt as calm and comfortable as possible.

People benefited from a number of meaningful activities which met their individual interests. For example, people took part in music groups, walks, gardening, swimming and tending to animals on the farm. On the day of our inspection people were out and about taking part in activities with staff and enjoying themselves.

Staff had the competencies and the information required to meet people's needs and support them to lead fulfilling lives. Staff received regular training, supervision and appraisal. Staff told us they could always ask for more training and supervisions if they wanted to.

Each person had a detailed care plan which had created using their relatives', healthcare professionals and their own input. These care plans were highly person centred and contained people's views and preferences. People were supported to participate in the reviews of their care and give their feedback on their experience of living in Lynwood.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and put this into practice. People were asked for their opinions and choices wherever possible, using individual communication methods. People were supported to be involved in every aspect of their care, including the recruitment of the staff who supported them. Some people were being deprived of their liberty as they were under constant supervision and were not able to leave the home on their own for their own safety. The registered manager had made the appropriate Deprivation of Liberty Safeguard (DoLS) applications and renewals.

Each person living in Lynwood received one to one care from staff during the day. There were sufficient numbers of staff to ensure people received the care they needed and were able to take part in the activities and outings they wanted.

People were supported to have enough to eat and drink. People chose what they wanted to eat and mealtimes were a sociable experience with staff eating alongside people. People were supported to make decisions about the foods they wanted to eat and mealtimes were relaxed and flexible in order to fit in with people's daily lives.

All the people who lived in Lynwood required support with taking their medicines and staff had been trained to administer their medicines safely. There were systems in place to ensure medicines were managed safely.

There was a clear management structure at Lynwood with staff having a good understanding of their roles and responsibilities. Staff felt the management were approachable and supportive. There were systems in place to assess, monitor and improve the quality and safety of the care being delivered. The management undertook regular spot checks and audits to ensure people's care needs were being met, staff were displaying the home's philosophy of care and documentation was being maintained. The home's philosophy of care revolved around people being enabled to lead fulfilling and independent lives.

There was an open culture at the home with people, relatives and staff being encouraged to share their views and ideas. People and relatives were encouraged to make complaints when required and action was taken to listen, learn and act on these.

## 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 from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified and plans were put in place to minimise these risks.

People were supported by sufficient numbers of staff to meet their needs.

### Is the service effective?

Good

The service was effective.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People's rights were respected. Staff had clear understanding of the Mental Act 2005.

People were supported to have enough to eat and drink. Mealtimes were social experiences and people were involved in the planning and choosing of their meals.

### Is the service caring?

Good

The service was caring.

Relatives were positive about the caring attitude of staff.

People were treated with dignity and respect. Staff used different methods of communication to speak with people.

Staff supported people at their own pace and in an individualised way.

Staff knew people, their routines, preferences and histories well.

## Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's individual needs and gave them support at the time they needed it.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

People benefited from personalised and meaningful activities which reflected their interests.

## Is the service well-led?

Good

The service was well-led.

Relatives and staff spoke highly of the management team and confirmed they were approachable.

Management and senior staff worked alongside staff to ensure they displayed the correct values and worked to a high standard.

The provider had systems in place to assess and monitor the quality of care.

The provider sought feedback from people, relatives and staff in order to improve the service.

# Lynwood

**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 30 June 2016 and was unannounced. One social care inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection, three people were using the service. We used a range of different methods to help us understand people's experience. We spoke with two people who used the service, two relatives of people who used the service, four members of staff, the manager, and the registered manager. During our inspection people were coming in and out of the home going about their daily lives and taking part in activities. Due to this we did not conduct a short observational framework for inspection (SOFI) but we used the principles of this framework to undertake a number of observations throughout the home. This helped us understand the experiences of people when they were not able to communicate with us.

We looked at all three care plans for the people who lived in Lynwood in detail. We also looked at medicine records, staff files, audits, policies and records relating to the management of the service.

Good

# Is the service safe?

## Our findings

The people who lived in Lynwood had specific needs and required structured support from staff. People's needs and abilities had been assessed prior to them moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialised guidance to ensure these risks were minimised. For example, one person displayed behaviours which could cause harm to them or others. Staff had identified potential triggers for these behaviours, how staff should identify potential warning signs, how the person displayed these behaviours and the actions staff should take to minimise any risks to this person or others. Staff had all received training in how to cope with these types of behaviours. They had also received conflict management and breakaway training. This ensured staff had the skills necessary to protect this person and others should these situations arise. This person's relative said of the staff: "They have managed difficult situations well. They have managed his behaviours really well".

