

Linkage Community Trust Limited(The) The Sycamores

Inspection report

45 South Street
Alford
Lincolnshire
LN13 9AN

Tel: 01507463225
Website: www.linkage.org.uk

Date of inspection visit:
12 July 2016

Date of publication:
23 August 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 carried out this announced inspection on 12 July 2016.

The Sycamores is located in the market town of Alford in Lincolnshire. It is registered to provide care and support for up to eight people who experience needs related to learning disabilities. The home is part of the larger organisation of Linkage Community Trust and is supported by a team of regional and head office staff. Eight people were living in the home on the day of our inspection.

There was an established registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Staff knew how to respond to any concerns which might arise so that people were kept safe from harm. People's medicines were managed safely and staff worked with people in ways which helped to avoid the risk of accidents. There were enough staff on duty and background checks had been completed before any new staff were appointed.

Staff had received training and guidance about the work they were employed to do and they knew how to care for people in the right way. This included knowing how to respond to people who had different communication needs. People had also been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had worked with the relevant local authorities to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had been consulted about the care they wanted to receive and all of the care they needed. Staff supported people to pursue a wide range of interests and hobbies. There was a clear system in place for resolving complaints.

Regular monitoring and quality checks were undertaken which ensured that any issues related to the running of the home would be quickly resolved. Staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way.

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.

Staff knew how to keep people safe from harm.

There were enough staff on duty to give people the care they needed and background checks had been completed before new staff were employed.

People were helped to avoid the risk of accidents and people who needed staff assistance to take their medicines were supported safely to do this.

Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to care for people in the right way.

People were supported to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate kind and caring.

Staff respected people's right to privacy and staff were imaginative in how they responded to people's care needs.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and staff had provided people with all the care they needed.

People were supported to maintain and further develop a wide range of hobbies and interests.

There was a system in place to respond to and resolve complaints.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted good team work. Staff were well supported and were encouraged to speak out if they had any concerns.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There were a range of quality checks in place which ensured that people consistently received all of the care they needed.

The Sycamores

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 registered persons were 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.

We visited the service on 12 July 2016. We gave the registered persons a short period of notice before we called to the service. This was because the people who lived in the service had complex care needs and they benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

Before we undertook this 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. The provider returned the PIR and we took this into account when we made our judgements in this report.

We also looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

During the inspection we spoke with and spent time in the company of four of the people who lived at the home. Two other people returned later in the day from activities they had been out to and came to say hello to us. We also spoke with five of the care staff team, a visiting sensory impairment officer and a behaviour consultant, a speech and language therapist who were employed by the provider and the registered manager and deputy manager. We observed care and support that was provided in communal areas of the home and looked at the care records for three of the people living at the home. In addition, we looked at records that related to how the service was managed including staffing, training and the registered manager and provider's quality assurance processes.

After we completed our visit we also spoke with the relative of one person by telephone and they also provided us with their written view of the support the home provided. We also sought and received feedback from two other relatives, and a social care professional who had undertaken reviews together with one of

the people who lived at the home.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at in the home. One person said, "Oh yeah it's very safe and warm here. I have no problems telling the staff if I have any concerns. They are good to me and I like them all a lot." People also showed us through their behaviour that they felt safe living at The Sycamores. When we looked around the home we saw staff responding to the routines people had. These included getting ready to go out, making drinks, using the home's computer and planning meals. The interactions and communication between people and all of the staff who were working were relaxed and friendly.

A relative we spoke with also told us they felt their family members were cared for in safe ways and were confident that their family members were safe in the service. They told us, "The Sycamores is extremely safe. A year or so ago [my relative] had their first fit, and fell over and hit their head. The staff on duty knew exactly what to do; one of them recorded the event on a form designed for that purpose so that when [my relative] subsequently saw a neurologist an accurate report was available; an ambulance was called and [my relative's] keyworker went with them and remained with them until we arrived; [my relative's] care plan and activities were risk assessed and modified to take account of what had happened, and subsequently re assessed as [my relative] has responded to medication."

