

Harrow Council

# Harrow Council - Bedford House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 4 December 2018 and was unannounced. Harrow Council - Bedford House provides accommodation in two units for a maximum of 20 people who have learning and physical disabilities. The service is set out in two units, one unit provides care and support to people with learning and physical disabilities, which is called the Bedford unit and comprises of 11 bedrooms and the other to people with autism, which is called the Roxborough unit and comprises of 8 bedrooms.

At our last inspection on 16 May 2016 the service was rated Good.

Since the service's last inspection, they had undergone renovation work and had changed one unit. This unit previously provided respite care and had been renovated to provide care to people with autism. Relatives we spoke with told us that these changes had gone well and people had settled well.

There was a registered manager in post at the time of our inspection. 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 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.

During the inspection we observed care support staff treated people with respect, kindness and compassion. Positive caring relationships had developed between people who used the service and care support staff and people appeared at ease in the presence of care support staff. Relatives we spoke with told us that people were treated with respect and they were well looked after at the service.

There were appropriate systems in place to keep people safe. Staff had received training on how to identify abuse and understood their responsibilities in relation to safeguarding people, including reporting concerns relating to people's safety and well-being. Risks to people had been assessed, updated and regularly reviewed to ensure people were safe and risks to people in relation to treatment or care were minimised.

Appropriate arrangements were in place in relation to the recording, disposal and administration of medicines at the home. We found that medicines were managed safely in the service.

We found that there were enough staff to meet people's individual care needs. On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. We discussed staffing levels with the registered manager and he explained that there was flexibility in respect of staffing and staffing levels were regularly reviewed depending on people's needs and occupancy levels.

On the day of the inspection we found the premises were clean and tidy. Relatives we spoke with told us that the service was clean and they raised no concerns in respect of this. There was a record of essential inspections and maintenance carried out. The service had an infection control policy and measures were in place for infection control.

Staff demonstrated that they had the knowledge and skills they needed to perform their roles. Staff confirmed that they received regular supervision sessions and appraisals to discuss their individual progress and development. Staff spoke positively about the training they had received and we saw evidence that staff had completed training which included safeguarding, medicine administration, first aid awareness and health and safety,

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented as well as their likes and dislikes. Care plans were reviewed monthly and were updated when people's needs changed.

Staff we spoke with had a basic understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had made applications for DoLS and we saw evidence that authorisations had been granted.

There were suitable arrangements in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating. The service had a five-week menu and we saw that there was a variety of different foods for people to choose from. The registered manager and chef explained that people always had had alternatives to choose from if they did not wish to eat what was on the menu.

We found the home had a management structure in place with a team of care support staff, team leaders, domestic staff and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. They told us management was approachable and there was an open and transparent culture within the home and they did not hesitate about bringing any concerns to management.

Management monitored the quality of the service and we saw evidence that regular audits and checks had been carried out to improve the service. Checks had been carried out in relation to audits and checks had been carried at regular intervals in areas such as care documentation, health and safety, equipment, cleanliness of the home, medicines and staff training.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Harrow Council - Bedford House

## **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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 4 December 2018 of Harrow Council - Bedford House. The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

All the people who lived in the service were unable to verbally communicate with us, with the exception of one person. This person was however out for the day of our inspection and we were therefore unable to speak with him. We therefore spent time during the inspection observing how staff interacted with and supported people who used the service. We also spoke with ten relatives.

We reviewed five care plans, seven staff files, training records and records relating to the management of the service such as audits, policies and procedures.

During the inspection we spoke with the registered manager, five care support staff, the activities coordinator and the chef.

## Is the service safe?

### Our findings

Relatives we spoke with told us they were confident that people who used the service were safe and raised no concerns in respect of this. One relative said, "I am 100% confident [my relative] is safe." Another relative told us, "[My relative] is very well looked after. [My relative] is safe." Another relative, "[My relative] is safe. [My relative] has been there for many years. I have confidence in staff. I have never had a concern."

There were comprehensive risk assessments in place for all people. These provided a description of the risk, identified the level of risk and included a detailed and personalised action plan to minimise the risk. They covered risks such as mobility equipment, moving and handling, bed mobility, chair transfers, self-neglect, falls, choking and behaviour that challenges. Where one person was at risk of epilepsy, we saw that there was a risk assessment which included a detailed action plan and clear guidance for staff on how to manage potential risks associated with this. Risk assessments were reviewed monthly and were updated when there was a change in a person's condition.