Where people took part in specific activities or were at particular risks relating to their day to day lives, staff had identified these. They had created detailed plans, with the involvement of people, their families and healthcare professionals, to reduce these risks. For example, one person reacted differently to each car available for staff to transport them to appointments or activities. Staff had risk assessed each car and had put plans in place to ensure this person only travelled in cars which did not cause them anxiety and would not have a negative impact on their wellbeing or their safety.

Where people had specific healthcare needs, such as epilepsy or eczema, there were detailed risk assessments and plans in place for staff to follow. Staff had received specialist training in these areas in order to be able to safely meet each person's healthcare needs.

People at Lynwood were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff felt the management team would listen to their concerns and respond to these. Comments from staff members included "I think they would take me seriously", "(name of manager)'s door is always open" and "I would go to the manager straight away". Staff were encouraged to speak about any safeguarding concerns in an open way. People who lived in Lynwood were encouraged to report any concerns they had to staff, management or outside agencies. There was information about abuse and hate crime as well as important contact numbers available to them. People had access to telephones and could use their own cordless devices to make calls in the privacy of their bedrooms. People's relatives were confident their loved ones were safe and that any concerns would be picked up and effectively dealt with by staff. One relative said "They act on things. Regarding safety they're very good".

All the people living in Lynwood required support from staff to take their medicines. Staff had undertaken assessments to determine what people could do for themselves in relation to medicines and how best they liked to be supported. Staff, in partnership with people, their relatives and healthcare professionals, had created detailed profiles relating to people's preferred medicine routines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor.

During our inspection we observed staff offering a person their medicines, explaining to them what these medicines were for and ensuring they had a drink available to take their medicines with. Senior care staff carried out medicine audits each day to ensure people had received their medicines. This ensured any potential issues could be picked up quickly and acted on. We did identify that, where directions for taking medicines had been handwritten in people's medicine administration records by staff, these had not been double signed, as is best practice. We raised this with the registered manager and the manager who told us they would address this immediately.

Where one person had been prescribed medicines to be taken 'as required' to treat their agitation, we found staff had never administered these to this person. We asked staff about this and they told us they had always used other ways to reduce the person's agitation, such as talking calmly to them, leaving them to calm down on their own or involving them in a task they enjoyed. Staff thought of this medicine as a last resort and had not wanted to use this when it was not needed.

There were sufficient staff to meet people's needs. Each person who lived in Lynwood required one to one care throughout the day. Records and relatives confirmed this always took place. There were three members of care staff at the home during the day and one member of sleep in staff during the night. During our inspection there were only two members of care staff working alongside a head of care during the day because one person living in Lynwood had gone away for a holiday. Staff worked across the provider's three homes which were all within a short walking distance from each other, Lynwood had a gate at the bottom of the garden which led into one of the other houses' garden. Where extra staff were required to assist people or support them to take part in specific activities, these were available and called upon. Staff responded to people's needs and requests in good time and there were sufficient staff to ensure each person could take part in the activities they wanted. Staff were not rushed and took time supporting people at their own pace.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). People living at Lynwood were involved in the recruitment of staff and new staff remained under observation until the registered manager was happy with their practice.

Where accidents and incidents had taken place, the manager reviewed staff practice to ensure the risk to people was minimised. For example, one person had displayed aggressive behaviour by throwing a vacuum cleaner down the stairs. Staff had met to discuss the potential risks to this person and others in relation to this action and had put new processes in place to ensure the vacuum cleaner was always kept securely.

There were arrangements in place to deal with foreseeable emergencies and each person had a personalised hospital passport document. This was to be taken with them in the event of an emergency hospital visit and detailed their health needs and the support their required. When people were admitted to hospital staff accompanied them and stayed with them to offer support throughout the entire stay if the person's relatives were not present. Lynwood had fire extinguishers and clearly signposted fire exits to assist people in the event of a fire.

Good

# Is the service effective?

## Our findings

The people who lived in Lynwood had a range of support needs and health conditions. Staff knew people's needs and how best to meet them. Comments from relatives about staff included "The quality of the staff is really really good", "Staff in general are fantastic" and "Some of the staff are outstanding".

People's individual needs had been fully assessed before they moved into the home. A member of the management team told us how they had been to a person's home on three separate occasions to meet them, assess them and build a relationship with them, before they moved into Lynwood. Staff had extensive communication with this person's relatives prior to them moving in, in order to better understand them, their behaviours and their needs. This ensured staff had the skills and knowledge necessary to meet this person's needs when they moved in.

