Potensial Limited

Middleton Lodge

Inspection report

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Date of inspection visit: 10/9/2015
Date of publication: 22/10/2015

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

Overall summary

The inspection took place on 10 September 2015. The inspection was unannounced.

Middleton lodge is a residential care home based in Middleton St George. The home provides care for up to 10 people with learning disabilities or autism. On the day of our inspection there were 8 people using the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with care staff who told us they felt supported and that the registered manager was always available and approachable. Throughout the day we saw that people who used the service and staff were comfortable

Summary of findings

and relaxed with the registered manager and each other. The atmosphere was calm and relaxed and we saw staff interacted with each other and the people who used the service in a very friendly, positive and respectful manner.

From looking at people's care plans we saw they were written in an easy to read and person centred way and made good use of photographs to describe their care, treatment and support needs. These were regularly audited and updated. The care plan format was easy for service users or their representatives to understand and we could see that some family members and people had signed their care plans in agreement. The manager also showed us three care plan reviews that had been captured on video using images and video content with consent and these clearly reflected a person centred approach.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: Speech and Language Therapy. We saw records were kept where people were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes.

When we looked at the staff training records they showed us staff were supported to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended both face to face training and eLearning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were robust recruitment processes in place.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know how to apply the MCA and when an application should be made and how to submit one. This meant people were safeguarded.

During the inspection we witnessed the staff rapport with the people who used the service and the positive interactions that took place naturally. The staff were caring, positive, encouraging and attentive when communicating and supporting people.

We observed people were encouraged to participate in a range of activities that were personalised and meaningful to them. For example, we saw staff spending time engaging people with people on a one to one basis on an activity and others being supported to go out and be active in their local community.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a selection of choices of drinks and the menu that also offered choice.

We found the building and outside sensory garden area met the needs of the people who used the service. We were told that work on the kitchen refurbishment will be in place in coming months.

We saw a complaints procedure that was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next.

We found an effective quality assurance survey took place regularly. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service, their representatives and other healthcare professionals were regularly asked for their views.

At the inspection we were made aware of the recent changes being implemented by the registered manager and from looking at the records and speaking to the people who use the service we could see the positive impact this was having on their quality of life.

Summary of findings

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

This service was safe.

People's rights and were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures. People were protected from discrimination and their human rights were protected

Is the service effective?

Good

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Care plans reflected people's current individual needs, choices and preferences. Staff had the skill and knowledge to meet people's assessed needs, preferences and choices.

People had the support and equipment they needed to enable them to be as independent as possible.

The service understands the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and puts them into practice to protect people.

Is the service caring?

Good

This service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were aware of, and had access to advocacy services that could speak up on their behalf.

People were understood and had their individual needs met, including needs around age, disability, gender, race, religion and belief.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

People were assured that information about them was treated in confidence.

Is the service responsive?

Good

This service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Where appropriate, people had access to activities, that were important and relevant to them and they were protected from social isolation. People were enabled to maintain relationships with their friends, relatives and the local community.

Summary of findings

The service allowed staff the time to provide the care people needed and ensured staff timetables were flexible to accommodate people's changing needs, activities and lifestyles.

Is the service well-led?

Good

This service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

Middleton Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 10 September 2015 and was unannounced. The inspection team consisted of two Adult Social Care Inspectors. At the inspection we spoke with all the people who used the service, the registered manager and five of the support staff.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquires received.

The provider was not asked to complete a provider information return prior to our inspection (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. During this inspection, we asked the provider to tell us about the improvements they had made or any they had planned to make.

Prior to the inspection we contacted the local healthwatch and no concerns had been raised with them about the service.

During our inspection we observed how the staff interacted with people who used the service. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given to them by the staff. We also reviewed staff training records, recruitment files, medicine records and records relating to the management of the service such as audits, surveys and policies.

Good

Is the service safe?

Our findings

The majority of people using the service had very complex needs and were unable to fully verbally communicate with us. During our inspection we saw that people were very comfortable and relaxed with the staff and did not hesitate to go to any of the staff members when they wanted support or assistance. This showed us that they felt safe around the staff members.

