St Anne's Community Services

St Anne's, Huddersfield Mental Health Services

Inspection report

26 Beech Street
Huddersfield
West Yorkshire
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Tel: 01484431945

Date of inspection visit:
17 October 2016

Date of publication:
21 November 2016

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 inspected St Anne's, Huddersfield Mental Health Services (known as 'Beech Street' by staff and people who use the service) on 17 October 2016. The inspection was unannounced, which meant the service did not know we were coming.

Beech Street was last inspected in February 2014. We found it was compliant with all of the regulations we inspected against at that time.

The home is registered to provide accommodation and support for four people aged 18 years and over who experience mental health problems. It is located about a mile from Huddersfield town centre and has good access to local amenities including shops, cafes, and sports facilities. On the day of inspection there were four people living at the home.

The home 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.

People said they felt safe at Beech Street. Support staff could recognise the signs of abuse and told us they would report it appropriately.

Medicines were managed safely and administered in a person-centred way.

Risks to people were assessed and managed. Checks had been done on the building utilities and facilities to make sure they were safe.

People told us the home was adequately staffed to meet their needs. No new members of staff had been recruited for over 18 months so the staff team was stable.

People told us staff were well trained. Records showed and staff told us they had received the training and support they required to meet people's needs.

Support workers could describe how they had supported people to make their own decisions in line with legislation. People told us they were independent and could come and go as they pleased.

Records showed and people told us staff supported them to maintain their holistic health. People were encouraged to shop for food and cook their own evening meals.

People told us the staff were caring and knew them well as individuals. We observed people and staff interacting in a relaxed and friendly way.

People told us they had been involved in designing and reviewing their risk assessments and support plans and we saw they had signed them. They also described how staff encouraged them build their independence.

People's care plans were detailed and person-centred. They were based upon a recovery model which assessed people's progress towards agreed goals.

People told us they were supported to take part in activities they chose and we saw opportunities were provided for people to socialise with those supported in the provider's other services.

People and staff told us the registered manager was approachable, supportive and open to new ideas. People and staff had regular meetings where they were asked to feedback about the service.

A comprehensive system of audits was in place to monitor the safety and quality of the service.

We found a safeguarding concern reported to the local authority had not been report to the Care Quality Commission, as is required. The registered manager apologised for the oversight and said she would review reporting procedures at the home.

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 told us they felt safe at Beech Street. Support workers knew the different forms of abuse and said they would report any concerns.

Medicines were managed and administered safely.

Risks to people had been assessed and plans were in place to mitigate them where possible. The building and utilities had been checked to make sure they were safe.

Is the service effective?

Good

The service was effective.

Staff told us and records showed they had received the training and support they needed to meet people's needs.

Decisions were made and people were supported in line with mental health and capacity legislation.

People were supported to shop for and cook their own meals; staff also helped people maintain their holistic health.

Is the service caring?

Good

The service was caring.

People told us the support staff were caring. We observed interactions between staff and people which were kind and involved humour which people reciprocated.

Staff supported people to regain and maintain their independence. People were involved in designing and reviewing their own support plans.

People had access to advocacy services and support workers had recorded discussions regarding people's end of life wishes.

Is the service responsive?

Good

The service was responsive.

People's care plans were based on a recovery model. We saw they were person-centred and regularly evaluated and reviewed.

People had access to a range of activities which suited their needs and preferences.

People were supported to make complaints. We saw any complaints made had been investigated and responded to appropriately.

Is the service well-led?

Good

The service was well-led.

People and staff at the home gave us positive feedback about the registered manager. They said she was approachable and supportive.

A range of audits were in place at the home to ensure the quality and safety of the service was maintained. People and staff were asked for their ideas on how to improve the service.

We found one safeguarding notification which should have been made to CQC had been missed. The registered manager apologised and said she would review reporting procedures at the home.

St Anne's, Huddersfield Mental Health Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 October 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the provider to complete 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 also reviewed the information we held about the home and requested feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team and the Clinical Commissioning Group; they did not have any information of concern to share with us. After the inspection we also contacted three other healthcare professionals involved with people using the service. One responded and gave positive feedback.

During the inspection we spoke with people and support staff to get their feedback about the service. This included 3 people, the registered manager and two support workers.