Staff had undertaken training in areas which included conflict resolution, fire training, first aid, consent, communicating effectively, anxiety, infection control, safeguarding, epilepsy and nutrition. They had also undertaken training specifically relating to the people who lived at the home, such as supporting individuals with learning disabilities, principles of proactive risk taking and awareness of autistic spectrum conditions. Where staff requested further training this was provided where possible. One member of staff said "They ask if you want any more training. Even if it's something completely different like a sign language course they are open to finding something".

Staff were encouraged to work towards further qualifications and take on lead roles. One member of staff told us how they had been offered the opportunity to lead the 'residents meetings' every month and how much they enjoyed this role. All new staff had completed, or were in the process of completing, the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff told us they felt supported by the management at the service and received regular supervision. During supervision, staff had the opportunity to sit down in a one-to-one session with their line manager to talk about their job role and discuss any issues. Staff comments included "I get regular supervision and feel encouraged to give my views and raise issues" and "I can arrange supervisions if I want to talk about something specific".

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. We checked whether the service was working within the principles of the MCA.

Staff had a good understanding of the MCA. Staff sought consent from people before supporting them to make decisions about their care. Staff used different communication methods to involve people and to gain their consent. For example, staff used picture boards and photographs to best communicate with one

person and ensure they fully understood their choices. One member of staff said "We have a lot of picture boards, they promote people's choice". People had regular access to an independent advocacy group which helped people express themselves.

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 any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made the appropriate DoLS applications to the local authority. People at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. DoLS applications and renewals had been made for all people living in Lynwood and easy read documents entitled "DoLS and you" had been created to help explain this process to people.

People were supported to have enough to eat and drink. Mealtimes were sociable and staff always ate their lunchtime and evening meals with people at the dining table when they were home during that period. People chose what they wanted to eat and were supported by staff to prepare it. We saw staff encouraging people to make choices and saw both people at the home during lunch ate different meals. The lunchtime meal was upbeat with staff and people chatting and laughing about their plans for the day and what activities they had taken part in that morning.

There were menu plans in place for evening meals which people had been involved in creating. Staff showed people pictures or took them to look at food items in the fridge or freezer in order to help them choose a meal option. If people changed their mind or decided they did not want a particular meal then an alternative was prepared for them. On the day of our inspection staff were going to be preparing fish and chips for people's evening meal and people seemed excited about this.

People ate high quality food. All meat was bought from a local butcher, vegetables were either grown on the farm itself or bought from a local greengrocer and all baked goods were made at the home. During our inspection we saw people help themselves to fresh fruit and saw staff had baked a cake the day before for people to enjoy. Drinks were offered to people throughout the day in their favourite cups. Staff knew people's favourite brands of drinks and ensured these were always available.

People were supported by staff to see healthcare professionals such as GPs, ophthalmic surgeons, speech and language therapists, chiropodists, dentists, ear nose and throat specialists and dentists. Records confirmed people were referred to outside professionals without delay and staff actively chased professionals for appointments in order to ensure people received the best possible care.

Good

# Is the service caring?

## Our findings

People were comfortable in staff's presence and looked happy to see them. People chatted and smiled with staff throughout the day and were physically affectionate. When we asked people if the staff were nice, people answered "Yes". Staff told us how much they cared for the people who lived at Lynwood and spoke about them with affection and admiration. One member of staff was talking to us about their need to organise a specialist doctor's appointment for one person. They said "He is just a person to them but to me he is the most lovable man. He is lovely and has the most wonderful sense of humour". Staff told me about people's personalities and described their qualities in detail.

Staff told us Lynwood was a caring home and that staff worked hard to ensure people were as happy as possible. Comments from staff included "People are very happy and well cared for", "It's definitely a caring place" and "We put the service users first". One person said during our inspection "This is my house forever. I like it".

Staff treated people with kindness and respect. Staff cared about people's well-being and went out of their way to make people feel happy and secure. For example, when one person had moved into Lynwood, staff had decorated their bedroom before they arrived with items such as soft toys and posters to reflect this person's interests and preferences. This had helped reduce the person's anxieties and made them feel more at home.

Lynwood was located within walking distance of two other homes which were owned and run by the same provider. People were encouraged to socialise and build friendships with the people who lived in the other homes. Social events, such as barbeques and meetings, were organised as well as joint group activities. Groups of people went on cycling trips together and took part in organised group activities such as music sessions and exercise games. Staff encouraged friendships to develop and supported these by organising people from different houses to meet up for outings or just to spend time together watching a film.

