

Brookfield Residential Care Home Limited

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Inspection report

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15 January 2019
16 January 2019

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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

About the service:

Brookfield is a residential care home that provides accommodation for up to 14 people with mental health needs who require support with personal care. There were 14 people living at Brookfield at the time of the inspection.

People's experience of using this service:

The environment remained well maintained and a calm and relaxed atmosphere was still prominent. A visiting professional told us, "I was amazed at the standards of accommodation for people with high profile needs; other people don't get the standard of accommodation as here."

The staff provided effective care for people because detailed person-centred care plans were in place. People were involved in regular reviews of their care plans. One person said, "They always involve me in care planning and I discuss this with staff".

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences and likes. People were observed to have good relationships with the staff team.

We saw complaints and concerns were minimal. The service had one complaint logged by a person using the service and the registered manager had acted on this. The service demonstrated they had investigated and responded to this in line with their policy. However, we recommend that the service records the action taken and any lessons learnt more robustly. The registered manager agreed to address this feedback immediately following our inspection.

Accidents and incidents were minimal and continued to be appropriately managed and recorded. Trends were spotted by reviewing each accident or incident. We recommend that an analysis process is used to identify trends, if the number of events increased.

People were involved in their day to day lives through being empowered to make their own choices about what they do with their time. People participated in activities that met their individual choices and preferences. People's independence was promoted. One person said, "Staff promote my independence and I can do what I want. I can choose when I get up and go to bed; I like to get up early and I choose my own food."

The service kept people informed and tried to reach out to people's families and friends. We recommend that the service uses tools such as newsletters to keep people, families and friends informed. The provider confirmed they had implemented newsletters the day after the site inspection.

People's health and well-being were well managed as staff maintained positive links with health professionals. Upon arrival on the first day of the site inspection, the registered manager had taken people

to attend their health appointments. This showed the registered manager continued to play an active role in supporting people to manage their health and meet their needs.

Medication administration records (MAR) were provided to support people's hospital admissions. We recommend that the service uses tools such as health passports (a piece of documentation that details people's health needs and contains other useful information) to support people when accessing other services. The provider issued evidence of the tools they intended to use the day after the site visit.

Equality and diversity was promoted. We observed people eating different foods in line with their cultural and religious needs. We also saw people dressed in specific items of clothing to meet their religious requirements.

Staff worked in partnership with the community, other services and organisations. We saw multi-disciplinary team meetings were scheduled to discuss people's needs and wishes. People had links with other organisations to access services, such as adult learning courses. People were also supported to take upon voluntary work. One person said, "I complete voluntary work in an environment that is important to me."

The service continued to meet the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

Good (report published 16 May 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated Good in all areas and Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. We will follow up on our recommendations at the next scheduled inspection.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Brookfield Residential Care Home Limited

Detailed findings

Background to this inspection

The 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors carried out the site inspection on day one. One inspector continued with the site inspection on day two.

Service and service type:

Brookfield is a residential care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

We carried out the site visit of the inspection on 15 January 2019 and 16 January 2019.

What we did:

We reviewed information we had received about the service since the last inspection in May 2016. This included details about incidents the provider must notify us about, such as abuse. We contacted the local authority safeguarding and commissioning teams to gather information about the service. They were

positive and raised no concerns about the care and support people received from Brookfield. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service to ask about their experience of the care provided. In addition, we spoke with a visiting healthcare professional during the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two members of staff including the senior carer and care worker. We spoke with the registered manager and the provider during the inspection.

We reviewed a range of records. This included three people's care records, risk assessments and three MARs. We also looked at four staff personnel files around staff recruitment, training and supervision records. In addition, we reviewed records relating to the management of the home, audits, quality assurance reports, and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

People continued to tell us they felt safe living at Brookfield. One person said, "I feel very safe living here and I have enjoyed it." A second person commented, "This is a safe place to be; it's really wonderful and a good place." A third said, "This is a safe home and I am happy to be here. Staff are very helpful. Staff check that I am ok each day and talk to me. I'm not worried and I'm very happy. I feel very safe and nothing to worry about."

