

Leonard Cheshire Disability

Northumbria Supported Living Service

Inspection report

Bradbury Court
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 4 and 5 February 2016 and was announced. The service provided support to people in their own homes. Because staff and people were often out in the local community, we gave the provider 48 hours' notice to make sure that staff would be available at the office.

We last inspected the service in November 2013 where we found that they were meeting all the regulations we inspected.

There was a new manager in post. She had applied to become a registered manager with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. Since the inspection took place, the manager has now been registered with the CQC.

Northumbria Supported Living is an independent supported living service and is regulated to provide personal care and support to people living in their own homes or as tenants at Bradbury Court. Bradbury Court is a development of nine fully accessible one bedroom studio flats in the centre of Ponteland, Northumberland. The properties are owned and managed by Leonard Cheshire Disability.

Northumbria Supported Living is not regulated to provide accommodation which meant we did not inspect the premises at Bradbury Court. They support people of all ages with differing needs including older people, people with physical disabilities and specialist needs such as acquired brain injury and spinal injuries.

The service supported 10 people. There were nine people living at Bradbury Court and one person lived in the local community and was supported by their own team of staff.

People told us that they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. There were no ongoing safeguarding concerns. This was confirmed by the local authority's safeguarding adults team.

We found some concerns with the storage and recording of medicines. We have made a recommendation that staff follow best practice guidelines regarding medicines management.

Although we did not inspect the premises at Bradbury Court, we noticed that the building appeared very clean and well maintained whilst we were walking around speaking to people in their flats. We observed however, that some of the bed rails which were fixed to some beds to reduce the risk of falls; did not fully meet the Health and Safety Executive's guidelines to prevent injuries or entrapment. The beds and bed rails were not provided by Leonard Cheshire Disability, however, the manager immediately requested an occupational therapist [OT] assessment to ensure the bed rails were safe and suitable.

People, relatives and staff told us there were enough staff to meet people's needs. On the day of the inspection, we saw that people's needs were met by the number of staff on the day of the inspection. There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who lived at the service.

People were supported to receive a suitable nutritious diet. People, relatives and health care professionals spoke positively about the caring nature of staff. We observed that people were cared for by staff with kindness and patience.

People and relatives were complimentary about the responsiveness of staff. One relative told us that staff went, "above and beyond" to meet their family member's needs. Staff enabled people to live as full a life as possible. A creative activities programme was in place to help meet people's social needs.

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place and people knew how to complain. Effective feedback systems were in place to obtain people's views.

People, relatives, staff and health care professionals were complimentary about the management of the service. Staff were motivated and spoke enthusiastically about working at the service. Systems were in place to monitor all aspects of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Not all aspects of the service were safe.

We found some concerns with the storage and recording of medicines.

People told us that they felt safe. There were no ongoing safeguarding concerns.

Safe recruitment procedures were followed. People, relatives and staff informed us that there were sufficient staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff told us and records confirmed that training, supervision and appraisal arrangements were in place.

Staff were following the principles of the Mental Capacity Act 2005.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People and relatives told us that staff were caring. We observed that care and support was provided with patience and kindness.

People were treated with privacy and dignity.

Records evidenced that people and relatives were involved in people's care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People and relatives told us that staff were responsive to people's needs.

Staff enabled people to live as full a life as possible. A creative activities programme was in place to help meet people's social needs.

There was a complaints procedure in place and people knew how to complain. Effective feedback systems were in place to obtain people's views.

Is the service well-led?

Good ●

The service was well led.

The manager was in the process of applying to be a registered manager with CQC. Following our inspection, she became registered.

People, relatives, staff and health care professionals were complimentary about the manager. Systems were in place to monitor the service.

Staff were very motivated and spoke enthusiastically about working at the service.

Northumbria Supported Living Service

Detailed findings

Background to this inspection

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

The inspection was carried out by one inspector. We visited the service on 4 and 5 February 2016. The inspection was announced.

We spoke with everyone who used the service. We also spoke with three relatives on the day of the inspection. We contacted three relatives by telephone following our visit to obtain their views of the service. We sent out questionnaires to people, relatives, staff and health and social care professionals.