A safeguarding policy and procedure was in place to help protect people and minimise the risks of abuse to people. The contact details to report safeguarding concerns were clearly displayed in the service. Training records indicated that staff had received safeguarding training. When speaking with care support staff they were aware of safeguarding procedures. They told us how they would recognise abuse and what they would do to ensure people who lived in the home were safe. They said that they would report their concerns to management. We saw documented evidence that staff were reminded of safeguarding and whistleblowing procedures during staff meetings.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

The service had appropriate medicines arrangements in place. During this inspection, we looked at policies, storage, records, training and systems for medicines management in both units in the service. We found the service was managing medicines safely. Relatives we spoke with told us they were confident people received their prescribed medicines on time. The home had a medicine policy in place about these systems. The home provided training and assessed the competency of staff to ensure they handled medicines safely. We saw documented evidence that medicines audits were carried out regularly in order to improve the quality of the service.

We looked at a sample of Medication Administration Records (MARs) for 10 people. The provider had recorded important information such as the name, photograph and medicine sensitivities to help staff give people their medicines safely. We found no gaps in the MARs. This provided assurance people were being given their medicines as prescribed.

Medicines were stored securely at the home including controlled drugs (CD's). CD's are medicines which are liable to misuse and therefore need close monitoring. We saw documented evidence that care support staff

checked and recorded medicines storage temperatures daily and these were within the required range.

Some people were prescribed medicines on a when required basis. There was guidance in place to advise care staff when and how to give these medicines.

We discussed staffing levels with the registered manager and care support staff. There was a total of 19 people who used the service at the time of the inspection, 11 of which were in the Bedford unit and 8 were in the Roxborough unit. We looked at the staff rota and noted that staffing levels during the morning normally consisted of the registered manager or team leader together with a total of four care support staff in each of the units. In the afternoon, there were four care support staff in one unit and three care support staff in the other. The night shift consisted of three waking care support staff for both units. We looked at the staffing rota for the day of the inspection and this correctly reflected the staff on duty.

On the day of the inspection, we noted an air of calm in the home and staff were not rushed. Through our observations and discussions with staff and management, we found there were enough staff to safely meet the needs of the people living in the home. Some staff told us that there were occasions when there were not enough staff due to staff being sick and people having appointments. We raised this with the registered manager and he explained that there was flexibility in staffing levels so that staff could be deployed when and where they were needed. For example, if people needed to be supported on day trips or when people had to attend appointments. The registered manager told us staffing levels were assessed depending on people's needs and occupancy levels. The registered manager told us there was consistency in terms of staff so that people who used the service were familiar with staff. We saw that people who used the service were comfortable around staff.

We looked at the recruitment process to see if the required checks had been carried out. We looked at the recruitment records for seven members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. We did not see evidence of two written references on staff files we looked at and discussed this with management. The registered manager confirmed that staff references were not kept at Harrow Council - Bedford House. He explained that these were retained by the local authority human resources department. Following the inspection, we received evidence from the human resources department confirming this.

There were plans and procedures in place to deal with a foreseeable emergency. The fire plan was clearly displayed in the home indicating fire exits and escape routes. All staff had completed fire safety training. There were personal emergency and evacuation plan (PEEPs) plans in place in case of an emergency for each person living in the service. This included information about any evacuation aids required, the method of evacuation required and details of complex needs if applicable. We also observed that PEEPs included a traffic light colour system. This indicated whether a person was red, amber or green in terms of requiring assistance to evacuate in the event of an emergency. Fire equipment was appropriately stored and easily accessible in the home. Regular fire drills and checks were carried out by the home and documented accordingly.

Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up-to-date. Management carried out a premises audit to ensure the home was maintained and any risks to people's health and safety were identified and addressed.

On the day of the inspection, we found the premises were well-maintained, clean and there were no unpleasant odours. Relatives we spoke with told us the service was clean and raised no concerns in respect

of this. There was an infection control policy and measures were in place for infection prevention and control.

Accidents and incidents had been documented and included details about the incident and subsequent action taken by the home. This included information which detailed action required to prevent reoccurrence. The registered manager explained that incidents were monitored and reviewed and then discussed during staff meetings in order to help staff learn from these and prevent their reoccurrence.

## Is the service effective?

### Our findings

Relatives told us that they thought the service was effective and they were satisfied with the care and support provided. One relative told us, "I am 100% absolutely confident staff know what they are doing. It is a wonderful place." Another relative said, "Staff are good with [my relative]. I cannot praise them enough. They look after [my relative] well." Another relative told us, "They cope with [my relative] very well. The keyworker knows [my relative] very well. They are excellent."