The registered manager and staff told us how they knew people and their needs very well and that if anyone was unhappy about their care or was getting distressed they would know. This was through the direct communication they had together with people and through individual verbal signs and changes in their behaviour. Staff confirmed their training focussed on keeping people safe through the early recognition of any signs people might be getting distressed and supporting them in a way which kept people safe. This included the use of re-direction and de-escalation techniques. One staff member said, "It's important to know the triggers and the signs that people are getting distressed. The knowledge helps us to avoid situations escalating." Staff were able to describe the provider's procedures for reporting any concerns they had for people's safety and they also knew about the external organisations that they could report any concerns to. These included the local authority, the police and the Care Quality Commission (CQC). We saw there was relevant guidance about keeping safe on display in the home for people who lived there and for staff to refer to at any time if there was a need.

We spoke with a visiting behaviour consultant who was employed by the provider. They told us how they worked together with people and staff to explore ways in which people could be kept safe whilst continuing to be as independent as possible. They said that, "We work as one team. I visit regularly and attend review meetings and we plan together with the person. For example, we identified one person would benefit from additional one to one staffing and through our joint involvement the support was agreed. This has helped the person to be much safer."

People told us and we also saw that there were suitable arrangements to protect people from the risk of financial mistreatment. This included senior staff assisting people to manage their personal spending money by securely holding it for them, recording each time they spent money and checking that the remaining cash balances were correct. During the inspection we saw people gaining access to their day to

day money through discussions with staff. When one person checked they had their money to go out with a staff member the registered manager showed us that the person's record had been fully updated to show how much the person was taking out and how much was left for them to access.

Care records showed and staff told us the management of any identified risk was reviewed regularly and assessments kept up-to-date in order to help maintain people's safety. Care records included individualised risk assessments which staff used to ensure that care could be provided to people in a safe way. The assessments covered areas of risk such as developing people's personal support skills in the home and so that they could go out and enjoy a range of community activities. We observed examples of this support being given when people were enabled to use utensils to make their own food at lunchtime, when people were organising the things they wanted to take out with them when they went out and when discussing the plans for people to return to the home so they could check with people if there were any delays.

The provider had a plan in place for people to follow if they had to evacuate the building in the event of an emergency. In addition the registered manager confirmed two people had personal evacuation plans in place to support their specific needs so staff would know how to assist them. People we spoke with knew the actions they should take if a situation such as this occurred. One person showed us how the fire drill worked and where people would gather in event of an emergency. They told us, "We have these to show us what to do. We all look after each other and I like them because they keeps us all safe not only me."

There were reliable arrangements for ordering, storing, administering and disposing of the medicines people needed to take. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and records showed that they were correctly following written guidance to make sure that people were given their medicines at the right times.

Staff we spoke with and records we looked at confirmed that a range of checks had been carried out before any new staff were offered employment at the home. This included confirmation of the applicant's identity, previous employment and references. The provider completed these security checks to make sure that the home only employed people who were suitable to work there.

Staff told us and throughout our inspection our observations confirmed staff had enough time to undertake their roles and provide the right amount of support to people to keep them safe and well. Staff did not rush when they worked with people and any support they gave was centred around the person rather than the task. The registered manager confirmed that the level of staff cover provided at the home was based on an assessment of the care each person needed to receive. We saw rotas were in place to ensure staff were deployed over each shift at the levels the registered manager had identified as being needed. Staffing levels were kept under regular review by the registered manager using information about any increase in care needs identified through care reviews and using feedback from staff. The registered manager told us this information helped them to always ensure they had enough staff available to meet the needs of people.

The registered manager also confirmed they had access to a small well established team of bank staff who knew the people who lived at the home. During the inspection a member of the bank staff arrived to work a shift at the home. People and other staff knew the bank staff member well and through our discussions with them they and people told us they felt the arrangements helped with staff told us this helped with consistency and that they had never needed to use agency staff at the home.