As part of the inspection we looked at three people's care files, which included their risk assessments, support plans and medicine records. We also inspected three support staff training records and supervision and appraisal documents, audit and monitoring records and various policies and procedures related to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Beech Street. One person said, "Yes, 100%. How can I not feel safe?"

Support workers we spoke with could describe the forms of abuse people might be vulnerable to and told us they would report any concerns appropriately. One support worker said, "I'd tell [name of registered manager] immediately"; they also told us they would ring the local authority safeguarding referral telephone line for advice if they were not sure whether to report an incident. A second support worker said us they would follow the home's safeguarding policy and pointed to where it was pinned to the wall of the staff room. This meant support workers knew how to identify safeguarding concerns and report them.

Medicines were managed and administered safely at Beech Street. Most people's medicines were supplied by pharmacy in dosettes, where different medicines are placed together in blister packs according to the date and time they should be taken. We saw medicine dosettes were stored appropriately in the staff room.

People received individualised support with their medicines based on an assessment of their needs. We saw one person was supported to pop their tablets from the dosette prior to taking them in front of the support workers who recorded the medicines as taken on the person's medicine administration chart. When the person stayed out overnight in the community, the individual blister of tablets was detached from the dosette for the person to take with them, and this was recorded in their care plan. A second person collected their tablets from support workers in their blisters and then stored them in a medicine cabinet in their room. The person then brought the empty tablet packs for staff to check at the end of the day. This was to build the person's independence in preparation for moving back into the community in the future. A third person required full support with their tablets but had topical creams which they kept in their room; a risk assessment was in place for this and it had been signed by the person. People were also supported to order their own medicines by staff. This showed the support people received with their medicines was person-centred and focused on maximising their independence, when appropriate.

In addition to regular medicines, some people had also been prescribed medicines on an 'as required' basis. This meant they took them when they felt they needed them. We saw in the medicines folder that support staff had medicines protocols to refer to which detailed what people's as required medicines were for, how much they could have and how often. We saw as required medicines protocols for painkillers like Paracetamol and Co-codamol. Another person had a protocol for an indigestion relief liquid which they kept in their room; a support worker told us the person knew how much to take and how often. They told us, "If [name of person] gets heartburn in the middle of the night, it's no use us having it (the medicine) up here (in the staff room)."

We observed a support worker starting an afternoon shift checking all of the boxed as required medicines as part of the shift handover process. This was done at every shift handover and we saw it was documented. MARs were also checked for completeness. This meant medicines documentation and stock of boxed medicines was checked daily.

Each person at the home had a file which contained a set of comprehensive risk assessments which were individualised for that person and had been agreed and signed by them. For example, one person's risk assessments included seizures and lack of food hygiene awareness, and another person's included smoking in their room and deterioration in their mental health. Each risk was assessed before and after risk control measures had been put in place to demonstrate the importance of following procedures to reduce the risks which had been identified. Despite the emphasis the service placed upon risk assessment we noted it was not risk adverse, as people with mental capacity to make their own decisions were supported to take risks if they wanted to. For example, accessing the community unaccompanied and taking medicines when staying out in the community overnight. The registered manager told us, "We manage risk well and keep people safe. We encourage people to move on." This meant the service had a pragmatic approach to managing risk to the people it supported.

Risks posed by the building, utilities and facilities had also been assessed. Gas and electrical appliances had been tested, as had the water system and fire prevention equipment. The home had a fire risk assessment in place, the fire alarm was serviced regularly and tested weekly. A fire evacuation plan was also in place which we saw had been discussed with people in their monthly residents' meetings. People did not have individual personal evacuation plans at the time of our inspection; the registered manager said this was because there were only four people living in the home. She agreed to draw up individual plans and put them in an emergency folder as a priority after our inspection. This meant risks posed by the building environment had been assessed and reduced and people had been advised how to evacuate in an emergency.

Records showed any accidents and incidents that occurred were documented by staff and investigated by the registered manager appropriately. People's support plans were reviewed and updated as a result, if required. A new system had been implemented in October 2016 whereby accidents and incidents were added to an electronic system so the provider could analyse incidents across different homes for trends. This meant the provider would have a better oversight of the incidents that occurred across the services it ran.