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken a comprehensive induction when they started working at the service and we saw evidence of this. Training records showed that the majority of care support staff had completed training in areas that helped them when supporting people. Topics included first aid awareness, health and safety, safeguarding people, fire safety, food hygiene, personal intervention, infection control, medicine administration, autism and the Mental Capacity Act 2005 (MCA 2005). The training provided was a combination of online and classroom based sessions. Staff were also provided with refresher training, which ensured staff updated their knowledge and maintained the skills to ensure people's needs were met. There was a training matrix in place which detailed what training staff had completed and when the next refresher training was due. This ensured staff's training was being monitored to ensure staff received the appropriate training to carry out their roles and responsibilities. Staff spoke positively about the training they had received. We saw in records that staff were also provided with regular one to one supervisions and annual performance appraisals.

The service had nominated staff who were Champions in various areas such as dignity in care, autism, infection control, safeguarding and health and safety. The registered manager explained that this improved awareness of areas of care and enabled staff to share information and develop understanding amongst staff.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating. People's weights were recorded monthly so that the service was able to monitor people's nutrition. We noted that one person had a low weight and a low body mass index and saw that there was clear information about how to support the person with their nutritional needs, preferences and clear guidance for staff detailing how to encourage the person to eat. We also saw evidence that a dietician had been involved in this person's care and staff were monitoring this person's food intake daily in a food journal.

The service had a five-week menu and we saw that there was a variety of foods for people to choose from. On the day of the inspection we observed people having lunch in the dining area in one unit. The atmosphere was relaxed and people sat at tables. We noted that people ate different foods depending on their preferences. The menu for the day of inspection stated that for lunch vegetable curry with rice was available. We however noted that one person had eggs, beans and chips and another person had sandwiches. The registered manager and chef explained that people always had alternatives to choose from if they did not wish to eat what was on the menu. We saw that the menu was available in pictorial format

and we noted that during key worker reviews people's food preferences were reviewed using pictorial menus.

The kitchen was clean and we noted that there were sufficient quantities of food available. We noted that the kitchen had been renovated since the last inspection.

In May 2017, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars, rating the service as "very good".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found care support plans included detailed information about people's capacity, their mental state and cognition. Care support plans included a communication passport which detailed how each individual person wished to be communicated and included specific information detailing the person's preferences. For example, in one person communication passport it stated that they were unable to verbally communicate but could let their feelings be known by positive and negative gestures such as pulling and pushing things away and make choices by pointing. The registered manager explained that communication passports enabled the service to support people with communication difficulties to interact and respond and helped to get the best out of what communication abilities they had in order to meet people's individual needs.

Staff we spoke with had knowledge of the MCA and training records confirmed that the staff had received training in this area. Staff we spoke with were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

We also found that, where people were unable to leave the service because they would not be safe leaving on their own, the service had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). All people in the service, with the exception of one person required a DoLS and we noted that the service had made necessary applications and authorisations were in place. We asked the registered manager how they ensured that the service promoted independence where the majority of people in the home were subject to DoLS. He explained that people, their relatives and care professionals were all involved in planning and developing people's care so that the service was able to meet people's individual needs and that the personalised care support plan was vital to delivering independence and control for people. He explained that the key was to promote choice. For example; two people in the home had behaviour that challenged the service and in response to this, care support staff used positive behaviour techniques to influence positive behaviour through music. People were given the opportunity to choose their own music and that this helped to relax people.

## Is the service caring?

### Our findings

Relatives we spoke with told us people were well cared for in the service and said people were treated with respect and dignity by staff and management. One relative told us, "Staff are absolutely kind and helpful." Another relative said, "Brilliant care staff. They are very good. I could not fault them." Another relative said, "Staff are very nice. All are pleasant. They are very kind and helpful."

Relatives told us that staff respected people's individual needs. One relative said, "They would do anything for [my relative]. Very caring. I can't praise them enough." Another relative said, "They respect [my relative's] likes and dislikes." The registered manager and staff we spoke with had a good understanding of the needs of people and their preferences. They were able to tell us about people's interests and their backgrounds. On the day of the inspection, we observed interaction between people and staff and noted that staff were patient when supporting people and communicated well with people. We observed staff provided prompt assistance but also encouraged people to be independent where they were able to. We observed two care support staff assist a person from their wheelchair to a chair in the dining room. We noted that staff were kind and patient and explained what they were doing beforehand. The person appeared relaxed and at ease in the presence of the care support staff.