Safeguarding systems and processes

- People were protected from the risks of abuse and harm.
- There was a safeguarding and whistleblowing policy in place, which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff were required to read the policies and sign to say they understood the content.
- The staff we spoke with had a good understanding of their responsibilities and how to safeguard people. One member of staff said, "It's about knowing the signs of abuse and I would report to the manager or would go higher." Another staff member said, "Practically I would note down any information of concern and talk to the person about the issue, discuss it with them and get their input and then report to the manager. I'm aware of safeguarding procedures."
- Staff received appropriate safeguarding training and refresher training.
- People had access to a 'service user guide' which included safeguarding information.
- The service followed safeguarding procedures and made referrals to the local authority, as well as notify CQC as required.

Assessing risk, safety monitoring and management

- People's care files included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as people's physical health, mental health, medicines, alcohol and substance misuse, smoking, educational needs and employment.
- People's crisis plans were maintained and continued to be updated regularly. These plans set out the risks and control measures in place to mitigate the risks. For example, one person's crisis plan related to situations that could cause behaviours that challenged. The records documented how staff should manage in these situations, such as "talk [person name] down."
- The service had procedures in place to promote people's safety. During the inspection we saw people informing staff they were going out so staff knew where they were.
- The environment and equipment was well maintained. A visiting healthcare professional told us, "I was amazed at the standards of accommodation for people with high profile needs; other people don't get the standard of accommodation as here." During the inspection we observed that a couple of people's bedrooms did not have their wardrobes secured to the wall. The provider issued photographic evidence the day after the site visit to confirm the wardrobes had been secured to the wall.

- A fire risk assessment was in situ, which covered all areas in the home. People also had Personal Emergency Evacuation Plans (PEEPs) in place to ensure people were supported in the event of a fire, which were specific to people and their needs.
- Premises risk assessments and health and safety assessments were reviewed on an annual basis, which included gas, electrical safety and fire equipment. The risk assessments also included contingency plans.

Staffing and recruitment

- We looked at four staff personnel files and there was evidence of continuing robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person said, "There's always enough on duty. [Staff name] does the weekends." A second person told us, "There is always someone here and I think there are enough of them and we are never left alone at any time."
- Staff rotas we saw confirmed staffing levels remained consistent, which meant the provider had systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medicines records confirmed they received their medicines as required. We saw that medicines remained stored securely in the office. Medicines were supplied to the home in a monitored dosage system (MDS).
- We saw that all staff who administered medicines had the relevant training.
- Staff received regular competency checks to ensure they administered medicines safely. We asked people if they had any concerns regarding their medicines. One person said, "[Staff name] always has my tablets in time and I have never ran out of medicines." A second person told us, "Staff give me my medication regular and on time. Time varies depending on which tablet."
- There were no controlled drugs (those subject to stringent control) being used by the service at the time of the inspection. However, we saw appropriate storage facilities and record keeping for controlled drugs that were administered previously.
- There were protocols in place for 'as required' (PRN) medicines such as pain relief medicines.
- People were encouraged to self-medicate and appropriate risk assessments were in place for this. There were lockable boxes in the bedrooms. Weekly medicine checks for the people who self-medicated were carried out to ensure their safety. One person said, "I do self-meds as well and manage. They check my tablets every week on a Friday."
- We saw people continued to receive their medicines in private.
- Regular audits regarding medicines took place.

Preventing and controlling infection

- The service was clean and free from malodour. We observed some clutter at the rear of the premises (such as unused furniture). We pointed this out to the provider who was in the process of arranging removal. The items were removed before the end of the site visit.
- Staff were required to complete training in food hygiene, so that they could safely make and serve meals and clean up after preparation. Records confirmed this had been undertaken.
- The service retained a rating of 'five' (the highest rating) from the Food Standard's Agency, who are regulators for food safety and food hygiene. A visiting professional told us, "The kitchen is always clean and

tidy".

- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- The service employed domestic staff to support with daily cleaning.
- Legionella testing and analysis had been completed in February 2018. Records confirmed this.
- We saw daily environment checks and weekly room checks being carried out to ensure infection control was maintained. This included checks on areas such as, food preparation areas, laundry areas and bedrooms.