We spoke with the registered manager, two team leaders, a senior support worker and four support workers. We examined three care plans and staff recruitment and training files. In addition, we checked records relating to the management of the service such as audits and surveys.

We consulted a Care Manager from a local head injuries service, a Speech and Language Therapist, a district nurse and GP. We also conferred with a Northumberland local authority safeguarding officer and a local authority contracts officer. We used their comments to support this inspection.

We checked information which we had received about the service prior to our inspection. This included notifications which the provider had sent us.

We requested a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Is the service safe?

Our findings

We looked at the way medicines were managed. There was a safe system in place for the ordering and disposal of medicines. Although people lived in their own flats, we found some issues with the storage of some medicines. We noticed that one person's medicines were stored on their radiator and another person's medicines were stored next to their dryer. High temperatures can decrease the effectiveness of medicines. There was no evidence that staff had sought guidance from the pharmacist about this issue to ensure the safe storage of medicines.

We checked people's medicines administration records. We found some omissions and inconsistencies with some of the MARs we examined. We noted that the code "O" (meaning other) was used when a medicine was not administered. However, the reason for the non-administration was often not recorded. On another person's MAR we noted that details of the strengths and dosages of some medicines were not recorded. We also noted that staff had not always signed handwritten entries to evidence who had written the entry. We spoke with the manager about this issue and she told us that this would be addressed immediately.

We recommend that staff follow best practice guidelines with regards to the management of medicines.

Following our inspection, the manager told us, "I have carried out a full audit of the ordering, receiving, storage, disposal and administration of medicines. I have given one to one tuition to the two seniors and the two team leaders and at the same time reinforced Leonard Cheshire's medications policy... I have also introduced a topical medications sheet and discussed this with all staff at length. I have spoken with tenants and purchased three medicines cupboards for their individual flats... Tomorrow I have a meeting at 10.30 with the pharmacist and the practice manager from the GP surgery to introduce them to the new system."

People told us that they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. No concerns were raised. There were no organisational safeguarding concerns which was confirmed by a local authority's safeguarding adults officer.

We checked staffing levels at the service. People, relatives and staff told us that there were sufficient staff deployed to meet people's needs. One person said, "There's a lot of staff here." During our visit we saw that staff carried out their duties in a calm unhurried manner. People were able to access the local community because there were sufficient staff on duty to meet people's social needs.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to starting work at the service to help ensure that staff were suitable to work with vulnerable people. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions.

Bradbury Court was set out over two floors. People's individual flats and communal areas such as the dining

area and lounge were located on the ground floor. Although we did not inspect the premises at Bradbury Court, we noticed the building appeared very clean and well maintained whilst we were carrying out our visits to people's flats. We observed however, that some of the bed rails which were fixed to some beds to reduce the risk of people falling out did not fully meet the Health and Safety Executive's guidelines to prevent injuries or entrapment. The beds and bed rails were not provided by Leonard Cheshire Disability, however, the manager immediately requested an occupational therapist [OT] assessment to ensure the bed rails were safe and suitable.

Contingency plans were in case of emergencies such as a fire or flood. Bradbury Court was registered as a priority customer with Northern Power. This meant that extra support would be provided in the event of a power cut.

Risk assessments were in place which had been identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction such as maintaining independence in the local community whilst staying safe.

Is the service effective?

Our findings

People and relatives were complimentary about the skills of staff. Comments included, "They're great" and "They definitely know what they're doing."

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. One staff member said, "The training is brilliant." The manager provided us with information which showed that staff had completed training in safe working practices. This included safeguarding adults, health and safety, first aid and moving and handling. Staff had also completed training on the specific needs of people who used the service such as Percutaneous Endoscopic Gastrostomy (PEG) feeding. This is a form of specialist feeding where a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. One staff member said, "We're not allowed to deal with [name of person's] PEG until we have been signed off by the PEG nurse."

Staff told us that they felt well supported. We noted that staff supervision sessions were held and an appraisal was undertaken. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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.