Is the service effective?

Our findings

People we spoke with told us that they were well supported by staff and were confident that staff knew what they were doing. One person said, "The staff know me so well. They know all the little things I need help with and they know a lot about the care they give to us all here."

Staff had received introductory training when they started work at the home. This included time to get to know the people who lived there and to learn from experienced staff members. The registered manager told us an induction programme, which all new staff were required to complete was based around the Care Certificate, which sets out nationally agreed standards for staff induction training.

Staff told us, training records showed staff had received regular training in key subjects including how to support people who have a learning disability and who have complex needs resulting from particular healthcare conditions. Staff told us training was also related to people's needs. These included supporting the management of epilepsy, individual behaviours and risk assessing skills. The registered manager said that this training and the update training staff undertook was necessary to confirm they had the right skills to care for people in the way needed. Staff also told us they had been supported to obtain nationally recognised qualifications in care. Throughout our inspection we observed staff applying their skills through the communication they had with and support they gave to people.

In addition, we observed the registered manager and senior staff regularly worked alongside staff and gave feedback on the way in which they provided care. Staff said this type of support helped them to keep developing their existing skills and identify any areas where they would benefit from further support or training.

People were enabled to enjoy a wide range of food and drink and to maintain a healthy, balanced diet. We saw and people told us they were supported to go shopping for or order the food they had chosen. One person said, "I am nipping to the shops to get some pickle to have with my lunch because I love that." We saw people had opportunities to plan the meals they wanted and make choices which they were supported to change if they wanted to eat or drink something different from that which was planned. Meals were also spaced out and the timings kept flexible so people had access to food at the times they wanted them. At lunchtime we observed people were supported to undertake each stage of their meal preparation. The whole process was enjoyed as a shared activity. One person set out the table, people made the meals they wanted with additional staff support when they had needed it and we saw one person had chosen to help to wash up at the end of the meal.

In addition, whenever it had been needed people had been supported to stay healthy through the contact they had with health care professional's including; local doctors, dentists and opticians. Each person had a document that they could take with them if they attended a healthcare appointment or needed to go to hospital. This meant that health professionals could see how people wanted their healthcare provided and how the person communicated their needs and wishes. We saw staff made a record to show what the outcome of any of the appointments people attended had been. In addition records showed people also

had access to an annual health check through their local health services. These arrangements helped to ensure that people received all of the assistance they needed to keep maintaining their good health.

The registered manager and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to use particular medicines and why it was advisable to attend doctors' appointments. The registered manager told us how they worked closely with all of the families of people who lived at the home saying, "It is essential that we work in ways which help families to be involved as much as they wish to be." A relative told us, "If anything happens involving [my relative] we have a call from the house within a very short time, telling us what has happened, but respecting and taking account of [my relative's] capacity to make decisions and privacy. Staff are very happy to discuss any medical problem with us, and finances, but only with [my relative's] consent.

Arrangements were in place to make sure staff followed legal guidance when supporting people with decision making. Records showed that staff had received training about the Mental Capacity Act, 2005 (MCA) and staff demonstrated to us that they understood how to support people to make their own decision wherever possible. For example staff always asked people for their consent to provide support before they gave it. People's care plans clearly recorded what support if any, people needed to make decisions about key areas of their life. Records also showed that staff had supported people who were not able to make important decisions. When it had been needed this also included involving relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests.

Arrangements were also in place to ensure people were not unlawfully deprived of their freedom and that they were protected by legal safeguards. People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that when it had been needed the registered manager had ensured that an application for one person had been fully completed and the person was protected by the DoLS they had in place. The registered manager also confirmed that they were awaiting the outcomes of another DoLS application they had submitted in order to further protect another person. This meant that the registered manager and staff understood how to make sure people were supported to stay safe whilst protecting their legal rights.

Is the service caring?