Learning lessons when things go wrong

- The service had an accidents and incidents policy in situ, which staff had to read and sign to confirm they understood the content.
- Risk assessments were reviewed following incidents.
- Accidents and incidents were minimal and were appropriately managed and recorded. Trends were spotted by reviewing each accident or incident. We recommend that an analysis process is used to identify any regular trends, if the number of events increased.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "Staff are on the ball and the owner also visits regularly." A second person said, "If you don't like what's on offer, you can have something else. They give you a variety of options." A visiting professional said, "I'm really happy with this placement for [person name], it's great."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw staff applied best practice principles, which led to good outcomes for people and supported a good quality of life. For example, we saw staff encourage people to be as independent as possible, and people respond positively to this.
- People's needs were assessed and regularly reviewed, this included the progress people had made since the start of their placement. Care plan reviews took place at least every six months, or as and when required.
- People's preferences, likes and dislikes were acknowledged and recorded.
- People's past life histories and background information were also recorded in the care documentation.
- People were involved in their care planning and the people we spoke with confirmed this.

Staff support: induction, training, skills and experience

- Staff received appropriate training through a combination of e-learning and face-to-face training.
- We asked people if they felt staff were competent. One person said, "Staff know what they are doing and look after me well." A second person told us, "Staff are on the ball."
- The staff we spoke with continued to speak positively about the training sessions they have received. One staff member told us, "I feel I get the right amount of training including refresher courses via [organisation name] and its usually done on site at the home."
- Records showed staff supervision took place. We saw supervisions were flexible, and some staff had more than others, which were based on staffs' needs. Staff we spoke with felt supported.

Staff working with other agencies to provide consistent, effective, timely care

- The service received detailed information about each person from their previous placements, which included a clinical summary.
- People had leave and stayed at the service prior to admission to determine their needs and to support their assessment. One person told us, "I was doing overnight stays before I came here starting with short visits then staying longer. In the end I did a seven-night stay and then stayed permanently."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and preferences were met and people were involved in choosing their meals. One person said, "The food is good and I can go to Aldi and choose my own food and staff will cook it for me." A second person told us, "The food is wonderful and I can make my own but staff do mine for me; it's always

hot. I go out to Bury with [staff name] for shopping and I can only have sugar free food as I'm bordering diabetic." We saw this person had as stock of sugar free drinks and food stored in a fridge in their room, and low-calorie sweeteners and low sodium salt was also available. A third person commented, "I don't like some foods so I choose something else. Staff do food shopping for me."

- During the inspection we observed the breakfast and lunchtime meals. There was a calm and unrushed atmosphere, people took as much time as they liked to eat their meal and staff were available to provide any assistance to people.
- We found specialist diet types were provided for people to meet their cultural and religious needs, which was confirmed by the people we spoke with.
- We saw people had a choice of when they would like to eat their meals. We also saw people had access to snacks, which they accessed themselves as they pleased.
- We found guidance for 'eating well' displayed. The registered manager also said there is a push for people to eat healthier foods if they wished.
- There were appropriate risk assessments and care plans in place for nutrition and hydration.

Adapting service, design, decoration to meet people's needs

- The premises were homely and well maintained. We observed a relaxed atmosphere throughout the site visit. We saw people make use of all the communal areas. People could choose to sit in the main lounge or in the dining room lounge or in their own rooms.
- People's rooms remained personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests.
- There was sufficient space inside and outside. We saw people enjoy using both the indoor and outdoor areas.
- The rooms were decorated to suit people's tastes.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with community organisations.
- Staff engaged with other agencies and professionals to ensure people received effective care. A range of multi-disciplinary professionals and services continued to be involved in assessing, planning, implementing and evaluating people's care, treatment and needs. This was clear from the care planning documentation and the professional visiting logs. A visiting healthcare professional told us, "Staff have always been lovely and they phone me up when necessary. I'm always made welcome and I go in the office after to handover. I've held reviews here with the psychiatrist and were always made welcome".
- People were assisted with access to appointments. Upon arrival on the first day of the site inspection, the registered manager had taken people to attend their health appointments. This showed the registered manager played an active role in supporting people to manage their health and meet their needs. The people we spoke with also confirmed this. One person told us, "Tomorrow we are going for some blood tests which we do every month and I've done this for years and [staff name] takes me to these."
- MARs were provided to support people's hospital admissions. We recommend that the service uses tools such as health passports (a piece of documentation that details people's health needs and contains other useful information) to support people when accessing other services. The provider issued evidence of the tools they intended to use the day after the site visit.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least

restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- We were told everyone currently living at the home had the capacity to make their own decisions about their lives and no one was subject to a DoLS.
- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "It's about people having the capacity to make choices and their own decisions."
- Records showed people signed to consent for their care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

People continued to voice that the staff and approach at the service was caring. One person told us, "I think the staff are very caring." A second person said, "You can have a good laugh and joke with the lot of them". A third person commented, "Staff are very good with me and respectful of my needs".