This service was safe, because there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control. There was an infection control lead who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection. The registered manager showed us the various checks and audits that were carried out. For example, people's individual hoist slings were washed separately as were their wheelchair seat covers. People and visitors were supported by staff in understanding the need for good hand hygiene and how this was promoted in order to reduce the risk of infections. All areas had access to hand washing facilities including use of liquid soap and paper towels.

We saw the home had procedures and clear guidelines about managing infection control. The staff had a good knowledge about infection control and its associated policies and procedures. From looking in to staff training records we could see that staff were trained in managing infection control. We saw that the home followed the Department of health infection control guidance and had an infection control action plan that had recently put in place for one person who used the service and we saw evidence of this in use at our inspection.

We saw the people who use the service were also supported to manage infection control and maintain their independence and take part in managing their personal laundry. There was a good use of photos and ribbons for the laundry system and this was done for individuality and appropriate infection control bags were also in use.

We found the location and layout of the home to be suitable for the people who lived there. It is a single story building that is easily accessible, homely, safe, and very well maintained and designed specifically to meet the physical needs of people who lived there. The home also had a sensory garden area that people could access. We saw that there were no restrictions placed on people's movements inside the home, and people had access to the safe enclosed garden. Throughout the home there was specialist adaptive equipment in place and this promoted people's independence.

We saw that the care files held enough information about people's history, care, treatment and support needs before they were admitted to the service. This meant that staff had a good knowledge and insight about people's individual needs to enable them to keep people safe. We saw that people's needs were risk assessed and care was delivered in a way that enabled people to remain safe. For example; enabling an individual to have hot drinks independently by reducing the risks involved. When we asked staff how they would get historical information on the people they support they told us "I would read it in the care plans and from getting to know people".

We saw up to date personal emergency evacuation plans (PEEPs) were in place in the care plans for people who used the service. These included important information about the person and information for staff and emergency services on how to assist each person safely and the assistance required for each individual.

We looked in the medicine storage area that was located in the office and saw that the cabinets were locked and securely fastened. We saw the medicine fridge daily temperature record. All temperatures recorded were within the 2-6 degrees guidelines. We saw the medicine records, which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We audited the medicines prescribed for three people; we found these records to be accurate. All medicines were checked by the staff at the handover of each shift and this enabled staff to double check medication was administered safely.

The applications of prescribed local medicines, such as creams, were clearly recorded on a body map, showing the area affected and the type of cream prescribed. Records were signed appropriately indicating the creams had been applied at the correct times.

We saw two people were receiving medicines covertly, and on review there was clear evidence of a multi-disciplinary

Good

Is the service safe?

rationale for this, involving the person's care manager and practitioner from the GP practice, as well as a pharmacist. A mental capacity act decision making process had also been undertaken

There was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, including covert medicine, as and when required medication protocols. These were readily available within the MARS (Medication Administration Record Sheet) folder.

Each person receiving medicines had a laminated photograph identification sheet, which also included information in relation to allergies, and preferred method of administration. Any refusal of medicines or spillage was recorded on the back of the MAR record sheet. We saw records to confirm that staff had received appropriate medication training.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve and keep people safe. When we asked the staff if they knew how to raise concerns they told us "If things weren't right I would go straight the manager"

The registered manager and staff we spoke with told us there were enough staff to meet the needs of the people who used the service. One of the staff members we spoke with told us "there's always plenty of staff on."

We found staff had been recruited safely to ensure a good skill mix was available to meet the needs of people. All staff completed a formal application process and their backgrounds were checked to ensure they were safe to work with and care for people. This included references from two previous employers, checks for any criminal activity, and obtaining explanations for any gaps in employment history.

The service had a robust recruitment procedure in place that had the needs of people at its core. The service was highly selective, with the recruitment of the right person for the job this being more important than filling the vacancy. As far as possible, people who used the service were part of the staff recruitment process. The registered manager told us that one of the people who used the service had a keen interest in getting involved and "he would enjoy meeting the candidates as part of the interview process."

We were informed by the registered manager that "a new kitchen is in the pipeline and also new flooring" to improve the environment. The lounge areas and bedrooms had also had a recent refurbishment that reflected the people who use the services personal choices in décor. We saw that bedrooms had been recently redecorated with the appropriate flooring for infection control and still maintaining personalised rooms and décor.