People were involved in all aspects of their care, including staff selection. When potential staff applied for a position, they were invited to spend a day with people. At the end of this day people were asked for their opinions about the person and if people were not sure the person was invited to attend a second day. Once the person was employed they underwent an intensive induction and shadowed more experienced staff. Once they felt confident enough to support people on their own, people were asked whether they were happy for this to happen. One member of staff said "At the end the client decide if they want them".

Staff demonstrated they knew people well and knew people's life histories, likes and dislikes. People had been involved in the creation and each review of their care plan. People had been asked for their views about the care they received in ways they could understand. This was then included in the official review of their care. For example, staff had recorded what pictures they had shown people, what they had pointed towards, what noises they had made and what this meant. This way, people were fully involved in the process.

Lynwood felt like a family home, was welcoming and nicely decorated. Staff spoke of this homely feel to Lynwood and said "The feel of it, it just feels like they're at home" and "It's a home, that's the real difference here". People had personalised their bedrooms as much as they wanted. Rooms had been painted in people's preferred colours and they had posters, bedding and ornaments which reflected their individual preferences. There were beautiful pictures of people throughout the house showing people taking part in activities and enjoying themselves. People were encouraged to take part in chores around the houses and learn skills required for living independently. During the day we saw one person helping with sorting out clean laundry. They were praised for their help and looked very pleased to be participating.

Staff respected people's dignity and right to privacy. People had personalised signs on their bedroom doors which stated "No entry. This is (name)'s private space". Each person had a key to their door and staff knocked and asked people for their permission before entering their bedrooms.

People were supported to maintain relationships with their loved ones and staff kept people's relatives informed of people's progress and any changes. People had access to their own technologies and were supported to "FaceTime" or "Skype" their loved ones whenever they wanted.

Good

# Is the service responsive?

## Our findings

Staff knew people's support needs well and worked hard to ensure they met these in the best ways possible. For example, one person had specific needs relating to their anxieties. Each staff member we spoke with was able to described in detail this person's needs, how they responded to different communication methods and the best methods to use. Staff had involved a number of external healthcare professionals in order to create a plan of care which followed best practice and had expert input. The manager had organised a meeting with staff in order to discuss this person's care and asked staff for their views and ideas on how best to support this person. During a recent care review, a specialist healthcare professional said of this person "(Person's name) has been much happier and the systems put in place appear to be working".

People's relatives told staff had responded to their loved one's needs well and that they were happier since living in Lynwood. One relative said "He is so much happier. They have been good at meeting his health needs".

Each person had a highly detailed care plan which had been created by staff, with the input from people, their relatives and external healthcare professionals. These care plans described people's individual health, wellbeing and behavioural needs in order to ensure staff were able to meet these. Shorter care plans had been created for each person to be used by agency staff on the occasions they worked at the home. People's views had been sought and had been included in their plans of care and risk assessments. All plans were highly personalised and contained people's views as well as their preferences and routines.

Where people liked to follow strict routines, these were recorded in people's care plans and staff respected these. For example, one person had a specific routine relating to their breakfast. Staff could tell us this person's routine and we observed this being followed and respected on the day of our inspection.

Staff used different communication methods to ensure people could be fully included but also to ensure people's wellbeing was maintained. For example, one person displayed high anxieties and staff had sought guidance from external healthcare professionals on how best to reduce these. A tool entitled 'now and next board' had been suggested. This involved the person having a clear chart they could look at which showed them what they were doing now and what they would be doing next. This had been implemented by staff and we saw this person referring to it on a regular basis. When this person was asked what they wanted to eat for lunch, the staff member wrote their choice on the board immediately so the person was able to see exactly what they would be eating. This helped calm the person's anxieties.

Staff knew people well and could quickly identify if people's needs changed. For example, on the day of our inspection staff told us they were going to be taking one person's temperature because they thought they felt a little clammy. They also told us the person had said "Oh dear". Staff understood this meant they may not be feeling very well and had taken steps to check on them. The person's temperature had been fine and the member of staff had recorded this information and had made a note for the next staff team to be aware of this person's demeanour in case they deteriorated.

People enjoyed a variety of activities organised by the service as well as activities in the community. The service had trained a number of staff to deliver specific activities, such as archery, basket making, music, art and cooking. There was a working farm on the premises as well as a vegetable garden, a stable yard, a tea room, an arts room and a workshop. People spent time during the week using the facilities and taking part in entertainment such as gardening, tending to the animals and riding horses. People attended regular local coffee mornings, local 'quiz and chips' evenings and took part in group gym sessions delivered for people with a learning disability. This enabled people to socialise and make friends outside of the home.

