

## Royal Mencap Society

# Royal Mencap Society - 50 Belle Vue Grove

### Inspection report

50 Belle Vue Grove, Middlesbrough. TS4 2PZ  
Tel: 01642 851160  
Website: [www.mencap.org.uk](http://www.mencap.org.uk)

Date of inspection visit: 27 March 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

The inspection visit took place on 26 and 27 March 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on 4 June 2013 and found the service was not in breach of any regulations at that time.

50 Belle Vue Grove, also called Cinnamon House is a large detached house situated within a suburb of Middlesbrough. It is within walking distance of local amenities. The property has a large garden and patio and

bedrooms across both floors. There are also a number of bathrooms, one of which is a wet room. Belle Vue Grove provides accommodation for people who have mental health needs, learning disabilities, and broad spectrum autism. There were four people living there at the time of our inspection.

There is a registered manager in post. 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.

Four people we spoke with told us they felt safe at 50 Belle Vue Grove. We discussed safeguarding with staff and all were knowledgeable about the procedures to follow if they suspected abuse. Staff were clear that their role was to protect people and knew how to report abuse including the actions to take to raise this with external agencies.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 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.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people with mental health problems and providing person centred support. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that two staff routinely provided support to four people.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development. We also saw a regular programme of staff meetings where issues were shared and raised. We saw that staff were recruited using procedures to check they were safe to work with vulnerable people.

The service encouraged people to lead a safe and active lifestyle. People were supported to be involved in the local community as much as possible. People were supported to access facilities such as the local G.P, gym, shops and leisure facilities as well as to use the facilities in the service such as the kitchen for cooking meals.

There was a system in place for dealing with people's concerns and complaints. Three people told us they

would talk to staff if they were unhappy with anything. The staff we spoke with all told us they could recognise if people they supported weren't well or were unhappy and what measures they would take to address any concerns.

We saw staff treating people with dignity and respect and observed staff caring for people in a gentle and polite manner.

People were encouraged to help prepare menus and food with staff support and on the day of our visit people prepared their lunch independently. People were encouraged to follow a healthy eating programme and staff worked with people to plan menus and to shop using budgeting skills.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create care plans which were detailed and person centred. Care plans were regularly reviewed and involved the person as much as possible. We observed one person who had just moved to the service, writing their own care plan with the support of the registered manager.

We reviewed the systems for the management of medicines and found that people received their medicines safely and there were clear guidelines in place for staff to follow.

We found that the building was clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home and there was plenty of personal protective equipment to reduce the risk of cross infection. We saw that audits of infection control practices were completed.

We saw that the registered manager utilised a range of quality audits and used them to critically review the service. They also sought the views of people using the service and their families on a regular basis and used any information to improve the service provided. This had led to the systems being effective and the service being well-led.

Accidents and incidents were also reviewed by the registered manager and appropriate measures taken to reduce the risk of any further re-occurrence.

# Summary of findings

The service worked closely with other healthcare professionals to ensure people's mental health needs were supported and monitored.

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There is a registered manager in post. 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.

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There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 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.

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providing person centred support. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that two staff routinely provided support to four people.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development. We also saw a regular programme of staff meetings where issues were shared and raised. We saw that staff were recruited using procedures to check they were safe to work with vulnerable people.

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We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create care plans which were detailed and person centred. Care plans were regularly reviewed and involved the person as much as possible. We observed one person who had just moved to the service, writing their own care plan with the support of the registered manager.

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We found that the building was clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home and there was plenty of personal protective equipment to reduce the risk of cross infection. We saw that audits of infection control practices were completed.

We saw that the registered manager utilised a range of quality audits and used them to critically review the service. They also sought the views of people using the service and their families on a regular basis and used any information to improve the service provided. This had led to the systems being effective and the service being well-led.

Accidents and incidents were also reviewed by the registered manager and appropriate measures taken to reduce the risk of any further re-occurrence.

The service worked closely with other healthcare professionals to ensure people's mental health needs were supported and monitored.

# 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?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Good



### Is the service effective?

This service was effective.

People were supported to gain and maintain cooking and shopping skills by staff and people were supported to enjoy a healthy lifestyle.

People's healthcare needs were assessed and people had good access to professionals who visited the service regularly.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



### Is the service caring?

This service was caring.

Staff at the home demonstrated support and care to people with a range of mental health difficulties in an empowering way and supported people to greater levels of independence.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

We saw people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was responsive.

People's care plans were written with the person who received the service. Plans described how people wanted to be communicated with and supported.

The service provided a choice of activities based on individual need and people had one to one time with staff to access community activities of their choice.

There was a clear complaints procedure. People and staff stated the registered manager was approachable and would listen and act on any concerns.