Care support plans clearly set out how people should be supported to promote their independence. The registered manager explained that the service focused on "empowering residents." He explained that care support staff had worked hard to help one person gain their independence and ability to use public transport alone. This person had progressed at the service and was now able to travel alone from the day centre to his family home.

There was an information board in the home which provided people with information and facts about the home's mission statement, philosophy and aims. This information was also presented in easy read format with pictures. The service had a statement of purpose clearly displayed at the entrance of the service. This included details of the aims and philosophy of the service which stated that the service aimed to "provide individuals with a secure, relaxed and homely environment in which their care, well-being and comfort are of prime importance." This also stated, "Staff work towards preserving and maintaining the dignity, individuality and privacy of all service users within a warm and caring atmosphere, and in so doing will be sensitive to the service user's ever-changing need." The feedback from relatives was positive and they indicated that people were cared for in a manner that was respectful and preserved their dignity. They were confident that the service upheld their aims and philosophy and raised no concerns in respect of this.

Staff had a good understanding of treating people with respect and dignity and ensuring people's independence was promoted. One member of staff told us, "I am always approachable. I talk to people in a good manner. I respect them. I always put their needs first." Another member of staff said, "I always listen to people and if they are non-verbal I look out for pointers. Each person has a specific way they liked to be cared for. It is about knowing a person's individual needs and respecting this. Offering different choices."

The registered manager explained that the service aimed to ensure there was consistency of staff which

meant people were familiar with staff and this ensured people were comfortable around them. This also helped ensure that staff were fully aware of people's individual needs and what support they required.

Care support plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. We noted that some people were supported to visit the church on Sundays and this was confirmed by relatives. Another person was supported to attend a temple and another person was supported to go to the mosque. We spoke with the registered manager and he explained that they supported people in respect of their spiritual and cultural needs. We also saw evidence that the service celebrated religious events which included Diwali and Christmas. Relatives told us that there was a Christmas party arranged for 22 December 2018.

We discussed the steps taken by the service to comply with the Accessible Information Standard with the registered manager. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered manager explained that the service met this standard in a number of ways. For example, care support plans were set out in a user-friendly manner and included speech and language input and assessments. Care support plans included pictorials to assist with communication and involved people. Various policies, guidance and the service user guide were available in an easy read and pictorial format so that they were accessible to all people and these were clearly displayed in the service.

## Is the service responsive?

### Our findings

Relatives we spoke with told us the service was responsive and respected people's individuality. One relative told us, "They really know [my relative's] needs and they recognise things. They are very respectful and compassionate." Another relative said, "They really are responsive and take action."

The service supported people to maintain relationships with family and friends and this was confirmed by relatives we spoke with. One relative said, "They welcome me when I go." The registered manager told us "It is important that we actively involve people and their families."

Relatives told us they were confident that people received care, support and treatment which they required. Relatives also told us that they were kept informed of changes and information relating to their relative's care and felt involved in their care. One relative said, "They always keep me updated. We have reviews. They always keep me informed. Always." Another relative said, "They always keep me informed of progress. Always call me. I am happy with that." Another relative told us, "They very much keep me updated with [my relative's] progress. They accommodate [my relative]. The manager phones if there are any issues."

There was a complaints policy in place which detailed the procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC if people felt their complaints had not been handled appropriately by the service. At the time of the inspection, we noted that there were no formal complaints in the last year and the registered manager confirmed this. He explained that he encouraged relatives to discuss queries and issues with him so that he could ensure immediate action was taken. Relatives we spoke with raised no concerns and said that they had no complaints. When speaking with care support staff, they told us they were confident to approach management. They told us that they felt matters would be taken seriously and resolved quickly.

The service had a system in place to obtain feedback about the care provided at the service. The majority of people in the service were unable to communicate verbally. All people had a communication passport which clearly detailed how the person wished to communicate, for example through using objects, gestures, facial expressions and using pictures. On the day of the inspection we observed care support staff communicate with people using gestures and pictures. People and their relatives were involved and provided feedback through satisfaction surveys which was in a pictorial format. We saw evidence that a satisfaction survey had been carried out in April 2018. We noted that the feedback obtained was positive. We saw documented evidence that the registered manager had reviewed the feedback and put an action plan in place where issues were identified. Relatives told us they would not hesitate to speak with the registered manager if they had any concerns or feedback.