People told us there was always a member of staff around when they needed support. Support workers told us they felt the home was adequately staffed. We discussed staffing with the registered manager and looked at rotas. The registered manager explained there had been staffing issues earlier in 2016 as one member of staff had been absent with sickness for an extended period and another had secured promotion with a different service. This had meant the home had used agency support staff for a few months. The registered manager told us in order to ensure consistency for people living at the home, "We used the same agency all the time with the same staff." At the time of inspection this had been resolved and the home was fully staffed, with one member of staff available during the day and one sleeping at the home each night. We saw people at the home were very independent and this level of staffing appeared appropriate.

We could not inspect staff recruitment records because they were stored at the provider's address, however no new staff had been recruited for over 18 months. Staff had either transferred from the provider's other services or worked across more than one home run by the same provider. One support worker said, "We have a good staff team because our turnover (of staff) is nothing." We reviewed the recruitment policy which stated that each candidate must provide two references, a full employment history with any gaps explained, complete health questionnaire, prove their right to work in the UK and pass a Disclosure and Barring Service (DBS) check. The registered manager told us DBS checks were done on a three yearly basis for support staff continuing to work at the service.

During the day of inspection we looked around communal areas and in people's rooms (with their permission) and found everywhere was clean and tidy. People and staff worked together to clean the home

and support workers said each person had their own jobs. Records showed these were discussed at the regular house meetings. A support worker said, Everyone has a cleaning job – they're not forced to. They just get on and do it." One person told us, "Oh yes, it's (the home) kept clean. I sweep the yard", and a second said, "I wash up mainly." This meant staff promoted people's independence by encouraging them to help keep the home clean and tidy.

Good

Is the service effective?

Our findings

People told us the support staff were well trained and knew how best to support them.

Support workers we spoke with said they received regular mandatory training updates and had opportunities to go on specialist training courses which helped them support people with specific physical or mental health conditions. One support worker told us, "They do a really good autism one (course) here", and a second told us they had attended training on eating disorders, positive behavioural support and arthritis. We saw training records which showed all staff were up to date with mandatory training courses such as first aid, medicines management and safeguarding.

We inspected three support workers' personnel files. They showed each staff member had received regular supervision sessions and annual appraisals. The registered manager told us supervision was at least six times a year. Appraisal documentation we saw was detailed and focused on support workers' personal and professional development; they were also encouraged to reflect on their own performance throughout the year to assess what had gone well and what had not. Support workers we spoke with told us they felt supported by the registered manager. One said, "[The registered manager's] got a caring side towards staff and clients. She'll go the extra mile to help", and a second said of the registered manager, "She's been really supportive." This meant staff received the training and support they needed to meet people's needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In a registered care home or hospital, the process for this is to use the Deprivation of Liberty Safeguards (DoLS).

People can also be restricted by provisions under the Mental Health Act 1983 (amended in 2007) (MHA), such as Community Treatment Orders (CTO). CTOs enable people to live under supervision in the community.

We spoke with support workers and the registered manager about MCA and DoLS and of the other types of restrictions people may have when living in the community and found their knowledge was good. No one living at the home when we inspected lacked capacity to make their own decisions, but support workers gave examples of when they supported former residents who had lacked capacity to make decisions or had made decisions for them in their best interests according to the legal framework.

One person using the service at the time of this inspection was subject to a CTO. We saw they had a risk assessment and care plan which set out the terms of the CTO and the support they needed from staff to prevent their recall to hospital. Support workers we spoke with could describe the person's needs in detail

and understood the recall conditions of their CTO and described the support they were providing to help the person recover and become more independent. This showed support workers understood the relevant legislation and supported people in line with it.

People were supported to see a range of healthcare professionals to help manage their physical and mental health. Staff attended appointments with people depending on what they wanted. A support worker told us, "[Person's name] likes to go to the doctors on their own but asks us to go with them to the dentist." One person said they liked to attend appointments alone, but would bring appointment cards and letters to staff in the office so they could be written in the house diary; a support worker confirmed this saying, "We have a diary with everything in it." The person told us they might forget appointments they had made unless the staff reminded them. Records showed people had access to various mental health professionals, GPs, dentists and podiatrists. This meant people were supported to maintain their holistic health.