The provider had a Mental Capacity advisor who gave advice and guidance on all aspects of the MCA. The manager told us that one person's deprivation of liberty application was currently being considered by the Court of Protection. She told us that she was liaising with three other people's care managers with regards to deprivation of liberty referrals to the Court of Protection.

We found that staff were following the principles of the MCA. The manager was strengthening the service's records with regards to the documentation of any decisions relating to mental capacity to ensure that it was clear how the MCA was followed.

Most people had the capacity to consent to all aspects of their care and support. People with whom we spoke informed us that staff always asked their consent before care and support was provided. One person said, "Oh yes, they always ask. It's up to me whether I want something done." We read that one person had requested that she did not want staff to make daily notes about her care and support unless something important had occurred such as a GP visit.

We checked whether people's nutritional needs were met. We spent time with people over the lunch and tea time periods. Staff encouraged people to eat and drink and provided assistance in a calm unhurried

manner. Staff sat and ate with people, which they said helped enhance the social experience. At lunch time people enjoyed a Chinese takeaway.

People's nutritional needs were monitored and action was taken if concerns were found. We saw that people had been referred to the GP, speech and language therapist and dietitian.

People told us that staff supported them to access healthcare services. Records showed details of appointments with and visits by healthcare and social professionals and we saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example GP's, district nurse teams, consultants, social workers, podiatrists and dentists.

One person received a visit from a GP on the day of the inspection which was part of their ongoing treatment and care plan. Care plans reflected the advice and guidance provided by external health and social care professionals. This meant that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Is the service caring?

Our findings

We checked the service's statement of purpose which said, "Before we employ someone we make sure they are warm, friendly and share our values." People and relatives confirmed that staff did possess these qualities. Comments included, "The quality of care is excellent," "The staff are nice," "The staff are patient," "The staff are kind, considerate and genuine," "They are always concerned about our wellbeing and are always polite," "Everyone gets looked after with the same quality of care and patience," "The staff are so lovely – very caring and kind," "He has only been in since December and he came to me for Christmas and when he went back they had organised presents for him a jumper and trousers – it was so thoughtful," "As long as she is happy, which she is, we are happy" and "I'm more than happy. They're like mothers with him." We spoke with a speech and language therapist who said, "They are extremely caring."

Staff spoke with pride about the importance of ensuring people's needs were met. Comments included, "The quality of care is ace," "You treat people how you would want to be treated yourself" and "Everything we do is for the tenants."

We saw positive interactions between people and staff. At lunch time staff sat and talked with people. Discussions ensued about holidays, families and activities.

There was a camaraderie between staff and people. One person joked, "[Name of manager] is a Mackem [informal name for people from Sunderland] and not a Geordie [Newcastle]. That doesn't work!" Both the manager and person laughed at this remark and banter ensued about their respective football teams. There was also laughter between people and staff at the 'Dad's Army' theme which was running throughout the day between two people. "What's your name? Don't tell 'em Pike" and "See you later Godfrey," "Not if I see you first Jonesie." [Characters from the television sitcom - Dad's Army].

People's privacy and dignity were promoted by staff. We saw staff knocked on people's front doors before they entered. One person said, "I always lock my own door." One person required specialist feeding. Staff explained the importance of carrying out this task discreetly so they did not highlight the support this person required to others.

People and relatives told us that they were involved and consulted in their care and all aspects of the service. On the second day of our inspection, two relatives attended the service to take part in a review of their family member's care and support. One person said, "We suggest things like what colour we should decorate the lounge. Sometimes it's a bit of a nightmare because how do you please all nine people?" Prospective staff were interviewed by people. One staff member said, "I was in front of the tenants, while they asked questions. I think it's so important as they are the important ones. They asked me what kind of activities I liked doing and if I would be good to support them, if I would be happy to go on holidays and about my background." The manager said, "We get staff to come in and meet the tenants so we can see how they interact with the tenants and also to see what the tenants think of them." One person told us, "I've interviewed staff. I ask them questions like, 'Why would you be good for the job?' and 'Why would you be good for care?'"

