Aitch Care Homes (London) Limited

Alderton House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

Alderton House provides accommodation and non-nursing care for up to ten people with a learning disability or autistic spectrum disorder. There were eight people living in the home at the time of the inspection. Each person had their own bedroom in the house. There was a communal kitchen, dining room, and lounge and quiet room for people and their visitors to use.

This unannounced inspection took place on 18 February 2016.

At the time of the inspection there was a registered manager in place. 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.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

People felt safe and relatives said that they had no concerns about the arrangements that were in place to keep people safe. Staff built good relationships with people that enabled them to report any concerns to their own safety. People were involved in compiling their own risk assessments; the service supported people to maintain their independence and take managed risks. Staff had an understanding of how to protect people from harm and knew what action they should take if they had any concerns.

Staffing levels ensured that people received the support they required at the times they needed it. The service responded flexibly and robustly to ensure a suitable number of staff with the right skills and knowledge were available at all times. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service. People using the service were thoroughly involved in the recruitment procedures, with only the most appropriate staff being selected for a job.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were upheld.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed.

Comprehensive support plans, health plans and objectives for the future were in place detailing how people wished to be supported and had been produced in conjunction with people using the service. People had agreed what care and support they needed and were fully involved in making decisions about their support. People participated in a range of activities within the home or in the community and received the support they needed to help them to do this. People were able to choose how they spent their time and what activities they participated with. Some people had been supported to find employment.

People were provided with a choice of food and drink that they enjoyed.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible by everyone.

People had confidence in the registered manager and the way the service was run. The provider ensured the service was well supported and there were opportunities for people and staff to provide feedback about any improvements that could be made, and these were listened to and acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt very safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Comprehensive risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible.

Recruitment practices were in place and focussed on ensuring that only the right staff that could meet the needs of the people that used the service were employed.

Is the service effective?

Good

The service was effective.

Staff demonstrated their understanding of the Mental Capacity Act,
2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Capacity assessments, best interest decisions and DoLS applications were completed as appropriate.

People were supported to access the appropriate health care professionals as needed.

People's individual needs and preferences were respected so that the food and drink they enjoyed was provided.

Is the service caring?

Good

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind and caring.

People's rights to privacy and dignity were valued.

Is the service responsive?

Outstanding

The service was very effective.

People's support plans were flexible and were promptly adapted to meet people's changing needs. Staff had an excellent understanding of people's social and support needs and what they valued and helped them to achieve their goals.

People were supported to become independent and make their own decisions and staff respected this. People were encouraged to make goals towards gaining their independence and staff worked with people to achieve these.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

People benefitted from a person centred service, which actively sought their views and promoted individual well-being, inclusion and openness. The vision and values of the service were consistently demonstrated by staff in
their interactions with people and with each other.

Alderton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 18 February 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience in Autism Spectrum Disorders. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners and healthcare professionals that had contact with the service to obtain their views about the service.

During our inspection we spoke with eight people who lived at Alderton House, three relatives and one friend of a person living at Alderton House. We also talked with the registered manager, one team leader and four support workers. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home.

Good

Is the service safe?

Our findings

All of the people we talked with told us or indicated that they felt safe living at Alderton House. One person told us, "I'm very safe and happy here, staff are really nice." Another person told us, "I'm very happy here and feel safe, and if I was unhappy I would talk to staff or the manager."

A relative told us, "The home is very good and we are really pleased with what my daughter gets. Yes she is safe, we have no concerns whatsoever there." Another relative said, "I am really happy with my son's care and absolutely he is safe. He is a completely different person now to when he went in. Staff have worked so hard with him; we are delighted." A person's friend told us, "I only visit twice a year but staff are always very welcoming and yes I do believe [Person's name] is very safe and it's very reassuring to know that [person] is well cared for."

People were supported by a staff group that knew how to recognise when people were at risk of harm, what action they would need to take to keep people safe and how to report concerns. Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential abuse. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Information about how to raise a safeguarding concern was visible on a noticeboard in the home for people and their visitors to refer to. Safeguarding procedures had been discussed during supervisions and staff meeting to ensure that everybody was aware of the correct procedures to follow. This meant that staff helped to reduce the risk of people being harmed and were aware of the procedures to follow if they had any concerns.