Our findings

People we spoke with told us staff were very caring toward them. One person met us when we arrived at the home and took pleasure in showing us around. They said they were proud to live at the home saying, "It's my own home. I have the keys to the door and it is special to me here as it's my house and home. We all have our own keys which means we have freedom as well as care." The person also told us who was at home and who had gone out for the day. Two people were attending day opportunities services to learn and practice new skills. One person had been supported to go out to a local village café where they regularly worked as a volunteer. Another person had gone on holiday with their family.

A relative told us, "We trust every member of staff to make sure [my relative] is in a caring, learning and fulfilling environment. Another relative we spoke with told us, "[my relative's] development is, I am sure, due to the caring, professional attitude of staff. I am always impressed by their patience and dedication, but backed up by training and a raft of appropriate policies and procedures, and their attention to the details that make the difference - by way of example [my relative's] parents, sister and grandmother receive Christmas, birthday and holiday post cards."

We could see the relationships between people and staff were well established and that people were confident that staff knew what they were doing, were reliable and had their best interests at the centre of the support they gave. In addition to speaking, some people used sign assisted language to communicate and express themselves. Staff understood and responded to all of the communication people had with them in ways which demonstrated they knew what people were telling them. For example, one person smiled and nodded when the activity they asked to be planned for them was confirmed.

Throughout our inspection we saw staff knocked on the doors to people's rooms and communal bathrooms and always waited for permission from people before they entered. A relative told commented that staff always supported people to maintain their dignity. They said, "The staff are genuinely caring and I can't speak highly enough about how they have supported [my relative]."

The registered manager and staff respected the decisions people made. For example, the registered manager told us one person who lived at the home had chosen to stay in bed and whenever they chose to do this their decision was always respected. We saw the person got up later in the day when they wanted to and when we asked them if they were happy to have got up later they smiled and put their thumbs up. We saw the person had one to one support from a keyworker to help them to get ready to do things they wanted to do. The interactions between the person and the keyworker who helped them were warm and encouraging, with the person being supported to wear the clothing of their choice to go out. They openly communicated with the key worker about their plans for the afternoon. This included checking the person had their own money to spend and their bus pass so they could travel together with the staff member.

Another person showed us their room together with a staff member. The person told us although they liked to use the communal areas of the home as they enjoyed using the homes computer they also said they could relax and enjoy their own company in their room and they were always supported to do this. We saw

their room was laid out in the way they had chosen and their right to have the room the way they wanted it was well supported. The person showed us they enjoyed playing their musical keyboard in their room and that they had access to all the things that meant a lot to them, such as family photographs. The person showed us they were planning to have their room redecorated and showed us a range of wall paper samples saying, "This is the one I have chosen I am having my room done soon."

People were supported to take part in any religious activity of their choice. One person told us, "I don't do religion but if I wanted to go to church I could go anytime. The registered manager told us how another person was supported to go to church on the anniversary of their relative's death so they could remember them in the way they wanted.

Care records showed that the registered manager and staff team had sensitively discussed how they might meet people's needs at the end of their lives. People who had made decisions together with their families had recorded their wishes so that staff could carry these out. One person told us exactly what they wanted to be arranged for them at the end of their life and that they knew staff would help support them with the things they had asked them to do.

The registered manager showed us they had developed links with local lay advocacy services and there were arrangements in place to enable people to quickly access a lay advocate if this was needed. Contact details for the local lay advocacy service were available in the home. One person told us how they had previously been supported by a lay advocate to help them communicate their views about where they wanted to live. Lay advocacy services are independent both of the service and the local authority and can support people to make and communicate their wishes. The registered manager and staff said this was important if someone did not have family or friends to help them make their voice heard.

The registered manager and staff understood the importance of respecting confidential information and the provider had a policy in place which staff said they understood. Throughout our inspection we observed staff working in ways which helped maintain confidentiality for people. For example, staff did not discuss information relating to a person who lived in the home if another person who lived there was present. We saw written care records were stored securely and the registered manager showed us computer records were password protected so that they could only be accessed by the registered manager and staff who had been given designated access to them.