Is the service responsive?

Our findings

People and relatives were extremely complimentary about the responsiveness of staff. One person said, "They always come and see me and ask how I am. If I am in pain they will give me pain killers and then come back and check that they have worked." Other comments from people included, "I couldn't sit on the toilet before, so they got the OT in who put in a special toilet that I can sit on," "It's one of the best services I've ever been to, If I need anything I just ring and they get hold of anyone I like, like the OT," "I used to live in [name of service] but it was institutionalised – but here it's not institutionalised. They are always concerned about our wellbeing," "It's outstanding here. I'm happy to spend my last days here," "We get to keep all our own stuff and do what we want, it's not like residential care" and "We've got the best of both worlds – we have our independence, but know that staff are around to help us if needed."

Comments from relatives included, "They saved his life - they had to rush him into hospital. They acted very quickly...I think they are outstanding," "It's a fantastic place, it couldn't be better. It's home from home – the staff are great," "It's such a brilliant service. I cannot rate it highly enough. His quality of life has improved dramatically," "As soon as he arrived, he had a full MOT; he saw the doctor and then the optician's. They were very good," "I would give it top marks," "I am kept informed of every little thing. It takes such a weight off my mind," "I know I'm singing their praises, but you know me, I would say if there was something wrong," "[Name of person] says he does not want to leave. It's the best thing for him, he's done things and he's been places that he would never have done before," "They go above and beyond," "It's outstanding," "They pick up on everything, if there is a problem, they deal with it and contact us," "It's a little Oasis in Ponteland, you're always welcome here. I would recommend it to anyone" and "They adapted and made it possible for [name of person] to live here."

The GP stated, "The staff treat everyone as an individual. They are very good and the calls we get [to the surgery] are appropriate...They follow our advice." The SaLT said, "From my experience I've had very good engagement. They know when to contact us" and "The staff are not nurses and they've dealt with some complex issues very well." The physiotherapist told us, "The staff are very supportive...They are receptive and follow things through."

Care plans were in place which aimed to meet people's health, emotional, social and physical needs. We checked three people's records and saw that staff were able to meet people's physical needs. This was confirmed by the GP, SaLT, physiotherapist and care manager with whom we spoke. Staff assisted people who required specialist feeding, bowel management and moving and handling techniques. Risk assessments had also been formulated. We noted however, that these had not highlighted the safety of the bed rails or the medicines issues we found.

The manager told us and records confirmed, that one person used to have a PEG. This had now been removed and the person was able to eat orally. We spoke with this person who put both their thumbs up when we asked them whether they were happy that they could now eat normally.

We conferred with the person's care manager from the local head injuries service. They said, "I have two

people there and the difference in their lives since coming to Bradbury Court has been phenomenal. One person came from a nursing home and they could not speak and were PEG fed. Since being at Bradbury Court they are speaking and eating normally and they are going on holiday. Staff take them to [name of day service] which has really helped their confidence. They are outstanding; they go way above what's expected – above and beyond. I know I sound melodramatic, but everything is true, they really have changed their lives. When [name of person] was at a nursing home, staff there didn't make the effort to see whether they had progressed and whether they could eat and drink, but Bradbury Court staff looked into this and worked so well with speech and language, OT's, the physio and ourselves that they are now speaking and eating normally. They are so open to suggestions. They have given them their life back."

Staff told us that one person was unable to eat or drink anything orally. At lunch time we had our meal with this person. Although they were unable to eat, staff explained that they enjoyed the company and preferred to sit with everyone in the dining room. This was confirmed by their relative who said, "He wanted to go to the café, I said to him 'Are you sure you want to go, because you can't eat anything?' However he wanted to go and staff took him along. He just likes company." Staff explained and the person confirmed that they used to enjoy drinking John Smith's [beer]. Staff said they soaked special oral sponges in John Smith's so the person was still able to taste their favourite drink. One member of staff said, "We never leave the service without the sponges!"

