

S.E.L.F. (North East) Limited

# SELF Limited - 14 Park View

## Inspection report

14 Park View  
Hetton le Hole  
Houghton le Spring  
Tyne and Wear  
DH5 9JH  
Tel: 0191 526 8565

Date of inspection visit: 21 September 2015, 25 September 2015 and 2 October 2015  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This unannounced inspection took place on 21 September 2015, 25 September 2015 and 2 October 2015. The service was last inspected on 18 June 2014 and was meeting the legal requirements we looked at during the inspection.

14 Park View provides care and support for up to nine people who have a learning disability. At the time of our inspection nine people were living in the home. Nursing care was not provided. The registered provider operates three separate services at Park View (numbers 14, 15 and 16). During this inspection we inspected all three services.

Although the services are registered with the Care Quality Commission (CQC) individually we found that there were areas that were common to all three services. For example, a single training programme, joint staff meetings and one set of policies and procedures across all three services. For this reason some of the evidence we viewed was relevant to all three services.

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

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People described to us the excellent care they received from kind, caring and respectful staff. One person said, "I have been well looked after here." Another person said, "I am happy." One person told us, "We are all treated nice." We observed positive relationships had developed between people and staff. People regularly sought staff out to show them arts and crafts they had completed. Staff in turn were encouraging and supportive.

People were actively in control of the care and support they received. People told us they were supported to make choices. The home had a strong focus on personal development and promoting independence. People were occupied with structured activities within the home based around developing and improving life and literacy skills. People had the opportunity to attend college and work at the registered provider's stables to further develop their skills. People and family members told us the home was safe.

Staff had a good understanding of safeguarding adults and whistle blowing. Staff knew how to report concerns and told us they would not hesitate to do so if they were concerned about a person's safety. Staff had completed safeguarding training.

The registered provider had risk assessments in place which detailed the controls needed to help keep people safe.

Medicines were handled appropriately with accurate records kept. Medicines were stored securely.

There were enough staff to meet people's needs in a timely manner. Recruitment checks were carried out before new staff started their employment.

The registered provider carried out regular checks to help ensure the premises were safe for people. Incidents and accidents were logged and investigated.

Staff were well supported in their role including the opportunity to have individual development sessions if required. Staff received regular one to one supervision and appraisals with their line manager. Staff received on-going training to help them provide the care and

support people needed. Some training was personalised to the needs of individual people. Other training completed included risk management, moving and assisting, food hygiene, first aid and fire awareness.

The registered provider was following the requirements of the Mental Capacity Act MCA. Deprivation of Liberty Safeguards (DoLS) authorisations were in place for people who needed them. People were asked to give their permission before receiving care or support.

Personalised guidance had been written to help staff support people appropriately when they were displaying behaviours that challenge. This included identifying individualised strategies such as, distraction or diversion techniques and physical intervention only as a last resort. Where physical intervention was required a detailed record of the incident was kept.

People receive the support they needed to meet their nutritional needs. Records confirmed people had regular input from arrange of external health and social care professionals.

People had their care and support needs assessed. The assessment included identifying people's care preferences. For example, some people liked arts and crafts, puzzles, numeracy, gardening, the farm and sports. People's abilities to complete daily living tasks were also assessed. Tasks considered included eating, drinking, personal hygiene, cooking, cleaning and travelling independently. Following the assessment detailed, person-centred care plans had been written.

People told us about their care plans. In particular they said they were particularly working on three areas related to their daily living skills. We viewed key worker records which showed people and key workers jointly discussed progress people had made.

There were opportunities to take part in activities both inside and outside of the home. These included outings and planned activities such as games, arts and crafts.

People told us they knew how to raise concerns. Although the people we spoke with said they had no concerns. There was a complaints procedure in place. No complaints had been received at the time of our inspection. People had opportunities to meet to share their views.

# Summary of findings

People and staff gave us positive feedback about the approachability of the registered manager. One person said, “Ashley [Registered manager’s name] is the best manager.” A family member commented, “Simply put [director’s manager’s name] leads by example.”

People said there was a good atmosphere in the home. One person said, “We are like one big happy family. I like the people here. There are no arguments.” Another person said, “We have a bit of fun.” One staff member said, “Most days the atmosphere is fine. It is a lovely place to work.” Another staff member said, “Everyone gets along.”