Support workers promoted people's independence by encouraging them to shop for food and prepare their own meals. In the past people had eaten the same meals together every night but this had been changed so that people could choose their own food and eat when they wanted to. Support workers did a 'cupboard shop' every week and bought foods for people's breakfast and lunch meals; people told us they were asked for their food preferences by staff or could go with staff for the weekly shop. One support worker said, "They come with us for the cupboard shop, although it always costs way more!"

People were provided with a personal budget of £15 to £20 a week for their evening meals. One person said, "Staff go with me all the time (food shopping). We get a taxi back." During the inspection we saw one person collect money from staff so they could go shopping for food. Another person preferred not to leave the house often so staff did their food shopping for them after asking them what they would like. The person told us, "They go food shopping for me", and a second said, "They help me cook my tea." Support workers told us they tried to encourage people to eat a healthy diet and minimise their food waste so their money would go further. One told us, "We do teach them not to waste food. It's what they'll need to know if they'll be in the community", a second support worker said, "We try to advise diet and exercise all the time."

People and support workers told us there were regular opportunities for people to socialise together at house meals. A 'takeaway night' was held once a month, where people could choose food to be delivered. Support workers also cooked a house meal once a week. One support worker said, "We like to make everything from scratch", and a second said, "We do something different so people can try different things. They're quite adventurous." There was also a monthly themed evening which involved cooking a meal from a certain country and watching a movie related to the same country. Shortly before the inspection there had been an Indian night, where support workers had cooked a curry and people had watched a Bollywood movie; people told us they had really enjoyed it and a support worker said, "They all get involved and enjoy it. It's like a family really."

We saw posters advertising an upcoming Halloween party which had been planned at the last house meeting and the menu people had decided upon. People told us they were looking forward to it. They were also complimentary about the cooking skills of the support workers and we observed one person arranging to make biscuits with a support worker on the day of our inspection. The registered manager told us, "We thought we'd involve the clients more in cooking so we brought a bread-maker and a soup-maker." When we inspected the bread-maker was being used and the soup-maker was about to be; the registered manager said, "It's going to be experimented on this week." This meant support workers encouraged people to be independent by shopping for and cooking their evening meals, but also provided opportunities for people to come together and socialise at mealtimes on a regular basis.

Good

Is the service caring?

Our findings

People told us the staff at Beech Street were caring. One person said, "They're all nice, yes. They're very caring."

During the day of inspection we observed interactions between various staff and all of the people living at the home. We saw they were warm and supportive and demonstrated good therapeutic relationships had been established. Three of the four people living at the home had been there for several years or more. One person told us, "They know what I like", a second said, "I listen to [support worker's name] a lot. [They're] like by older [sibling]", and a third described how staff always listened to them. We saw the registered manager chatting to people about how they were and about their families and interests. We also heard laughter and banter between people and staff which showed they got on well.

People told us staff respected their privacy. One person said, "They use the doorbell", and a second said, "They knock on your door, they don't just come in." Both support workers we spoke with said they did not use keys to access the home, but rang the doorbell like other visitors. One told us, "I ring the bell and wait for them to invite me in. This is their home." We noted staff all used the doorbell on the day of inspection which showed they respected people's privacy.

Support workers explained they helped people to maintain their dignity by supporting them to be as independent as they could be. One support worker told us, "We're here to make their lives as independent as possible." People said they were free to make their own decisions. One person told us, "You can wake up when you want to, sleep when you want to and come and go when you like", and a second said, "I've got a life of my own. I can do what I want." Most of the people who used the service did so with the aim of learning independence skills in preparation for moving on to a life in the community. One support worker told us, "It's nice when they move on to supported or independent living." One older person had been at Beech Street for many years and there were no plans for them to live in the community. Despite this, support workers told us they supported the person to be as independent as possible by working with the GP to promote their mobility.