Is the service responsive?

Our findings

Staff had consulted with people about the everyday care they wanted to receive and had recorded the results in their individual care plans. A relative told us, "The residents in the house are involved in decisions concerning the house. With help and guidance they agree menus, holiday and activity plans; they are currently raising money for a sensory garden." One person we spoke with said, "The staff are always asking me what I want and how I want it to be. I make the decisions." When we asked another person about the information in their care plan they showed us they had signed most of the sections. The registered manager told us they reviewed and updated the plan with the person at time which were suitable to them rather than staff. This meant each section was agreed in line with the person's wishes and they decided when they wanted to sign it. During our discussions with the person they signed one of the sections in the plan with the registered manager to show they fully agreed with it.

We saw all of the care plans were regularly reviewed together with people to make sure that they accurately reflected people's changing wishes and needs. More formal reviews were held annually or sooner if needed. The formal reviews had also involved external professionals and relatives who had been invited. We contacted a social care professional who had been involved in reviewing the arrangements in place for supporting one person. The professional told us the person was fully involved in the review meeting and they felt the home was meeting the person's emotional and psychological care needs. A relative told us, "[my relative] has a formal annual review, which we, the social worker, the registered manager and [my relative's] key worker attend. There are few surprises at those reviews, as we have frequent contact with the registered manager and her deputy and other members of staff; we are always welcome to visit the house and often do so, and are made very welcome." The registered manager told us about the involvement of one person in a recent review and that they wanted to be supported to find a new female friend to share outings with them. In discussion with the person and their family the registered manager confirmed they were supporting the person to explore their request further.

People told us they felt very much part of the local community and that people who lived in the locality knew them well. A relative told us they felt that people were well integrated into the local community and commented, "That integration is of itself a source of comfort and safety, but only comes with constant effort on the part of staff to inculcate a sense of responsibility among the residents." The relative also added that, "There are often activities in the evening and at weekends, which residents can choose to participate in, often with other Linkage houses. [My relative] plays for the Linkage football team."

Staff said they always checked their understanding of what activity people wanted to do and they did not make assumptions about what they thought someone was saying to them. One staff member said, "It's all right to listen but you need to really take time to hear what residents want." Care records included information which was written in the first person about how people liked to communicate. We spoke with a visiting speech and language therapist who was employed by the provider. They told us how they were helping one person to develop their communication skills through regular visits. They also told us about two other people who had responded well to using pictures and hand held electronic devices to further strengthen their communication. This meant staff could keep developing their understanding of each

person and their wishes.

We saw that people had devised their own activity schedules which highlighted all the things they had chosen to do and any activities they enjoyed repeating on a daily or weekly basis. For example, one person attended a drama group as part of a work experience programme and another person was away enjoying a boating holiday together with their family. One person told us they were looking forward to going to watch their favourite football team play a game. When we asked if they liked football they told us, "Yes I like it a lot." Records showed one person enjoyed swimming and football, fairground rides and going to the local garden centre. Two other people liked to access a local gym. In addition, people had been supported to enjoy annual holidays which they were involved in choosing and which reflected their particular interests. One person said, "We had the best time in Whitby this year. We chose to go because we like it." A relative commented that, "[my relative] has just returned from a wonderful holiday in Yorkshire."

We also saw the registered manager and staff spoke together with people about plans for all of the other things they liked to do to further develop their life skills. For example, the registered manager also told us they had recently been advised by one person's family that the person enjoyed going fishing when they went to stay with them. The registered manager said this was something they could support the person to do more of and that they had arranged a fishing weekend away with staff support. They told us if the person enjoyed it this could be arranged as a regular event.

Throughout our inspection people told us and showed us by their confident manner that they would be willing to let staff know if they were not happy about something and that staff would respond quickly. Systems were in place to ensure that any concerns or more formal complaints could be dealt with quickly and fairly. The provider's complaints policy was available in words and pictures so that everyone was able to access the information. Records showed in the 12 months preceding our inspection all informal concerns had been recorded and responded to in line with the provider's guidance and policy and there were no outstanding complaints.