There was a suggestions box for people to communicate their feedback and comments. Resident's meetings occurred monthly so that queries and issues could be raised in respect of the running of the service. There was also documented evidence of monthly key worker sessions where people and relatives were given an opportunity to discuss their individual progress as well as other issues important to them such as the running of the service and day trips planned. The registered manager explained that staff had received

training to guard against influencing people to respond in a particular way and their role was to enable people to respond so that the service could better understand their experiences. People who used the service had different preferences about how they would prefer to respond and the service ensured that they encouraged people to respond in the manner they prefer. For example, some people preferred to point to a picture or an object or smile to indicate they agree.

People's care plans included information about their individual care needs which included medical, behaviour, communication, mobility, nutrition, family, interests, hobbies, cultural and personal care. Care plans clearly detailed how each person would like to be supported and included details of their individual morning, evening and night time routine. Care support plans were individualised and person-centred. Care support plans also included a communication passport which included a section called "About me" and the person's communication likes and dislikes. Care support plans also included guidelines for staff in respect of meeting people's individual needs. For example; one person's care plan included guidelines about supporting this person when they displayed challenging behaviour and another person's care plan included guidelines for staff about supporting this person when they displayed emotional and distressed behaviour. There was documented evidence that care support plans were reviewed monthly and updated where when people's needs changed.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals.

The registered manager explained that the service ensured that comprehensive handovers were completed after each shift. He told us that these were "very important" and that the service focused on ensuring people received continuity of care. At each handover, staff discussed changes to people's needs and important information which was documented clearly.

People were supported to take part in activities and this was confirmed by relatives we spoke with. One relative told us, "They take [my relative] out as much as they can." Another relative said, "They go out to different places. I cannot praise them enough."

Activities included social outings and activities within the service. The service had an allocated activities coordinator. We spoke with the activities coordinator and she explained that there was variety of activities available to people which included swimming, outings to the park and air drumming. On the day of our inspection we noted that the majority of people were out at the day centre. We spoke with the registered manager about the activities available to people and he explained that the service focused on providing specific activities for people depending on their interests. The majority of people in the service attended a day centre four times a week. Whilst people were at the service, they were able to take part in various activities such as art, music sessions, hand and leg massages and use of facilities in the service such a pool table, sensory room or touch screen. The registered manager explained that some people in the home were autistic and therefore had an established routine and therefore had individual activities timetables in place. People in the service had been supported to go on holiday in 2018.

## Is the service well-led?

### Our findings

Relatives spoke positively about staff and the registered manager. All relatives told us they felt comfortable raising queries with the registered manager and said that all staff were approachable. Relatives spoke positively about the management of the service. One relative told us, "The service is managed well. If we express concerns they address it. Minor niggles. They attend to them and deal with them efficiently." Another relative told us, "The home is run well. It is managed well." Another relative said, "I am 100% happy with management. I can speak to them without hesitation."

There was a management structure in place with a team of care support staff, team leaders, domestic staff and the registered manager. All staff spoke positively about working at the service and said the registered manager was approachable and they felt able to raise concerns with him. They told us there was an open and transparent culture within the service. One member of staff told us, "The support is good. [The manager] is definitely approachable. Whenever I have issues I can talk to him. He is a good listener. He makes things happen." Another member of staff said, "I feel I can raise issues, the manager is approachable." Staff also told us that they worked well together and felt supported by their colleagues. One member of staff told us, "We work as a tight team. Team work is good. We work well as a team."

Staff were informed of changes occurring within the service through daily comprehensive handovers and regular staff meetings. We saw evidence that handovers and meetings were documented. Staff told us that communication within the service was effective and they received up to date information and felt well informed.

The service had a system in place to obtain feedback about the level of care provided to people. This included a range of checks and audits carried out by the registered manager and team leaders in various areas relating to care people received, maintenance and management of the service. Management carried out a range of monthly and quarterly audits in respect of care documentation, health and safety, safeguarding, medicines, complaints/compliments, infection control, activities, staff files and training. We saw evidence that management carried out regular observations around the service and these were documented. It was evident that where areas of improvement had been identified, the home had taken necessary action to improve as a result and this was documented.

We noted that the service had carried out an annual review which assessed the overall performance of the service and what improvements could be made and covered areas such as activities, facilities and equipment. Following this, the service had implemented an improvement plan for 2018/2019. This clearly detailed the objectives for the service and included an action plan of how and when the service aimed to meet these.

We observed care documentation and documentation relating to the management of the service was well maintained, up to date and comprehensive. Documentation requested during the inspection was readily available.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. We noted that a copy of the policies was kept in the office and in both of the units in the service so that they were easily accessible for staff.

The CQC rating of the previous inspection was displayed as required in line with legislation. The service had notified us of incidents and other matters to do with the service when legally required to do so.