There were regular opportunities for staff to give their views, such as team meetings. Meetings were used to as

an opportunity to discuss topics to improve people’s care. Ad hoc discussions took place with staff to deal with specific situations. Consultation took place with staff and external professionals. Positive feedback was received during the most recent consultation.

The registered provider undertook a regular quality audit to check people received appropriate care. For example, the audit included checks of fire safety, housekeeping, infection control, accidents and maintenance. There was also a system of medicines audits in place. The registered provider had plans for developing the service in the future.

# 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?

The service was safe. People and family members told us the home was safe. Staff had a good understanding of safeguarding adults and whistle blowing.

Where potential risks had been identified the registered provider had risk assessments in place. Medicines were handled appropriately.

There were enough staff to meet people's needs in a timely manner. Recruitment checks were carried out before new staff started their employment.

The registered provider carried out regular checks to help ensure the premises were safe for people. Incidents and accidents were logged and investigated.

Good



### Is the service effective?

The service was effective. Staff were well supported in their role. They received regular one to one supervision and appraisals with their line manager. Staff received on-going training to help them provide the care and support people needed.

The registered provider was following the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). People were asked for consent before receiving care and support.

Staff had access to personalised information to help them support people appropriately when they displayed behaviours that challenged.

People received the support they needed to have enough to eat and drink. People had regular access to healthcare professionals when required.

Good



### Is the service caring?

The service was caring. People told us about the excellent care they received from kind, caring and respectful staff.

We observed positive relationships had developed between people and staff. People were actively in control of the care and support they received. They were supported to make choices.

The home had a strong focus on personal development and promoting independence. Structured activities were available based around developing people's life and literacy skills. Some people attended college and worked at the stables.

Good



### Is the service responsive?

The service was responsive. People's needs had been assessed to identify their support needs. This assessment and other background information was used to develop detailed, person-centred care plans.

People told us about their care plans and how they were focusing on developing daily living skills. People discussed their progress during regular key worker sessions.

Good



# Summary of findings

People had lots of opportunities to take part in activities both inside and outside of the home, such as outings and planned activities.

People gave only positive feedback about their care. They knew how to raise any concerns they had. There were no complaints on-going at the time of our inspection. There were regular opportunities for people to meet together to share their views.

## Is the service well-led?

The service was well led. The home had a registered manager. People and staff said the registered manager was approachable. People said there was a good atmosphere in the home.

There were regular opportunities for staff to give their views, such as team meetings. Positive feedback had been received from recent consultation with staff and external professionals.

The registered provider undertook a regular quality audit to check people received appropriate care. The registered provider also had plans for developing the service in the future.

**Good**



# SELF Limited - 14 Park View

## 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 unannounced inspection took place on 21 September 2015, 25 September 2015 and 2 October 2015. An adult social care inspector carried out the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the local authority safeguarding team, the local authority commissioners for the service, the clinical commissioning group (CCG) and the local Healthwatch group. (Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.). We did not receive any information of concern from these organisations.

We spoke with three people who used the service. We also spoke with the registered manager, deputy manager, one senior care worker and one care staff. We observed how staff interacted with people and looked at a range of care records. These included care records for two of the nine people who used the service, medicines records and recruitment records for five staff.

# Is the service safe?

## Our findings

People, family members and staff we spoke with consistently said the home was a safe place to live. When we asked one person if they felt safe they replied, "Yes I do." Another person said, "I like it here. It is nice and comfortable." One family member told us, "We have never once had the slightest concern as to [my relative's] safety and wellbeing. They went on to tell us their relative's safety needs were, "Well catered to by all staff. In fact I would say with complete conviction that the safety and care at all times of all persons living at Park View is practiced by all of the staff." One staff member said, "I think service users are safe." Another staff member commented, "Safe, yes we look after them."

Staff had a good understanding of safeguarding adults, including their responsibilities to report any concerns they had. They were able to tell us about various types of abuse, potential warning signs and how to report concerns. Staff were also aware of the registered provider's whistle blowing procedure. One staff member said, "If I had concerns about our service users I would be straight there." They went on to say, "I would go straight to the senior on shift or pass to management." Another staff member said, "I would go straight to the manager even if it was just a doubt in my mind." Records we viewed confirmed staff had completed safeguarding training.