Good



# Summary of findings

## Is the service well-led?

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Good



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## Detailed findings

### Background to this inspection

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

The inspection visit took place on 27 March 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed comprehensively.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we focussed on spending time with people who lived at the service, speaking with staff, and observed how staff supported people who used the service. We also undertook pathway tracking for three people to check their care records matched with what staff told us about people's support needs.

During our inspection we spent time with four people who lived at the service, one relative, four support staff, and the registered manager. We observed support in communal areas. We also looked at records that related to how the service was managed, looked at three staff records and looked around all areas of the home including people's bedrooms with their permission.

# Is the service safe?

## Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; “It’s about keeping individuals safe at all times and includes financial abuse.” And “The phone numbers for us to contact safeguarding are all on the office wall.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. One staff member told us; “I’d document any concerns, contact the safeguarding authority and if it was about X (the registered manager) I would go above her head.”

Staff told us they felt confident in dealing with emergency situations and told us there was a clear evacuation plan for who was to assist each person in the event of a fire.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We witnessed staff using PPE when cleaning. We spoke a staff member who said they had been trained in infection control procedures and they discussed it at every staff meeting. One person was the infection control champion and was responsible for cleaning schedules and checking mattresses.

We spoke with one staff member who was responsible for the management of medicines at Belle Vue Grove. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. We were shown all the medicines and procedures by the medicines lead who was very knowledgeable in this area. The medicines room was clean and tidy and temperatures were checked daily to ensure

medicines were stored appropriately. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were very specific including protocols for each person on their “as and when” required medicines to ensure these were given consistently and safely. Each person also had a medication profile detailing any allergies. We saw that staff had noticed a contra-indicator (something that may react with other medicines) on an antibiotic that had just been prescribed for a person with their usual medication and they immediately sought advice from the GP about this. The staff carried out a weekly medicines audit and there were clear systems in place for ordering and disposing of stock. We saw that one person was being supported to manage and self-administer their own medicines with staff support. There was a clear plan in place for this and the service had just received a lockable storage facility that was going to be installed in the person’s room. The person told us; “I’m working towards self-administering and I’m getting a cabinet in my room.” One staff member told us; “I’m talking to X (person who used the service) about side effects and telling X they can feel free to tell staff if something goes wrong with taking their meds.”

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. At the time of our visit there were three support workers and registered manager on duty. No one raised any concerns about the level of staffing at the service.

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of one staff member



## Is the service safe?

who had been recently recruited to the service. We saw that all appropriate checks such as references and evidence of identity had been sought and recorded. The registered manager explained that scenario based questions were asked at interview which showed that potential applicants understood the nature of the service and type of support to be given.

Risk assessments had been completed for people in areas such as risks associated with going out into the community and risk taking behaviour. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment in place. The manager told us that the service sought to promote a balance between managing risk and independence in a positive framework. For example, people were able to access local shops and facilities without staff support where this was appropriately risk assessed.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested. One staff member was the health and safety lead and completed a report each month to ensure that the environment had been checked for safe equipment.

The registered manager undertook a regular review of any accidents and incidents occurring at the service. We saw that where actions had been identified for improvements that these had been addressed immediately.

# Is the service effective?

## Our findings

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services who lack capacity to make decisions by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was one person using the service for whom an authorisation was in place. We saw that staff appropriately completed a capacity assessment and used an assessment tool to assist them to make 'best interests' decisions. Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people. One staff member told us; "It's about getting people to understand why restrictions may be in place." The person told us; "I've got a DoLS in place, I don't like it but I know I need to work with the staff and my community nurse and they might remove it." The decisions were person specific and were made in consultation with the person, family and other professionals. We found the location to be meeting the requirements of the Mental Capacity Act 2005.

All staff had an annual appraisal in place. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. There were also monthly staff meetings in place. One staff member told us; "I've just had my appraisal and every couple of months we have an official supervision but you can have a winge or talk to the manager at any time, you can ring her anytime."

The home had an induction checklist in place which included an induction to the home and then a formal induction programme. We saw that new staff completed the following induction training modules; moving and handling, first aid, food handling and a comprehensive health and safety induction as well as an introduction to the provider's vision and values and safeguarding people.

We viewed staff training records and saw the vast majority of staff were up to date with their training. We looked at the training records of two staff members, which showed in the last 12 months they had received training in food hygiene, medicines administration level 3, fire, safeguarding, managing risks, health and safety, Deprivation of Liberty

Safeguards and the Mental Capacity Act 2005 amongst others. One staff member told us; "I was the training co-ordinator last year and kept on top of people keeping their training up to date and everyone was green on our scores." We were also told; "The training is really good and covers all areas and is very specialised for example we have had training on sexualised behaviour. We asked for autism training and we got it but it wasn't really helpful for our service so we good more specific support from the local forensic services and this really helped." The registered manager told us; "We have had some relapse prevention training and have asked for more from community nurses around the "slippery slope" so we can do this with people to help them recognise when their mental health might be deteriorating." This showed that staff received training to ensure they could meet the needs of people who used the service.