The provider information return stated that, "Positive behavioural support plans for service users are in place to ensure that any behaviours that challenge are minimised, including early warning signs and working proactively." The registered manager told us that when a person has displayed behaviour that challenges others, they and anyone else affected by it are supported by the staff. Afterwards the incident is recorded and discussed with both the people involved and the staff. This had meant that staff had been able to identify the best approach to support people when they were displaying behaviours that challenge. For example, analysis of the incident reports for one person showed that they became unsettled when waiting for food to be cooked. Because the person liked one food in particular the registered manager had arranged for this food to always be available. This meant that the person remained calm. People had also been referred to the provider's positive behavioural specialist service for support when appropriate.

Risks to people had been assessed and action had been taken to reduce risks whilst still minimising the restrictions placed on them. For example, the registered manager stated that, "At Alderton House, three service users used to have monitors in their rooms to alert the staff if they were having a seizure in their room or on their bed. I put a referral in for assistive technology to see what new technology was out there to replace the monitors. Two service users now have seizure mats on their bed which does the same job but no one can hear conversations taking place anymore". They also told us that, "One service user in particular only has a door monitor on his bedroom door now. This is because their behaviours are very specific before a seizure and they will actively seek out the staff so it was felt that a door alarm that vibrates on a central

hand held device allows the team to monitor the person but in a less restrictive way than before using new technology available and without the need for a mat."

One person told us how, when they first Moved into Alderton House they were restricted from leaving the home on their own, for their own safety. However, they had expressed a wish to be able to go into the local village centre. In order to do this staff had assessed the risk and worked with them gradually withdrawing the support in stages. On the day of the inspection the person walked to a local shop with the staff waiting at the end of the road for them. They told us, "Staff come to the shops and stand on the corner and wait and it feels good to be independent." One person had expressed a wish to live on their own and the staff had completed risk assessments and designed tools and procedures for the person to follow that they could use to keep them safe. The registered manager told us that in order for some people progress they had to "engage with the risk, rather than being risk adverse."

There was enough staff to keep people safe, meet their needs and provide a personalised person centred approach to people's care and support. Staff had time to sit and talk to people and engage them in activities in the house and community. Where appropriate some people had one-to-one staffing provided. The registered manager stated that staffing levels were based on the needs of the people who lived at Alderton House. During times of staff absence the hours were covered by other members of the staff team, relief staff or if needed, agency staff. No agency staff had needed to be used since 1 January 2016. Relief staff were required to complete the same training, supervisions and appraisals as permanent staff. This meant that were sufficient numbers of staff working with the knowledge, skills and support they required.

There were effective recruitment practices in place and the registered manager worked hard to ensure that staff with the right skills, attitude and values were employed at the service. Prospective new staff had to complete an application form, telephone interview and face to face interview. People who lived at Alderton House had also been involved in the interview process and had asked the candidates questions that were important to them. If the candidate were successful during their interview they were also invited to spend time with people so the registered manager could observe how they interacted with people. People were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions with the Disclosure and Barring Service (DBS) and satisfactory employment and personal references were obtained before they started work.

Staff recorded all accidents and incidents and these were analysed by the registered manager. Any patterns were identified. This would ensure any learning was identified and adjustments were made to the care and support people received. This reduced the risk of an incident occurring again. The accident and incident forms were also submitted to the provider so that they could analyse them and provide any support that was needed or raise any issues with the registered manager.

Staff told us and records confirmed that they had completed administration of medication training. The registered manager stated and staff confirmed that all staff completed an annual competency assessment to ensure that they were following the correct procedures when administering medication. The medication was stored securely. At the front of the medication administration record for each person there was detailed guidance about how to administer their medication. The purpose and precautions were also recorded so staff had the information easily available. Protocols for medication that was administered on a "when required" basis were clear and cross referenced people's care plans so that they were only administered when necessary. The records of medication administered were accurate and showed that people were receiving their medication as prescribed.

The PIR confirmed that equipment used in the home had been regularly tested. A 'disaster' plan was in plan

to be used in the event of an emergency or untoward event.

Good

Is the service effective?

Our findings

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When best interest decisions had been made these had been recorded. The registered manager stated that they used different ways of explaining decisions to people. For example, they used scenarios or pictures so that people could understand the decision they needed to make. When needed DoLS applications had been submitted. Three DoLS had been authorised and were being kept under review to ensure they were still appropriate. This meant that people were only having decisions made on their behalf or there liberty restricted after following the correct procedures.

There were systems in place to ensure that any lawful restraint was only used as a last resort, appropriate and recorded. The registered manager stated in the PIR that, "The amount of physical interventions have reduced dramatically over the last few years for most individuals. There are proactive and positive behavioural support plans in place for individuals that challenge. The staff team are aware that they can only use the physical interventions they are taught with the correct person it is prescribed for."