The registered provider had a structured approach to risk management. Where a potential risk had been identified a detailed risk assessment had been developed. The assessment identified the potential risks and the controls in place to manage them. For example, staff ensured one person always carried their mobile phone when they accessed the community independently. Risk assessments incorporated photographs to make them personalised to people using the service. In this way helping people to have a better understanding of the risks relating to their care.

Medicine records supported the safe administration of medicines. We viewed a sample of medicines administration records (MARs). We found these were completed accurately. Training records confirmed an independent pharmacist had trained staff on the safe handling of medicines. Medicine audits were done in May and September for all people and then sampled in other months. We saw medicines were stored securely.

Staffing levels were sufficient to ensure people's needs were met in a timely manner. From our observations during our inspection we saw staff were always available to help and support people who used the service. One family member said there was, "Quite a lot of staff on." Staff said there were enough staff to meet people's needs. One staff member commented, "Yes enough staff, always plenty on. Quite consistent."

Recruitment and selection procedures were followed to check new staff were suitable to care for vulnerable adults. We viewed the recruitment records for five staff. We found the registered provider had requested and received references, including one from their most recent employment. Disclosure and Barring Service (DBS) checks had been carried out before confirming staff appointments.

Regular health and safety checks were carried out to help ensure the premises were safe for people to use. These included checks of fire safety, emergency lighting, extinguishers, exit routes, gas and electrical safety. Up to date plans and procedures to ensure the safe evacuation of people in an emergency were in place.

Incidents and accidents were logged and investigated. Records confirmed there had been two accidents logged in the past 12 months across all three of the registered provider's services. These confirmed the action staff took to respond to the accident including emergency basic first aid and additional monitoring.

# Is the service effective?

## Our findings

Staff told us they were well supported in their role. One staff member said, “Very well supported, especially off the manager. I could ring at 3am in the morning to ask for advice and that would be fine.” Another staff member said, “If I struggle with anything they are there, they help me.” Staff said they had the opportunity to have an ‘individual development session’ if they were feeling less confident in certain areas of their work. We viewed an example of a completed individual development session relating to improving documentation within people’s diaries. The session included an explanation of what information should be recorded. The staff member’s views were recorded. They stated their manager had explained what they needed to know and they could approach them for further help if needed. The registered manager had carried out further checks to ensure the recording had improved.

Records confirmed staff received regular one to one supervision and appraisal. We saw these were used to identify good practice and areas for further development. Development areas identified during supervision included ensuring staff followed care plans and dealt with unexpected situations in a timely manner. Staff used supervision to discuss areas they wanted support with, such as guidance with completing paperwork accurately.

Staff received the training they needed to fulfil their caring role. One family member commented, “The knowledge and experience of caring for others who may be disadvantaged that [manager’s name] so clearly demonstrates is fully supported by the high degree of training, experience and genuine care for others that they ensure is evident with all of the staff at Park View.”

The registered provider had a single training programme for all staff employed at the three Park View services. We viewed the training records and saw there was regular training provided to all staff. Training completed this year included specific training workshops pertinent to the needs of individual people. Other training completed included risk management, moving and assisting, food hygiene, first aid and fire awareness. At the time of our inspection all staff were due to attend oral hygiene training. One staff member said, “We always have training all the time.”

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered provider was following the requirements of the MCA. Staff completed a DoLS indicator tool used to assess whether a DoLS authorisation was required for people using the service. These assessments had indicated some people’s liberty was being restricted. For these people the registered provider had applied to a ‘Supervisory Body’ for the required authorisation. Staff we spoke with were knowledgeable about the MCA and their responsibilities under the Act.

People were asked for permission before receiving care. Staff members confirmed they always asked people for consent before delivering any care or support. One person said staff, “Offer choices.” One staff member said, “[People] have their own choices about what they want to do.” Another staff member said, “We try and empower people. We look at each individual and give choices.”

Some people displayed behaviours that challenge. There was a specific behaviour management policy in place. Personalised behaviour profiles had been developed. These gave staff information to help them support people at these times. Information contained in the profile included the person’s background, the behaviours they displayed and how best to support them through these difficult times. Various strategies had been recommended, such as diversion and distraction including physical activity, time alone, listening to music or having a bath.