One person said she had informed staff that her wheelchair foot rests needed adjusting because they were causing her discomfort. The person said, "They always keep on top of my hoist, wheelchair and bed because they know that their important." The physiotherapist from the wheelchair services visited later on that day. She told us, "The staff got straight onto it." Assistive technology was in place to support staff provide a responsive service. We saw that staff were able to add alerts and reminders to the call bell system. A display in the office reminded staff when any tasks needed to be carried out such as when one person's PEG feed was due or when fluids were required. The alert flashed up on the system until the task had been completed.

The manager had sourced an adapted vehicle for the service which people and staff told us increased the flexibility and responsiveness of the service. One staff member said, "[Name of manager] has introduced a car. There was never a car here before and taxis cost a bomb." A person said, "We've got a vehicle now – it's great. We just book it out."

We spoke with staff who confirmed that providing emotional support was equally as important as the physical support they provided. One staff member said, "It's a lot more person centred here. You have time to fulfil their needs and wants... In here it's holistic care, it's not just their physical needs – it's everything, it's their social and emotional needs" and "We know them inside out and can tell if there's a change or something isn't quite right, it could be all that is needed is a five minute chat to make them feel better, just to reassure them." People and staff told us that there was an atmosphere of togetherness whilst still maintaining professional boundaries. One person said, "There's no them and us, it's a homely home." At lunch time staff sat with people and had their meal.

The manager told us that she and another member of staff were taking a person to view a flat in Scotland so she could live nearer to her partner. The person told us that staff had sourced suitable accommodation for her to look at. She told us, "The staff are being really encouraging. I think to myself, am I being stupid wanting to move when I'm so happy here? But the staff have been great. [Name of manager] has been really good. Everything has been done quickly; she had only been here a few weeks before she found me this place."

Staff ensured that people's social needs were met. People visited the local community, leisure centres, theatres and attended music events. One person said, "They make the effort and help us do the social stuff, not just the physical." Another person said, "I'm happy here, I can go out when I want, I'm never in the building." This was confirmed on our second visit when they gave us a cheery wave when we passed them in the local community. People enjoyed holidays both within the UK and abroad. One person said, "I'm going on holiday in April to the Lake District and I'm going to London in July."

Relatives were complimentary about the activities which people participated in. Their comments included, "She has a better social life than me, she is always out and about," "She goes to her centre, they've had parties, they go out for meals, they go to the Metro Centre, they do everything," "They are very involved in the community. They have a super social life," "If they can't go out they bring the community in" and "They are always planning things – they put me to shame."

One person went to the Metro Centre [shopping centre] on one of the days we visited. She told us, "I go on the 100 [bus number] to the Metro Centre, it runs every 10 minutes." She proudly showed us her purchases which included pillow cases and butterfly decorations. She said had undertaken travel training and money support with staff which she had found helpful. Another person was going to see Paddy McGuinness [television personality] at the weekend.

Staff told us and people confirmed that they also joined social events which were held at the provider's other services. We read that people had attended a clothing and craft event at the provider's service in Jesmond. In addition, one person who received support in their own home in the local community visited Bradbury Court on the second day of the inspection. A staff member said, "It's nice to create a community of interaction."

People informed us that staff supported them with employment opportunities and education. One person told us that they worked at the hairdressers and at a local charity shop. She also said, "I also do the corridors at the old folks place." We read the provider's annual review which stated, "We know that disabled people have a huge amount to offer employers. However, they don't always have the access or the opportunities to get into work. Letting talent go to waste is damaging for disabled people's confidence – and it's a missed opportunity for the economy." This was confirmed by the manager who said, "Going to work is an everyday occurrence for us. Disabled people have equal rights and therefore they should have the right to go to work and we actively support them to do this."

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place. This clearly identified the people who had been nominated within the company to manage and investigate complaints. It confirmed the expected timescales for responses and advised people of the process if they were dissatisfied with the outcome. No one with whom we spoke had any complaints or negative feedback about the service.