People received support from staff that had received training which enabled them to understand the specific needs of the people they were supporting. Staff received a comprehensive induction and were required to complete mandatory training which included safeguarding, health and safety, and first aid. Staff told us that the training programme equipped them for their roles. The training record showed that most staff were either up to date with their mandatory training, or this training was scheduled to take place. There was evidence that staff had the opportunity to undertake additional relevant training from time to time. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Two of the people living at Alderton House had agreed to become "Champions" in areas that interested them. One person was the "Health and Safety Champion" and as a result of their observations an area downstairs had been repainted. There were six "Staff Champions". The champions each took a lead role in one area including supporting independence, new menu choices and cooking skills, service user input, medication, transitions and referrals. One person had stated that they would like to move into supported living. The registered manager told us that two of the staff champions had, "worked with the person to help them realise their potential and become ready for supported living. This is very meaningful to both of them,

specifically [name of the person] who has been working on this plan over the last 12 months to get to the point where he has the skills he needs to move on successfully."

Staff had the guidance and support when they needed it. Staff were confident in the registered manager and were happy with the level of support and supervision they received. Relief staff also received the same support and training as the permanent staff.

People were supported to maintain a healthy diet. One person said, "The food is nice and we choose the menu, staff help me with shopping and we get lots of drinks here." People's care plans were individualised to record the support each person required with mealtimes, and where necessary additional support had been obtained from appropriate professionals. For example, one person had been at risk of choking when eating and drinking so a referral to a speech and language therapist had been made. This meant that they could carry out a swallowing assessment and provide guidance for the person and staff to follow.

Where needed people had fluid charts in place and these were being monitored daily and any necessary action taken. For example, one person did not like drinking fluids other than when they were in the bath. If their fluid intake had not been sufficient then staff ensured they had access to drinks whilst in the bath.

The weekly menu was displayed in picture format so that people knew what was on the menu. If people did not like the options then they could choose something else. For example, we saw one person eating pasta for their breakfast. It was explained that the person would only eat limited choice of food so staff prepared what they enjoyed. The person also became agitated if the food was not quickly available. To avoid this from happening staff had suggested cooking pasta each morning so that it was quickly available throughout the day. The menu choices had been discussed at the residents' meetings and we saw evidence that suggestions had been and acted on. People's weight was monitored regularly to asses if they needed any support in this area. For one person who wanted to reduce their weight the staff were using innovative ideas to increase the person's exercise. The person enjoyed going out for a walk if they found it amusing. For example, one member of staff had used strategies whilst out for the walk which encouraged the person to walk for longer distances.

Discussion with people and records showed that people had been supported to access health care professionals as needed. There was a strong working relationship with the local GP. The registered manager told us, "I work very closely with the local LDP (Learning Disability partnership) team and specifically with [name of person's] care manager regarding his increasingly challenging behaviour and also his lack of sleep. By having this conversation, it triggered a health assessment with the community nurse; review with the local psychiatrist; review of his medication between myself and his GP; and a referral to the internal PBSS (positive behaviour specialist service) team with Regard. By doing this we have implemented the use of a slow release melatonin tablet which has enabled [person's name] to become much calmer and happier, dramatically reducing his behaviours and frequency of incidents."

One person became very anxious when they knew that they had an upcoming appointment with a health professional. The person had asked staff to manage their appointments and only tell them the day before the appointment. This meant that their level of anxiety was minimised.

Good

Is the service caring?

Our findings

People and their relatives involved in the service consistently commented on the caring approach the staff at the service provided. One person said, "Staff are kind and caring and look after me well, I would tell somebody if I wasn't happy and they would sort things out for me". Another person told us, "Staff are lovely and kind and caring yes, I am not worried (about being safe)." Another person told us, "Staff treat with me with respect and are brilliant. Staff talk to me all the time and staff are helping me with moving to my own place soon. I am getting a flat and they are helping me with that as well."

One relative told us, "Staff are dedicated and really do care. I would give them ten out of ten for everything, they are fantastic." Another relative said, "Staff are excellent at this home and it's very much person centred. I think I am really happy with it all. It's a lovely place." A third relative stated, "Staff know [person's name] and it's the most stable I have seen her for years. She is not a number there but a person and they really do understand her routines." One relative told us, "Staff listen to [person's name] even though he is non-verbal and observe his behaviour. They also listen to us, which is equally important as well; we are treated like family. The effort they put in for us and extended family have been brilliant. They send birthday and Christmas cards to every family member and to one relative in Australia that cried buckets to have received a card from [person's name] with his mark in it!! That's outstanding I believe."