Ensuring people are well treated and supported; equality and diversity

- We observed positive interactions between staff and people. Staff had good relationships with people, and appeared to know them well, including their likes and dislikes. Staff were seen to be caring towards people, and respected people's wishes.
- People were observed to be treated with kindness and were positive about the staff's caring attitude.
- We asked people what they thought of the staff. One person told us, "Staff are all wonderful and they are the same since I have been here; there's no agency or bank staff so that's good. I am happy to be here it's my home for life. I like to keep things organised and my key worker is great; [staff names] are both good staff."
- We observed people conversing with each other and they enquired about each other's welfare.
- Equality and diversity was promoted. We observed people eating different foods in line with their cultural and religious needs. We also saw people dressed in specific items of clothing to meet their religious requirements.

Supporting people to express their views and be involved in making decisions about their care

- People had pre-admission assessments before they moved into the service. This meant the service knew that they could cater for people's care needs. We saw professionals involved in these assessments, including social workers and community psychiatric nurses.
- People and families were involved in reviews. We asked people if they were involved in planning their care. One person told us, "They always involve me in care planning and I discuss this with staff."
- Regular meetings were held with people and their relatives or friends had opportunities to attend.
- We saw multi-disciplinary meetings being held and saw people were involved in these meetings to discuss their needs and make decisions about the care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality remained respected. One person told us, "Staff respect my privacy and at the same time they knock on my door and ask if I am okay." A visiting professional commented, "I've never had any concerns about the staff, they respect people's privacy when I come to meetings".
- We observed staff continued to treat people with dignity and respect and provided support in an individualised way.
- People's independence was promoted and step down to more independent living was supported. A person

told us; "I am moving in a few months to supported accommodation which the staff are facilitating and meeting with the new placement regularly". A second person said, "Staff are very caring and help me to stay independent." A third commented, "Staff help me to stay independent and I do things for myself."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

People continued to tell us the service meets the needs of people effectively. A member from a local commissioning team told us, "The home manages really well. It is really responsive and positive." A visiting professional commented, "I'm really happy with this placement for [person name], it's great." A person we spoke with told us, "I've got no complaints about anything and feel happy living here."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had choice and control in their day to day lives.
- People were empowered to make their own choices about what they do with their time. One person said, "Staff promote my independence and I can do what I want. I can choose when I get up and go to bed; I like to get up early and I choose my own food."
- People participated in activities that met their individual choices and preferences. One person told us, "I can come and go as I please as long as I tell staff where I am and I have a mobile phone to keep in contact."
- The service maintained links with other organisations to access services, such as adult learning courses.
- People were also supported to take upon voluntary work. One person said, "I complete voluntary work in an environment that is important to me."
- People received personalised care.
- A visiting professional told us, "As far as I know staff involve people and they get care plans done quickly. They have been supportive of the care planning process and get people to hospital when necessary. They also support one person to do a voluntary job."
- People we spoke with also told us they had a choice of which key worker they wanted to support them to plan their care.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; people's cultural needs.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service met the AIS requirements. For example, through communication plans. People could also request information to be provided in different formats.

Improving care quality in response to complaints or concerns

- Processes, forms and policies remained in place for recording and investigating complaints.
- There was a satisfactory complaints policy.
- People also had access to a 'service user guide' which detailed how they could make a complaint.
- People told us they knew how to make a complaint. One person said, "I know how to make a complaint; I would go to the manager." A second person told us, "I've got no complaints about anything and feel happy living here." A third commented, "I got information about this at the beginning and I would tell the manager

if I was making a complaint but I've no complaints and I'm happy to be living here. It's a nice place, my room is lovely and I have my personal items."

- We saw complaints and concerns were minimal. The service had one complaint logged by a person using the service and the registered manager had acted on this. The service demonstrated they had investigated and responded to this in line with their policy. However, we recommend that improvements are made to record the action taken and any lessons learnt more robustly. The registered manager agreed to address this feedback immediately following our inspection.