One support worker we spoke with was the home's dignity champion. We asked what this meant and they told us, "It's making sure everyone's tret (treated) in an OK manner, regardless of race or sexuality. Things like that." They said they had not needed to challenge any fellow staff members as yet, but gave an example of speaking with a former resident of the home about their use of inappropriate language. They said of the home's client base, "It's very broad spectrum really." Staff described how they had researched specific cultural traditions and foods in preparation for a new person joining the service. The registered manager explained the provider had an inclusive policy in terms of the people they supported and the staff recruited. She said she supported staff with physical and mental health conditions so they could continue to contribute to the service. This meant the service had a positive approach to supporting people's equality and diversity.

People told us they were involved in designing and reviewing their support plans. One person said, "That

happens all the time", and a second described the discussions that had occurred regarding their support needs prior to their moving in. We saw people had also signed all their support plans and risk assessments. This showed people's support was individualised and based upon what they wanted.

Staff we spoke with could list local advocacy services and described when they would consider referring people for this type of support. At the time of our inspection one person using the service had an advocate the help them make certain decisions. Information was available for people using the service to access advocates if they wanted to. This meant people could receive independent support to make decisions if they needed it.

People's records showed staff had discussed or attempted to discuss their future wishes with them. We saw 'After I die' documents in some files. One person's file stated they did not wish to have a conversation about the end of their life. The registered manager told us it could be difficult discussing future wishes with people, particularly if they were older, although she confirmed the service would support a person to die at the home if they so chose and their needs could be met. She said the team were going to reconsider how they approached people to have these discussions so if a long term service user did reach the end of their life at Beech Street, staff would know exactly how they wanted to be supported.

Good

Is the service responsive?

Our findings

People told us they had plenty to do and could access activities if they wanted to. One person said, "I just do my own thing", and a second commented, "We go on outings. I love that."

We looked at three people's care files in detail as part of this inspection. Each person had one file containing support plans and another containing risk assessments. The service used the 'mental health recovery star', a tool which enables staff to support individuals to understand their recovery from mental illness and measure progress. The star has 10 aspects which formed the basis of support plans which each person had; these included managing mental health, physical health and self-care, responsibilities, relationships and identity and self-esteem. Each aspect had been broken down into person-centred goals. The recovery stars we saw had been used to assess individuals in terms of the 10 aspects and then to reassess regularly in order to monitor recovery towards their set goals. One support worker told us, "It's all about having the client at the centre of everything we do."

Care files also contained details of people's mental health relapse indicators and crisis contingency plans. We asked support workers to describe individuals' relapse indicators and found they had an in-depth knowledge and knew what to do if a person was to go into crisis. During the inspection we heard support workers discussing whether an individual's behaviour suggested they may be on the verge of crisis. We saw there were detailed contingency plans in place for this person and the home was in regular contact with their care coordinator to discuss whether they should stay at Beech Street or a different service. The person told us, "They know me very well. When I'm getting poorly and stuff"; a support worker said, "If you know the clients inside out you can see changes in behaviour", and a healthcare professional involved with people using the service told us, "They often ask for help and support from our team. They work very closely with us."

People's care files showed recovery star goals were evaluated on a monthly basis by staff and on a daily basis in the form of daily records kept by staff. We read the daily records for three people at the home and found they were of sufficient detail to confirm people were supported according to their individual support plans.

People were supported to take part in activities in order to socialise and build their living skills and independence. One support worker told us, "We try to do them (activities) individually. [Support worker's name] does baking and I do arty stuff", they added, "We try to encourage activities outside the house so they are set up for when they move out. They like to go out for coffee." One person told us, "I like to go places with staff. I love [name of support worker], [they] take me all over", and a second said, "I watch television. I've done some knitting and I like jigsaws."

During the inspection we observed people popped in and out to the shops and were involved in various activities, including sewing, watching TV, cooking, and completing jigsaws. People who smoked cigarettes could either do so in their rooms or outside in the back yard, which was a pleasant communal area laid out with benches to sit on. People at the home enjoyed organising themed nights and parties. One person told

us they were looking forward to the upcoming Halloween party, to which people from other services run by the provider had been invited. The home also had a cat called Edwina which people told us they liked. We noted all aspects of her care, including the location and cleaning of her litter tray, had been risk assessed by staff. One support worker said of Edwina, "She's become part of the furniture", and added, "If [name of person] gets up in the middle of the night and goes to sit in the lounge, Edwina goes to sit with [them]." This showed us people were supported with activities that suited their individual needs and preferences.