We saw that room temperatures were recorded in individual's bedrooms as were records of water temperatures and personal care records were kept in the en-suite bathrooms.

We saw that the provider had contracts in place for the regular servicing and maintenance of equipment. We saw records of maintenance and monthly health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment.

Regular fire alarm testing was carried out in the home and we saw the records that recorded this along with; fire extinguisher checks and emergency lighting testing.

Good

Is the service effective?

Our findings

During this inspection, there were 8 people using the service. We found there were skilled and experienced staff to meet people's needs. We observed people throughout the day and we saw there were enough staff to meet the needs of people living in the home. We saw that when people needed support or assistance from staff there was always a member of staff available to give this support. We spoke with five members of staff and they said they felt there were enough skilled staff to support people effectively.

For new staff members we saw the induction records and checks that had taken place and the application / recruitment process, start to end.

For any new staff employed, as part of their induction staff spent time shadowing more experienced members of staff to get to know the people they would be supporting before working alone. They also completed induction training to make sure they had the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing an NVQ (National Vocational Qualification) level 2 and 3 in social care. Training needs were monitored through individual support and development meetings with staff.

We saw the staff training files and the training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service including; safeguarding, first aid, medication administering, manual handling and fire safety. Other more bespoke training for the service included; epilepsy, autism awareness and (MAPA) the management of actual or potential aggression. We looked at the completed staff workbooks from the MAPA training and these included, action plans and interventions to be used to put the training into practice.

When we spoke to the staff they confirmed that they were attending on going training, both eLearning and face to face training. One staff member told us that they were currently undergoing the medication training and they complete this training while at work on shift. The staff member also said "for other training we all come in together for training days."

We saw monthly staff meetings took place. During these meetings staff discussed the support and care they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. When we spoke with staff, they said these meetings were essential, as they provided everyone with an opportunity to voice any new ideas, share information and resolve any issues that had cropped up.

Individual staff supervision sessions took place regularly and staff told us they found them useful for their personal development. Appraisals were also used to develop and motivate staff and review their practice and behaviours.

Discussions with staff and observations of training records showed that staff had the right skills and knowledge to care for people effectively. During our inspection we saw staff were highly motivated, very open and cooperative. They told us they felt valued by the management team. One staff told us, "It's a great place to work."

We looked at the care records for all four people. Each file contained a nutritional assessment called 'malnutrition universal screening tool' (MUST). We saw people's nutritional needs were regularly monitored and reviewed. The assessment included risk factors associated with low weight, obesity, and any other eating and drinking disorders. We saw that one client had been recently re assessed by the speech and language therapy team and they had made changes to their diet to improve their independence and enjoyment of their meals. We saw the people who use the service enjoying thickened drinks and snacks of their choice in the dining room, both independently and with support from staff.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of choices of drinks and the menu that also offered choice. People were offered drinks in flasks to enable them to drink a hot drink independently and safely. Were others were given the appropriate support to drink and we saw that this was recorded daily.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent

Good

Is the service effective?

or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authorisation to do so. All necessary DoLS applications had been submitted, by the provider and authorised.

Good

Is the service caring?

Our findings

During the inspection we saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing care practices in the communal areas of the care home. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately. We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. For example, some of the peoples who used the service used different communication methods and these were respected and used to communicate by the staff.

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans.

We heard staff address people respectfully and explain to people the support they were providing. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was an important part of their role. One staff member commented, "This is their home not the other way around and we are given training about this."

Throughout the inspection the atmosphere in the home was relaxed and calm.

We found the service was caring and people were treated with dignity and respect and were listened to. We spent time observing people in the lounge and dining area before they went out for lunch and when others returned from an outing later in the day. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and recognised and valued them as individuals. We saw and heard staff speaking respectfully and in a friendly manner. They chose words, and used signs and gestures that people understood and took time to listen and respond to them.

Staff told us they enjoyed their work and were positive about the support they received from the manager. Two staff told us they "loved their job."

We saw staff responded in a caring way to difficult situations. For example, when one person became anxious, we saw staff sitting with them and talking with them in a calm reassuring quiet way which helped to settle the person. The member of staff remained with this person stroking their hair until they fell asleep.