On the morning of our inspection one person went out for a long walk with a member of staff, which they enjoyed, and another person had gone out to a music session. One person was going to be collecting eggs on the farm and seeing a friend in the afternoon. One person's relatives told us about the work staff had put into making their loved one's activity timetable as personal as possible. They said "He has a timetable that he really enjoys and they've really thought about what he enjoys".

People were encouraged to make complaints and there was an easy read complaints book displayed in the living room for people to use. We saw one person had been supported to make a complaint about the actions of another person and staff had recorded this and taken action to speak to both people. One relative told us they felt comfortable raising complaints and had spoken with the management about issues previously. They told us they had raised the fact they wanted more communication from the home about their loved one's doctor's appointments. The manager had acted on this and ensured staff knew to contact this relative with the information they wanted.

Good

# Is the service well-led?

## Our findings

Lynwood had two owners who were both very involved in the running of the home. One of the owners was also the registered manager. A consultant manager had also been employed to assist with the day to day management of the home. There were two heads of care employed who worked across Lynwood and the other homes owned by the provider to provide extra management and staff supervision. Staff were clear about the management structure and were clear about their own roles and responsibilities. Staff spoke highly of the management team and made comments including "They are amazing, they can't do enough for staff" and "They are so supportive".

The manager, the heads of care and the senior staff led by example and worked hard to ensure staff reflected Lynwood's philosophy of care in their practice. The provider's ethos, values and philosophy of care centred around people gaining life skills, independence and fulfilment. Staff understood the provider's values and this was evident in their practice. Members of the management team worked across the provider's houses and provided the staff team with strong leadership and examples of good practice. One member of staff said about the management "You are working alongside them. They are always around and work on shift as well". One senior member of staff said "As a senior I pick staff up on things to nip it in the bud straight away". This ensured staff worked to a high standard of practice.

Staff talked about the open culture in the service and told us the managers and heads of care were approachable and available. They told us they could call upon management staff at any time, raise issues, share their views and felt they would be listened to. One member of staff said "You can feel you can go to them. You know if you have a problem they will understand. I always know if I have a problem I can go to them". To enable staff to communicate as openly as possible, monthly staff forums had been introduced as well as monthly staff meetings. Staff forums were not attended by members of the management team in order to give staff the opportunity to speak as freely as they wanted. If issues were raised within the staff forum, these were discussed within the staff meeting in order for management to be made aware and take action.

Staff were encouraged to share their views and ideas about the home and how things could be improved. Staff took part in the home's quality assurance feedback report and were involved in the process of evaluating and planning for improvements based on the feedback. Staff feedback was listened to and acted on in order to improve the service. For example, at the last staff meeting, staff had raised their desire for more in depth first aid training and this was being arranged.

People and their relatives were encouraged to give feedback. The home actively sought informal feedback from people on a regular basis through complaints books, residents meetings and review meetings. The home also sought formal feedback annually from people by contracting a local advocacy group 'Vocal Advocacy' to support people to complete questionnaires with independent support. An advocate was starting to process of getting feedback from people on the day of our inspection. A report of results was then created and published in an easy read format on the website and to the houses. The provider also sought feedback from relatives and healthcare professionals through surveys. A 'residents meeting' took place

regularly where people were invited to take part in discussion about different topics. Most of this discussion was through the use of pictures and staff recorded people's responses to questions. This covered areas such as the food, the activities, the staff and any ideas they had. Where people had raised suggestions or comments, these had been recorded and acted on.

There were systems in place to assess, monitor and improve the quality and safety of care. The owners were involved in the running of the home and spent time monitoring the care staff were providing. The registered manager and the manager undertook regular spot checks to ensure people's care needs were met and documentation was being well maintained. Where issues were identified, action had been taken. For example, during the last check it was identified that a hard broom was required to help keep carpets clean during the days as one person became anxious when the vacuum cleaning was in use. This was then purchased.

Staff and management carried out weekly and monthly audits which looked at the care provided, medicine management, fire safety and the environment. The local fire department had undertaken an audit at the home and following their feedback changes had been made. A member of staff had been made fire champion and undertook regular audits of the fire procedures at the home. Individual staff members had also been made champions in COSHH (control of substances hazardous to health), first aid and medicines. This meant that staff had received specific training in those areas in order to make sure people the service was following best practice.

The manager wanted to develop and improve the service. They accessed resources to learn about research and current best practice. Staff and the management were in constant contact with healthcare professionals such as the speech and language therapists, GPs, psychiatrists in learning disabilities and nurse practitioners in order to seek advice and best practice.

The management had notified the Care Quality Commission of all significant events which had occurred line with their legal responsibilities.