Is the service well-led?

Our findings

The provider had an established registered manager in post who worked together with a deputy manager to manage the home. We knew the registered manager was responsible for the management of two residential homes owned by the provider and which were within close proximity to each other. The registered manager showed us how they worked closely with senior staff from both of the homes and we saw they had clearly arranged their time to ensure they were able to fulfil their management role within each home. Records showing the arrangements for manager cover showed all of the homes owned by the provider had a nominated manager to support staff when they were not on duty.

The registered manager told us they ensured people were maintained at the centre of the services staff provided and staff told us the registered manager was always contactable. When we spoke with the registered manager it was clear that they knew what each person was doing that day and was able to describe people's activities and plans in ways which reflected how much they knew about each individual. Throughout our inspection we saw people were comfortable in the company of the registered manager. People were able to be themselves and we saw them going in and out of the registered manager's office and freely speaking with them and the staff who were working. After going to speak with the registered manager one person commented, "The manager is important because she leads the services we need and this is very important to keeping things running." Relatives also told us they thought the home was well led. One relative said, "The Sycamores is extremely well led. Management is very experienced." Another relative added, "We have always felt very pleased with the high standard set by Linkage."

Staff we spoke with told us the registered manager was supportive to them and was available to discuss any issues or concerns they had at any time they needed to. The registered manager told us they referred to the provider's and national good practice guidance to keep themselves updated in supporting staff and worked closely with the range of professionals we saw visit the home to ensure people's needs were fully met. In addition to the regular structured supervision provided, staff also said they had an appraisal so they could reflect on the work they had achieved and any additional training needs they had. They also said they attended team meetings which were held regularly. One staff member said, "The communication is good and I feel really well supported not just with my job but with my own learning and development."

Staff also told us they knew what to do if they had concerns about practice and would be confident that the registered manager and provider would respond quickly to anything they raised with them. They also said they were fully aware of and understood the provider's whistle blowing procedure and would not hesitate to use this if they had concerns about the running of the home that could not be addressed internally.

People said and showed us that they were consistently asked for their views about their home as part of the everyday process of living at there. We saw examples of this throughout our inspection when people got ready to go out, chose to watch their favourite television programmes and when they planned the shopping they were due to undertake and what they were having for tea.

People we spoke with and the registered manager told they took part in regular house meetings to discuss

the way the home was run and to ask for any suggestions from people about how the services could be further developed. One person said, "We say whatever we think at the meetings. The manager always makes sure that the things we want are there for us to do." The registered manager told us the meetings main focus was the topics people wanted to discuss. One person said, "They are mainly menu and leisure meetings but we talk about everything as well." The registered manager said these meetings had helped further identify how people could widen their involvement in community activities. For example, some people now attended Yoga and Tai Chi classes.

People who lived in the home, those who were important to them and the staff team were also invited to give their feedback about the quality the service by way of regular quality surveys. We saw the results of the last survey carried out in May 2016 showed a high overall satisfaction with the services provided. Where people had made suggestions for changes action had been taken to follow these up. For example, one person had suggested their room could be painted in a colour of their choice. The registered manager told us that this request had been carried out and the room had been painted red.

As part of their audit processes the registered manager maintained and regularly reviewed their accident and incident records so that they and staff could ensure the risks of them happening again were minimised. The manager also showed us they understood and had systems in place to report any untoward incidents or events which happened within the home in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations.

The registered manager and provider had regularly completed a range of additional quality audit checks which were intended to ensure that people consistently received all of the care and facilities they needed. These audit checks also included making sure that medicines were safely managed, people were correctly supported to manage their money and that the environment was safe for people to live in. The provider had an additional quality assurance system in place whereby a manager from another of their services would carry out quality checks within the home. We saw the results of the latest quality check carried out in June 2016. All recommendations made had been followed up by the registered manager with a list of actions recorded to confirm this.