Staff had an empowering and empathetic attitude when supporting people and their personal development. Staff had a detailed knowledge of the people they were supporting and understood when it was appropriate to offer additional support and guidance, and when people needed to assess and resolve situations with little support or gentle guidance. One person told us, "Staff are helping me become more independent now and it feels good." One member of staff told us, "I enjoy my job; every day there is something new. I go home feeling like I've done something good today and made a difference. If people want to do something we go with the flow."

Support plans had been written in a way that promoted people's privacy, dignity and independence. For example, people were encouraged to take part in household chores to increase their independence. One care plan stated, I'm good at doing my laundry but I do need help to keep on top of it and to know how much a load of washing is." People confirmed that staff always knocked on their bedroom doors and waited for an answer before entering. We saw this happening on the day of the inspection. People were involved in writing their care plans and setting their goals for the future.

People had been encouraged to make decisions about their care. For example, one person preferred to only be supported with personal care by a male member of staff. This was always respected.

People told us that their family and friends could visit at any time. One support plan we looked at included information about how the person would like help from staff to maintain their friendships. Staff were able to tell what support and advice they gave to people about maintaining relationships with people important to them. It had been arranged for one person to attend a discussion group about relationships

The recent relatives' survey had identified that they would like to know more about what was happening with their family member. In response to this, with people's permission, the registered manager sent a monthly newsletters to people's parents to keep them up to date. The contents of the letter was discussed and agreed with people before it was sent.

People had been supported to find advocacy services when they needed it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Outstanding ☆

Is the service responsive?

Our findings

One relative told us, "Staff are very responsive and they have always answered any queries I may have." Another relative said, "They [staff] are very responsive to my son; they know his needs well. A particular staff member has worked with my non-verbal son to say the word "Mummy" "Daddy" and when we went to collect him for the first time ever in over 20 years he spoke "Mummy" and "Daddy"!! We could not stop crying!!! Outstanding."

One health care professional stated, "I find the [registered] manager able to understand the emotional issues for my client with poor mental health needing to feel reassured and safe. She is able to represent these needs and support the client at meetings as well as making choice accessible."

Staff were able to tell us how they supported people to make choices. People confirmed that they could make decisions about what time they wanted to get up and go to bed, what they had to eat and how they choose to spend their time. People were also involved in setting goals for the future and how their progress was monitored. For example, one person who wanted to live on their own was aiming to remember each day to go and ask staff for their medication rather than staff asking them if they would like to take it. When they remembered to ask this was recorded on chart in the office for them to see. This showed us that people could make choices about things that affected them.

Support plans, health care plans and goals for the future were in place for each person which included information about what areas of their lives people needed support with. Support plans we looked at were detailed and included the information that staff required so that they knew how to meet people's individual needs. For example, one person's care plan stated, "I can follow up to three instructions at a time if it is an activity I'm familiar with." The support plans included information about people's personal history, likes and dislikes, what they were good at, hopes and dreams and interests. People told us that they had been involved in their care plans and agreed with what had been written.

People trusted staff to understand and support them to meet their values and beliefs. People felt comfortable and confident to disclose sensitive information about themselves and staff supported people to obtain external support, if they needed to. People were in control of the support they received, and whether family or professionals were informed about sensitive disclosures they had made to staff. People were given opportunities to meet their sexual, religious and cultural needs in a variety of ways.

Staff went the extra mile to ensure the support people received was appropriate for their needs but empowered people to make their own decisions regarding this. For example, one person's decline in their mental health had resulted in her feeling that they were unable to walk - or at times - talk. Regarding her walking, the registered manager worked very closely with her therapist as well as the care manager on how best to work with the person through this. The purchase of a hi/low bed for her was organised to help the person transfer more easily, between the wheelchair and the bed. It also made her feel listened to and cared for as using mobility equipment is a way of her feeling safe and cared about. As well as this, the staff understood that even though she could physically do these tasks, her mental health 'took over' and they

accepted that she became scared of doing these things and needed their support emotionally and physically to help her through this. Infection control consultants were approached at the time and together with the registered manager and staff they found a 'best fit' that suited the person's needs as well as ensuring the staff were safe.

The registered manager stated in the PIR that, "Each service user is allocated a key worker and co-key worker who will take a greater responsibility in supporting the individual, using a range of methods including key worker meetings and reviews and acting in accordance with their wishes and best interests. Monthly service user meetings are held, the contents of these meetings are reviewed by the manager and feedback is given to everyone."