We saw staff interacted with people at every opportunity. For example, saying hello to people by name when they came into the communal areas, chatting and often having a laugh and joke with them. Staff were patient and waited for people to make decisions about how they wanted their care to be organised and how to spend their day. We saw staff were respectful and positive towards people and they encouraged and supported people's independent living skills.

We saw that information was available to people in a range of different formats so people could make decisions and take control of their lives. We saw how symbols and signs were used for information on a range of topics such as health benefits, advocacy, activities and meal choices. This meant people were supported by a range of communication techniques to keep them informed of information or things that mattered to them.

Where possible, we saw that people were asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. We saw that people who used the service and their relatives and friends were informed of how to contact external advocates who could act in their best interests.

We saw that the service had an end of life policy in place and a process for recording individual's choices and wishes. From looking at a plan we could see that this was carried out respectfully with dignity and consideration for the individual.

Good

Is the service responsive?

Our findings

During the inspection we were led around the building by a person who used the service who was really keen to show us their bedroom with its new décor. The person had important photographs on display of their hobbies and they communicated with us their excitement of this with actions. We saw that the other bedrooms had also recently been redecorated to reflecting their personality and had all of their favourite photos and bespoke furniture and personal items on display to enjoy.

The lounge area that we also looked at had recently been redecorated and the furniture and the colours and décor were all chosen by the people who used the service and there were personalised portraits on display that the people who use the service were keen to show us.

The care plans that we looked at were person centred and included a good use of pictures and were in an easy read format. The care plans gave in depth details of the person's likes and dislikes, detailed communication plans, personalised activity support plans, risk assessments and daily routines. These plans gave a real insight into the individual's personality, preferences and choices. One communication plan went as far to describe the sounds and actions that the individual preferred to use and what they actually meant and how to respond to them. Another communication plan detailed the noises that one individual would make if they weren't happy and how to approach them and what body language to watch for and the plan clearly described what that meant to the person.

We saw people were involved in developing their support plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw each person had a key worker and they spent time with people to review their plans on a monthly basis. Key worker's played an important role in people's lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes. We saw that people's care plans included photos, pictures and were written in plain language. All of these measures helped people to be in control of their lives, lead purposeful and fulfilling lives as independently as possible. We found that people made their own informed decisions that included the right to take risks in their daily lives. We found the service had a 'can do' attitude, risks were managed positively to help people to lead the life they wanted.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to carry out person-centred activities within the service and in the wider community and actively encouraged people to maintain their hobbies and interests. We saw that the provider enabled people to achieve their goals, follow their interests and be fully integrated into community life and leisure activities. We saw people had a variety of options to choose from including horse riding, pubs, restaurants, cinema annual holidays, and various clubs and day care facilities. We found staff were proactive, and made sure that people were able to maintain relationships that mattered to them, such as family, community and other social links including a local social club and cricket club.

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans. We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect at all times.

We observed how people received personalised care, treatment and support. We saw how people were involved in identifying their needs, choices and preferences and how they would be met. People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Person Centred planning is a way of enabling people to think about what they want now and in the future. The manager said, "I'm supporting the staff to do activities 'with' the service users instead of doing everything for them" This meant people were supported by the service to work towards achieving their wishes and aspirations for their future.

People and those that mattered to them, were actively involved in developing their care, support and treatment plans and were supported by staff that were competent and had the skills to assess their needs. Staff made every effort to make sure people were empowered and included in this process. Where possible, they involved family, friends, other professionals or advocates in decisions about

Good

Is the service responsive?

the care provided, to make sure that the views of the person receiving the care were known, respected and acted on. We saw people and those that mattered to them had consented to their care, treatment and support.

Regular meetings took place for people who used the service and these had themed topics and for people who didn't want to come to a meeting the theme and discussions were taken up with them on a one to one basis and recorded. The meeting record was done using photographs and pictures and we could see from the records that people who used the service were given the opportunity to discuss the topics and make suggestions and requests by using photographs and pictures. One person requested a bird bath for the sensory garden area and we could see that this had been carried out and was in place in the garden. Another person had asked for more seating and fairy lights for the outdoor area and we could see that new seating and the lights were now in place.