Physical intervention was only used as a last resort. For example, where there was a risk of physical aggression either towards staff or another person or damage to the environment. Accurate records of any use of physical



## Is the service effective?

restraint were kept. These included the reason for the intervention, the type of intervention used and the person's views. Staff could have a de-briefing session after the intervention if they wanted further support. T

People were supported to meet their nutritional needs. The registered provider provided guidance for staff to refer to about safe handling of food and advice on healthy eating. We viewed examples of menus and saw people were offered different choices for each meal including fresh fruit and vegetables. Staff we spoke with described in detail the support people needed with eating and drinking. This included cutting food up for people or prompting. One

person had been referred to a speech and language therapist for advice and guidance relating to swallowing difficulties. Another person used specialist equipment to help them to eat independently.

People had access to health care professionals when required. For instance dentists, chiropodists, opticians and GPs. One family member commented, "If any of [my relative's] medical conditions changed, the management always let us know. Management ensures that no delays to immediate treatment needed are ever allowed to occur." Staff said they supported people to attend health related appointments when needed.

# Is the service caring?

## Our findings

People and family members were pro-active in telling us about the excellent care staff provided. People we spoke with described how happy they were with their care. One person said, "I have been well looked after here." Another person said, "I am happy." One person told us, "We are all treated nice." One family member commented, "Really well cared for."

Staff understood the importance of treating people with dignity and respect. They described how they delivered care in a respectful and dignified manner. They gave us examples to highlight how they aimed to achieve this. These included encouraging people to close the door when using the toilet and having towels ready to keep people covered up when supporting people with personal care.

Positive and warm relationships had developed between people and staff members. We observed people were relaxed around staff and readily approached them when they needed help. One person commented, "Staff are very nice." Another person said, "I like to talk to the staff." Another person told us about their key worker. They said, "She's good, she looks after us." One family member commented, "On every occasion we came away very satisfied that the staff provided care to [my relative] that one may expect only to see from close family members." They also commented, "The family had and still has absolute trust in the staff that are trained and employed by S E L F Limited." Another family member said staff were, "Like a family to [my relative]."

People received care and support from staff who knew them well. One family member commented, "They really do know [my relative] well." One staff member said, "Preferences were recorded in the file for staff to refer to. Everything is in the service user's file. We keep up to date with the file all the time." They also said they had got to know people and their needs. A health and social care professional told us people were regularly consulted about their views and preferences.

Promoting people's independence was embedded into the service. People were supported to develop skills to promote their independence as much as possible. For example, they took part in weekly activities built around developing literacy and numeracy skills. We observed staff reinforced these skills during planned activities. For

example, whilst playing indoor darts staff prompted and encouraged people to add up their own scores. People also had time planned each week to write letters to family to practice their writing skills. One person said, "Tuesday is my day in the kitchen. I make the dinner. When your picture is on the door it's your day in the kitchen. I don't mind helping out." They went on to say, "I make sure all the kitchen is clean." Another person said, "I help in the kitchen on Wednesday. We work as a team." Another person said they were, "In the kitchen on a Thursday." They told us they enjoyed making cheese scones."

Staff said they promoted people's independence by allowing them to do as much for themselves as possible. One staff member said, "If they are able to do it, let them do it." Another staff member said, "We support and encourage. We encourage people to do things for themselves." Staff told us people worked on developing life skills including keeping their own space tidy, showering, learning how to sew, cooking in the kitchen and shopping independently. Some people had developed their reading and writing skills. Staff talked about the importance of consistency and having a routine.

People had made progress with their development since moving into the home. One family member commented, "It is apparent from our visits, the records shown each time and what we see in [my relative] that the management are constantly exploring and implementing new ideas and knowledge to constantly improve their life and wellbeing. We have watched as [my relative] has developed and enjoys a healthy, happy and loving environment in a place they for many years calls home." Another family member commented positively, "[My relative] has changed completely." A health and social care professional said the registered provider used available resources to aim to work creatively with all people individually.

The registered provider owned stables which people had the opportunity to experience. People enthusiastically told us how much they enjoyed spending time at the stables developing their skills. One person said, "I love the farm." Another person said, "I have been to the farm. I have worked hard. I never complain."

People talked enthusiastically to us about the progress they had made with developing their skills. In particular, about how much they had improved since moving into the home. We asked one person if they had support plans. They replied, "Yes I have." They then went on to tell us

## Is the service caring?

about each of their plans and the progress they had made with them. They commented staff, “Score them out of five.” Another person told us they had just finished college. They told us about arts and crafts they had completed during the course.