There was a suggestions box located in the foyer where people could write down any suggestions or feedback. "Talking buttons" were also situated around the service. When pressed, these gave people verbal information about how to complain and provide feedback. 'Tenants and family meetings' were also carried out to obtain the views of people and their relatives. The manager told us, "These are carried out so people can find out what plans we have got and if there's anything they want to discuss. They are also useful to find out what else we should be doing improve the service." One person said, "I put forward ideas all the time. I'm not frightened of putting ideas forward. They [staff] are very approachable here."

Is the service well-led?

Our findings

At the time of the inspection, there was a manager in place. She was not yet registered with CQC as the registered manager of Northumbria Supported Living.

The manager worked across two locations. She was currently the registered manager of the Bradbury Wing which is a nursing home in Jesmond owned by the provider. She also managed the day centre which was attached to the Bradbury Wing. The day service was not regulated by CQC because it was out of scope of the regulations. She took up the post of manager of Northumbria Supported Living in September 2015. She visited the service at least three days a week and was in day to day contact via phone and email. She told us, "I have put systems in place to ensure they have access to me 24/7 and that is the same for people and relatives, it's so important." She had strengthened the management structure of the service. She said, "There are now two team leaders to assist with the day to day running of the service."

Following our inspection, we informed the manager that she had been successful in her application and was now registered as the manager of Northumbria Supported Living.

The manager had a Master of Arts in Management Studies. She was also a registered nurse. People, relatives, staff and health and social care professionals were very complimentary about her skills and experience. Comments included, "[Name of manager] has a good business head and it shines through and that is the kind of role model that I am thirsty for," "[Name of manager] is one of the best managers I have come across – very approachable which is a key aspect," "[Name of manager] is fantastic, she is more engaging. She is always asking how we are and if we are happy," "[Name of manager] is very helpful, knowledgeable and has lots of experience. She is very enabling to the people who live there", "[Name of manager] has had a very positive impact on the service. You can see the changes. The residents like it" and "There's been changes in management. You can certainly see the changes which [name of manager] has made. She's doing something right," "She's firm but fair," "She's hands on and always mucks in to help" and "They do remarkably well and they have [name of manager] who has a nursing background."

The service was registered to provide the regulated activities of personal care and the treatment of disease, disorder or injury [nursing care]. If providers carry out any of these regulated activities they have to register this with CQC. The manager was looking into whether they needed to be registered for the treatment of disease, disorder or injury.

We checked the maintenance of records. The manager told us that they were in the process of introducing new, more person centred support plans. One relative told us, "They keep comprehensive records of his mood and what he is doing." Other records were in place relating to the management of staff and the service. These included audits, surveys, minutes of meetings, recruitment and training information.

The manager carried out a number of checks to monitor the quality and safety of the service. These included health and safety and medicines audits. We noted however, that the medicines audits did not always highlight the issues which we found with the management of medicines. The manager told us that this

would be addressed immediately.

Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate care. They told us that they enjoyed working at the service and morale was good. Comments included, "I just love working here" and "Morale is really good, everyone gets along – staff, tenants – everyone is happy, we are happy we have a laugh."

People and their representatives were consulted about all aspects of the service. A new survey had been designed for people to complete. The manager explained that this had been adapted to help obtain a more personal response to important questions. People's relatives could assist them to complete the questionnaires or the provider employed personalisation and involvement officers to support people. This was confirmed by people with whom we spoke. One person said, "[Name of personalisation and involvement officer] comes around if there's any questions that we've got. It's important because there may be things we want to say about the staff. It's not good for staff to know what you're writing. She will help with any issues."

We spoke with the provider's senior personalisation officer. She explained, "The role of our team is to make sure people's voices are being heard. We are kind of independent; all of our team are disabled. We tend to find that people talk to us about everything. We then signpost people to the relevant information or services. We are like a safety net. If the person is not getting anywhere with the service manager or staff, we will come along and speak with them." She also explained, "We do have a customer helpline. This is a helpline for anyone who uses our services. They can phone up if they have a complaint or compliment. We would then contact our personalisation and involvement officer who would contact them."

These procedures helped ensure that people's views were actively sought and acted upon.