End of life care and support

- The registered manger told us they were not supporting anyone with end of life care. The registered manager advised us, they generally do not support with end of life. If people's needs changed, they would liaise with the local authority and other professionals involved in people's care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Staff continued to speak positively about the leadership and management of the service. One staff member told us, "Culture is relaxed, very comical, helpful, good teamwork. No worries or concerns about my employment." Another member of staff commented, "I feel I have made the right decision coming here and there is never a day when I feel I have made the wrong decision."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had correctly displayed our prior inspection rating in the building.
- The service had a policy and an understanding of their responsibility of duty of candour, where staff had to read and sign to confirm they understood the content. Duty of candour is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The service had a statement of purpose. This clearly set out the aims, objectives and ethos of the service. The statement of purpose was also issued to all people using the service in their 'service user guide'.
- The service had submitted all relevant statutory notifications to us promptly. This ensured we could effectively monitor the service between our inspections.
- A good range of audits continued to be used by the service to measure health, safety, welfare and people's needs.
- Staff continued to tell us they felt listened to and that the registered manager was approachable. One staff member we spoke with said, "[Manger name] is a very approachable person, who is firm but fair and very supportive. Always available or on-call."
- The provider and registered manager continued to positively encourage feedback and acted on it, for example, by asking people about what trips they would like to have arranged.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-run. People at all levels understood their roles and responsibilities. The registered manager was accountable for the staff and understood the importance of the role.
- The registered manager had worked at the home for a long period of time and had a clear understanding of their role and the organisation.
- Staff spoke positively about the registered manager and working for the service. One staff member told us,

"Manager support is always here and [manager name] always helpful and doing a good job - I don't think I could get a better manager than [manager name]. Another staff member commented, "All the staff are great."

- The provider was acknowledged by many of the people and the staff we spoke with told us they had regular contact with the provider. One staff member said, "[provider name] visits regularly to support us."

Engaging and involving people using the service, the public and staff fully considering their equality characteristics

- There was a positive workplace culture at the service. It was evident staff worked well together, and there was a shared spirit of providing a good quality service to people.
- The service involved people in their day to day care and promoted their independence to make their own decisions. Our observations confirmed this.
- Regular staff meetings continued which discussed people and their needs, risk assessments, policies and procedures as well as any other business. There was evidence that actions from the meetings were dealt with accordingly. Staff told us meetings were held, "Every three to six months and that these were useful."
- People, relatives and visiting professionals were issued a survey to ascertain their views, however the feedback was limited. The feedback they did receive, had been used to improve the service.
- Regular residents' meetings for people and their families and friends took place. The provider and the registered manager were involved in these meetings. Topics covered included, any issues in the home, upcoming events and any activities people would like to engage with. Family and friend's attendance to the meetings were very minimal. We recommend that the service uses tools such as newsletters to keep people, families and friends informed. The provider confirmed they had implemented newsletters the day after the site inspection.
- The registered manager and the staff team knew people well, which enabled positive relationships to develop and good outcomes for people using the service.
- There was an equal opportunity, equality and diversity policies in place. Staff were required to read the policies and sign to say they understood the content.

Continuous learning and improving care

- The service had quality assurance checks and audits via their local authority quality assurance team. Records confirmed that the service had taken the necessary action required to improve.
- The service had internal quality assurance and audit checks regularly, including medication audits, file checks and environmental audits. There was also evidence of necessary action been taken as a result of these audits.
- There was evidence of quickly acting on issues when they arose or if the provider or registered manager was informed. For example, maintenance to bathrooms. The people we spoke with also confirmed this. One person told us, "If you have any problems they sort it out for you."

Working in partnership with others

- The service worked in partnership with the local community, other services and organisations.
- We saw people working in partnership. A visiting professional told us, "I've held reviews here with the psychiatrist and were always made welcome".
- People had links with other organisations to access services.
- People were also supported to take upon voluntary work.
- The service maintained links with religious organisations and places of worship to meet people's religious needs. The people we spoke with confirmed this. One person told us, "I go to [place of worship] every Friday via taxi and I enjoy doing this."
- Prior to our site inspection, we contacted the local authority safeguarding and commissioning teams which the service worked with. No concerns were raised about the care and support people received. A member

from a local commissioning team told us, "My client is really happy there, he has said it feels like it's his home for life."