Care plans were focused around people’s capabilities. People had specific care plans which focused on developing their skills in three areas of personal development. Plans were individualised to the abilities of each person. For example, plans ranged around oral hygiene, personal care and household skills such as ironing. These identified the steps required to complete the task which were scored between one (requiring help 100% of the time) to five (completed task independently) to measure progress over time. One staff member commented, “[People] have a lot of say on how they want their care plans.”

One health and social care professional told us staff worked closely and appropriately with professionals when required to inform people’s support plans and approaches. The registered provider had received positive feedback from health professionals as part of their on-going consultation. Comments included, “The service offered at SELF allows the service users to develop their full potential and become de-institutionalised from their time in hospital services” and “The people I have worked with over the years that have gone to live at your service are happy, well cared for and tell me that they don’t want to live anywhere else.”

The registered provider also told us about the progress people had made since moving to the service. They said one person displayed aggression towards others when they first accessed the service. The person had gained self-confidence and was learning to read and write. They had completed a number of college courses. Another person displayed behaviours that challenge and anger. The person’s anger had since reduced through providing structure and engaging activities. They had progressed and now enjoyed preparing meals for others.

Family members told us their relative’s wellbeing had been enhanced since moving to the service. One family member commented, “I believe that the levels of increased happiness and involvement by [my relative] in all that surrounds them on a daily basis is indicative of the effectiveness of their care providers.” They went on to say their relative had, “A much fuller and happier life now than they experienced in far too many years prior to them living at Park View.”

We carried out an observation in the communal lounge for 30 minutes. People from both 14 and 15 Park View were spending time together in the lounge. People were actively engaged in activities such as colouring in, crafts and doing jigsaws. Without exception we saw staff treated people with kindness and respect. For example, one staff member asked a person what colour pencil they would like. They showed the person a selection of pencils from which they selected the one they wanted. Another staff member noticed a person’s slipper had fallen off their foot. The staff member came over to the person to assist to put it back on. Staff supported and encouraged people with their activities. Staff were complementary about people’s work and people were keen to show staff what they had achieved. We heard staff praising people’s efforts. They commented, “Great job”, “Well done” and “That’s really good.”

The registered provider used photographs and pictures to help make information accessible to people. For example, ‘service user meeting’ agendas and minutes were written in a pictorial format. The service user guide and activity timetables on the notice board were also visual incorporating pictures to help with people’s understanding. The service user guide provided included information about access to healthcare, nutrition, complaint/concerns and advocacy. People’s risk assessments and care plans incorporated photos of the person to help them be part of the care planning process.

# Is the service responsive?

## Our findings

Staff had access to information to help them better understand people's care needs. Care records contained a 'personal details form' containing information such as their place and date of birth, family details, other agencies involved in the person's care and personal characteristics.

Following admission a detailed baseline assessment was carried out to identify each person's care and support needs. This covered spiritual needs, a mental health assessment, nutrition, mobility, occupation and leisure. People's preferences were identified during the initial assessment. For instance, some people's likes were documented as arts and crafts, puzzles, numeracy, gardening, the farm and sports. The assessment also considered people's abilities to complete daily living tasks such as eating, drinking, personal hygiene, cooking, cleaning and travelling independently.

The initial assessment and other information available to staff were used to develop individual care plans. Care plans were person centred including details of people's preferences. For example, one person enjoyed shopping, horse riding, the cinema and going to the local pub. Plans were focused around what people needed to restore, maintain or achieve a level of independence and a quality of life. All care plans were bespoke to the individual person, including photos to help with their understanding of the plan. Care plans were detailed and based around continuity and consistency when supporting people. In this way helping to build the person's awareness of their support needs in order to move towards greater independence. Care plans covered a range of needs such as communication, relationships, physical skills, an activity timetable, health, living skills and personal care. Records confirmed care plans had been reviewed regularly.

People met regularly with their key worker to discuss their care. The meeting was structured and included a review of social interaction, health appointments, behaviour/mood and activities. People reflected with their key worker on progress made and areas for improvement. We viewed the most recent key worker report which showed people had enjoyed creative activities, listening to music, watching DVDs, socialising, visiting the farm, attending college and family visits.

The registered provider responded to people's changing needs. For example one family member described how staff had been pro-active in finding a more suitable bedroom for their relative due to their changing needs. They also commented on how staff had ensured a smooth transition to help their relative settle in without any concerns.