We saw staff communicated with people effectively. One person told us about a holiday that they had planned with the staff and that they were looking forward to it. We also saw that this had been discussed at the residents meeting and was also in the persons care plan.

We saw staff interacted very positively with people in a friendly and supportive manner, addressing them by name and showing us they were fully aware of individual likes, dislikes and preferences. Staff were friendly and they had a positive and enabling approach towards people using the service. Staff continued to pleasantly chat with people, whilst supporting them. Staff were consistently smiling and they looked genuinely happy to be at work. One staff member told us "working here is like being in one big family; we are here in their home."

Staff said that communication was good within the service. They told us they had a communication sheet that was used during staff handovers. They said this ensured everyone was kept up to date with any persons changing needs and what activities and appointments were happening that day.

The provider promoted and maintained people's health and this ensured people had access to health and social care services to meet their personal assessed needs. For example, all people had access to specialist medical, nursing, dental, speech and language therapy, just over one pharmaceutical, chiropody, therapeutic services and care from hospitals and community health services including, hearing and sight tests, and appropriate aids according to their need. This contributed to people experiencing positive outcomes regarding their health.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place that had been in post for 1 year. A registered manager is a person who has registered with CQC to manage the service.

We spoke with five members of staff and they told us they felt the registered manager listened to what they had to say. The registered manager told us she had an 'open door' policy and we saw staff and people living in the home approaching the registered manager throughout the day. We saw that she took the time to listen to what people had to say.

One member of staff told us, "Any ideas or problems I have I can raise them at my supervision, I feel comfortable to talk to her and she is with me." Another member of staff told us "I have expressed concerns to the manager before and she supported me. All the staff know how to raise concerns and if things weren't right we go straight to the manager". This feedback from the staff meant there was an open and transparent culture in the home.

We saw information about values in relation to dignity and independence were displayed in the home. We discussed the values with the deputy manager and staff and they had a good understanding of how they needed to put these values into practice.

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw there had been one recent complaint made and there was evidence that the registered manager had investigated this appropriately.

We looked at the processes in place for responding to incidents, and accidents. These were all assessed by the registered manager; following this a weekly report was sent to the head office for analysis along with the registered manager's weekly report on the progress of the home. We found the provider reported safeguarding incidents and notified CQC of these appropriately.

We discussed with the registered manager and read through the policy in place for managing behaviour that challenges others. The policy had recently been reviewed in June 2015 and contained; staff training requirements, a clear reporting system, a de briefing for staff and person centred plans. The training requirements in this policy were also reflected in the staff training files that we saw.

We saw that the staff handover system had recently been amended to aid communication between staff on shift and this idea had been developed from engaging with the staff team to find out what works best and the staff told us that this was now working well as their idea and suggestions had been taken on board and implemented in the new system.

Regular staff meetings were in place and staff could share concerns at these meeting and share ideas, make suggestions for improvements and for the registered manager to manage the staff and the key working system. Staff recognised the visions and values of the home and their role. We found that staff regularly had the opportunity to express their views during staff meetings with the management team at the home. Staff at all levels recognised the risks associated with the home and also recognised the achievements which had been made. This meant the registered manager and staff were working as a team to achieve the objectives of the home.

We found staff at the home worked in co-operation with a number of different partners to protect and promote the health, welfare and safety of people who used the service and these interactions and correspondence with partner organisations was seen in the peoples care plans for example, speech and language team and the community nurse team.

The service had an effective quality assurance and quality monitoring system in place. This was based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the service. We saw comments from stakeholders that included; "Good established team that are willing to adapt and respond", "Good interactions noticed between staff and clients", "Friendly environment", "Staff always pleasant". A relative also commented; "my relative always looks happy and content".

We could see that that the staff had a good rapport with the registered manager and spoke highly of their work and of the improvements that have been made over the past 12 months to make the home more people centred. We could see that the many changes that had been implemented by

Good

Is the service well-led?

the registered manager were proving successful for the people who used the service. The staff we spoke with had a positive attitude towards their work and their manager one staff member told us "I was nervous when I first started but love it now; I was encouraged and supported every step by the manager."