People told us when they had made complaints the support staff had listened and taken appropriate action to resolve them. A support worker said, "If people come with complaints we fill a form in", and then showed us one a person had completed the day before which was awaiting review and action by the registered manager. Records showed three complaints had been made by people using the service in the last 12 months and one formal written complaint had been received from a person's family. We saw each complaint had been recorded, investigated and responded to appropriately, they had also been discussed in staff meetings in order for lessons to be learned. This meant the service was responsive to people's complaints and feedback.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. She also managed two other small services nearby which had the same provider, with the support of a deputy manager. People and staff were complimentary about the registered manager, describing her as approachable and supportive. One person said, "If anything's worrying me I just go down (to the service the registered manager is based) or get [name of support worker] to ring her up." Support workers said of the registered manager, "She's very good as a manager. She's got a caring side towards the staff and clients. She'll go the extra mile", and, "[Name of registered manager] is really good. I've had [personal issues] of my own and she's been really supportive." A relative we spoke with agreed; they told us, "[Name] the manager is extremely approachable, I have no qualms about calling her."

We asked support workers how often the registered manager visited the home. One told us, "Usually every other week but she rings every day. She's really responsive to email." Support workers told us the registered manager was always contactable by telephone, even on her days off and at weekends. A healthcare professional who provided feedback said of the registered manager, "She always has time for me if I ring up and need to speak to her. She's even come in on her days off, which is dedicated." This showed the registered manager went the extra mile to support people and staff.

The registered manager and staff told us they felt supported by the service provider. A support worker told us, "We see the area manager, usually once a month [they] come around. The CEO (chief executive officer) comes too – once a year [they] come." The registered manager also said the area manager visited monthly and gave her feedback if any issues had been identified. The provider's home managers met with the area manager monthly to share good practice and cascade information from the area managers' meeting. The registered manager told us, "We have a quality check team, they come at least once a year." This showed the provider had oversight of the service and supported the registered manager.

We found there was a relaxed and positive culture at the home. Interactions between support staff and people, including the registered manager and deputy manager, were professional yet friendly and showed staff new people very well as individuals. Support workers told us the culture at the home was open and that having a small core team of support workers who had worked for the service for an extended period made the job better. One support worker said of their co-workers, "We know each other's strengths and weaknesses."

Support workers told us they were asked for ideas to improve the service. One support worker said, "[Name of registered manager] is very open to new ideas and trying them", and gave examples of two suggestions they had made to improve the service for the people which had been implemented. We saw team meetings were held regularly. Items discussed included the wellbeing of the people, any complaints received, health and safety and any changes to the provider's policies. The registered manager also used team meetings as an opportunity for training and development; records showed saw she had used safeguarding scenarios from the media to explore good practice with staff. This meant there was a team approach to service improvement at the home.

People told us they were asked to feedback about the service. One person said, "They asked me what I think." The provider sent out questionnaires annually and there were monthly house meetings, where people and staff discussed issues such as cleaning rotas and activities, and planned parties and events. Minutes showed house meetings were also used to inform people about safety issues, such as the fire evacuation plan. One person would often choose not to attend these meetings but we saw it recorded by a support worker that they would tell the person what was discussed at each meeting afterwards, so the person was kept up to date. This meant people were involved in making decisions about the home and were asked for their feedback about the service.

We saw there was a system of regular audits and checks in place to monitor the quality and safety of various aspects of the service. This included medicines, health and safety and care plans. Any accidents or incidents at the home were added to a computer system run by the provider which would analyse them, along with those from other homes, for trends. This meant the registered manager and provider had oversight of the safety and quality of the service.

One of the responsibilities of a registered manager is to report specific incidents to the Care Quality Commission (CQC). Notifiable incidents include safeguarding concerns, police call-outs and serious injuries. We checked the records for these types of incidents and found one safeguarding concern had not been reported to us in 2016. Records showed the incident had investigated appropriately and the local authority safeguarding team had been informed. We discussed this with the registered manager; she apologised for the omission and showed us guidance she had developed for staff which described when and how to report issues to CQC. The registered manager said she would raise the issue at the next team meeting and assured us it would not happen again in future.