People had lots of opportunities to take part in activities both inside and outside of the home. One person said, "We go places, we have been to Butlins and Beamish." Staff said people had four activity sessions each day. Some of these were based around people's hobbies. Staff said people loved making things, such as greetings cards. "[My relative's] life at Park View encompasses many and varied daily tasks and interactions with both staff and residents. It is apparent when visiting to see just how much [my relative] is involved with everything around them." A health and social care professional commented people benefitted from a range of both individual and group activities which matched their interests.

People we spoke with gave only positive feedback about their care. People told us they knew how to raise concerns. Most said they would talk to the staff if they were worried. One person said, "I would talk to Ashley [Registered manager's name] or a member of staff." Another person said, "If you have a problem, talk to the staff." The registered provider had a complaints process which was made available for people to access if they wanted. There were no complaints on-going at the time of our inspection.

People had opportunities to give their views through attending regular 'service user meetings.' People from all three services the registered provider operated met together as a group. A pictorial agenda was prepared to help with people's understanding of what was to be discussed at the meeting. Minutes were also written in a pictorial format. Topics covered at previous meetings were staff, menus, care plans activities and outings. People confirmed they were all happy and enjoyed spending time together. Each meeting included a team building activity. Previous activities had been based around people's likes and dislikes. People had confirmed in the minutes they had enjoyed the activity and found it useful.

# Is the service well-led?

## Our findings

The home had an established registered manager who had been registered with the Care Quality Commission since 1 October 2010. We received positive feedback with people and staff telling us the registered manager was approachable. One person said, “Ashley [Registered manager’s name] is the best manager.” A family member commented, “Simply put [director’s name] leads by example.”

People said there was a good atmosphere in the home. One person said, “We are like one big happy family. I like the people here. There are no arguments.” Another person said, “We have a bit of fun.” One staff member said, “Most days the atmosphere is fine. It is a lovely place to work.” Another staff member said, “Everyone gets along.”

Staff told us they had regular team meetings. One staff member said, “[Team meetings] were very well attended. They are good to come to because we do training and discuss common issues. They are always positive.” Staff from all three of the registered provider’s services met together as a single team. Staff meeting minutes confirmed meetings were used to as an opportunity to discuss issues to improve people’s care, such as staffing rotas, people’s meal time experience and confidentiality. An action plan was developed following the meeting. Actions identified following previous meetings included improving team work, changes to working practices and ensuring staff followed health professional’s advice and guidance. Staff had given positive feedback about the service in the most recent staff survey.

The registered manager and all staff members we spoke with demonstrated a commitment to provide people with quality, person-centred care. They were positive about the registered provider’s work and had a very clear view about what the service did best. Their comments included, “Delivering the values in a supportive environment” and “Everything about the support.”

Regular ad hoc discussions took place with staff to deal with specific situations. For example, these had been held with individual staff to discuss time keeping, attendance at training and not following company policy.

The registered provider undertook a regular quality audit to check people received appropriate care. We viewed examples of previous audits. We saw these included checks of fire safety, housekeeping, infection control, accidents and maintenance. The registered provider checked people’s care records to ensure risk assessments, care plans and other key documents were up to date. Other checks carried out included checks on staff personnel files to make sure recruitment checks had been carried out correctly, such as the receipt of references and DBS checks.

There was a system of medicines audits in place. We viewed examples of previously completed audits. These showed medicines for all people were checked in May 2015 and September 2015 with a random sample of records checked in between. No concerns had been identified during the medicines audits we viewed.

The registered provider actively sought the views of health and social care professionals working into the service. We viewed the four replies from the most recent consultation in November and December 2014. Professionals responded positively to whether they felt people appeared happy, whether there were enough activities, access to local/wider community, whether people made progress and were given choices. Specific comments made included, “The whole team are fantastic go the extra mile and make sure that service users are stimulated”; “The home feels alive and positive, people are happy when you met them”; “[Staff] friendly and professional”; “Service users are always smart, dressed appropriately and take pride in welcoming you into their home”; and, “First class service.”

The registered provider had a ‘mission plan’ to develop all three services at Park View. The plan included aims, steps on how to achieve the aims and specific goals for 2015. For example, one identified aim was to develop the service through listening to people, staff, relatives and visiting professionals.