Staff helped people to plan and co-ordinate activities according to their interests. One person told us, "Staff always respond to me and I have lots of things to do here." There was a board displayed in the office so staff could see who they would be working with that day and if they had any appointments or activities planned. People were given the choice of what they would like to do. Regular activities included swimming; baking; eating out; sensory sessions; badminton; fun and games session; art therapy; pamper sessions and going to the pub. During the inspection one person went out to a pottery decorating shop and enjoyed bringing back what they had made to show the registered manager. One person, who had previously always had to have staff with them when they moved into the home, had progressed so much they were able to go out fishing on their own. On returning from their fishing they told us how much they enjoyed going. Staff had liaised with a local café to enable one person to use it. The person did not tolerate waiting for the food to be prepared so it had been agreed that staff would telephone an order through and the food would be waiting for them when the person arrived. The café had prepared the food in a certain way just how the person liked it. Staff engaged with people well and did not miss opportunities for engagement. For example, when staff walked into a room they talked to everyone to check how they were.

People had been supported to find voluntary and paid employment. Staff had supported people in sending out letters to local companies enquiring about vacancies. Emotional support had been given so that people could deal with the disappointment if they were not successful. Two people had jobs at local shops.

People told us they were aware of how to make a complaint and were confident they could express any concerns. A complaints procedure was displayed in the home, it was available in picture format and had been discussed at the 'Resident's meetings.' Staff were aware of the procedures to follow if anyone raised any concerns with them. One complaint had been received and had been dealt with appropriately.

Good

Is the service well-led?

Our findings

We were told by people who used the service, their relatives and staff that the registered manager was approachable. One person told us, "[The registered manager] is lovely and she is a good manager; she will always help". Another person said, "It's a lovely place and it's nice here. The [registered] manager is lovely". Another person stated, "I think everyone is good here and the [registered] manager is really nice." Another person told us, "The [registered] manager is very good and [name of a team leader] is brilliant!! I like everyone really."

One relative told us, "The [registered] manager is doing a super job and knows her staff, fantastic really." Another relative stated, "It doesn't matter what [name of their family member] throws at them, they can manage. He has been thrown out of every place going but this place.The, [registered]manager and team have turned him around, they have managed him brilliantly."

The registered manager had strong and clear values about the support and care being person centred at Alderton House. Staff shared the same values and discussion with people, their relatives and professionals showed that these values were being put into practice. One health care professional who regularly visits the home stated, "I find the management team excellent in their understanding of the clients and their willingness to hear my views." They also stated, "I find the registered manager able to understand the emotional issues for my client with poor mental health needing to feel reassured and safe. She is able to represent these needs and support the client at meetings as well as making choice accessible."

From discussion with the registered manager it was clear that she knew all of the people living at Alderton House really well. The registered manager showed us the service development plan which included the aspirations and goals for each individual and how they could be achieved. It also included the action the registered manager and staff were taking to continue to improve and develop the service. For example, the team leaders were going to be trained in staff supervision. This would allow the registered manager more time to focus on other areas of her role whilst still ensuring that the staff got the support they needed.

The registered manager had a staff training matrix in place so it was easy to identify which staff had completed their training and if any were due refresher training.

The registered manager stated in the PIR, "At Alderton House staff and service users are encouraged to share their views, this can be done during; regular staff and service user meetings,
monthly key worker meetings, service user reviews, staff supervisions and appraisals and bi-annually surveys. The Locality Manager visits the service regularly and spends time observing interactions between staff and service users, they are available to talk to anyone during their visit and often discuss areas of good practice that they observe and also will discuss any concerns people may have. Regular audits are carried out to ensure compliance." Discussion with people and staff and looking at records confirmed this was taking place.

'Resident's meetings' were held regularly. This was an opportunity for people to raise any concerns or

express ideas. We saw that action had been taken in response to ideas raised. For example, not everyone was aware of who their keyworkers were. In response to this one person had a picture of their keyworker in their bedroom to help them remember.

There were robust arrangements in place to consistently monitor and improve the quality of the service The registered manager carried out monthly audits on the quality of the service provided. Audits looked at a wide number of areas including medication, health and safety and people's support plans. The registered manager took action where improvements were identified.

Staff were encouraged to share their views about the service. Staff surveys were used to highlight any areas they thought improvements could be made. For example, the handover process had been changed to make it more effective. The registered manager stated, "I introduced a 'compliments and niggles' box about nine months ago. This is for the staff to be able to vent any issues they have by writing them on a 'post it' and popping it in the box. The idea was to encourage the staff to air anything and then by writing it down, it will help them to 'let it go' because they know I will be reading it and dealing with it accordingly. This was in addition to the open door policy I already have in place."

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed CQC of significant events in a timely way which meant we could check that appropriate action had been taken.