One staff member told us they were part of a scheme run by the provider to nurture development. They said; "I am doing mental health and psychology level 3 at an open study college, I wanted to learn more about mental health and schizophrenia to ensure we avoid the stereotypes that often accompany these "labels" about people."

Each person had keyworkers at the service who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice, although staff pointed out to us that they would address anything that needed doing for someone immediately rather than wait for their keyworker to be on shift.

The home had an accessible kitchen and we saw that mealtimes and menus were flexible to meet the needs of the people using the service. Each person using the service cooked for themselves with staff support if it was needed. One person told us whilst laughing; "I do cooking on a night and I'm rubbish!" and we observed one person preparing their lunch and they talked to us about healthy eating and the choices they made when they were shopping for food.

Staff told us they prepared the Sunday meal when everyone sat together to eat but their role was to promote people cooking for themselves and making healthy food choices.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they supported people to eat healthy and nutritious food.

## Is the service effective?

We saw that the service had made a referral to the local dietician for one person; the registered manager said this was to ensure the service was following the right procedures for a healthy eating programme. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored.

The registered manager told us that community nurses, social workers and other specialist professionals visited and supported people who used the service regularly. We witnessed the registered manager discussing with one person who had moved to the service the day before about whether they wished to stay with their current GP. The

person was given a choice and chose to remain with their current GP. One person told us; “My community nurse has been this morning, I have known him 17 years and he’s great.”

Everyone had a Health Action Plan which was reviewed monthly as well as an annual health check with their GP and were accompanied by staff if needed to hospital appointments. The service had a “grab card” which contained up to date information about people’s medicines and health if this was required for a GP or clinic visit. The service also shared any incidents with social workers and community nurses via an agreed form which meant that people’s behaviour was monitored in a multi-disciplinary way. This showed that staff worked with other specialists to ensure people’s healthcare needs were responded to promptly.

# Is the service caring?

## Our findings

We spoke with four people using the service, all of whom were extremely positive about the staff and registered manager at the service. One person told us; “The staff talk and listen here much better than anywhere I have ever been before. I like to be independent and they let me and are there if I need them.” Another person said; “It’s great here, the staff are great.” We saw staff interacting in a very positive way throughout the inspection and there was lots of fun and laughter with people who used the service.

The service had a dignity champion in place and we observed support being delivered in a caring and dignified manner during our inspection. One staff member told us; “We don’t go in people’s rooms unless they are in and we always knock.” We witnessed the registered manager talking through one person’s support plan and they did this in a way that ensured their confidentiality and explained the process to them in terms the person could understand. The registered manager continually checked that the person was happy with what they were writing and checked their understanding of it.

One staff member told us; “We do encourage people to be as independent as possible, sometimes its things like cooking, cleaning and ironing and sometimes we have to be very hands on support as some people have very little skills in these areas.” One person told us; “We all have our jobs to go and I need nagging to do mine!”

We asked staff about what skills were required to provide effective care for people. They told us; “You need to be a good listener and to be forward thinking.” And “You always have to be professional and be aware of ensuring good boundaries.” One staff member told us; “It’s really important we get to know people on an individual basis, I’ve done loads of new things and had new experiences since I have worked here, I have even been fishing!”

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required. The registered manager told us the service usually accessed one particular advocate on behalf of people who knew the service well and had supported people in a positive manner previously. We witnessed the registered manager asking a person who had newly moved into the service whether they had an advocate currently or would like one.

# Is the service responsive?

## Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service, relatives and staff on a regular basis and this was recorded. The complaints policy also provided information about the external agencies which people could use if they preferred. Staff told us; "Everyone here has a copy of the complaints procedure. If someone raises a concern we remain unbiased and document it straight away and alert the manager."

One person had been in the process of transitioning to the service from hospital for the last two months. We saw they had a clear transition plan which included a care plan, relapse and intervention plan and risk assessments. The registered manager said; "We've got to know him and he's got to know us." The person moved to the service the day before our visit and they told us they were settling in well and were happy. We witnessed this person writing their own care plan with the registered manager and being fully involved in decision about how they wanted their support to be provided.

Staff demonstrated they knew people well. They told us; "The changes and education we see with the lads is amazing." We saw that for one person who had a hearing impairment that the service had sought equipment such as a vibrating alarm that went off under the person's pillow if the fire alarm was activated and also a door light that flashed to show the person that someone was knocking at their bedroom door.

Staff told us they worked flexibly to ensure people were supported with community activities or if people had appointments. There was a daily handover that included checks on activities, monies, cleaning duties, fire safety and kitchen checks. We also witnessed staff reading through a communication book when they came on duty so people were up to date with developments in the service.

Staff told us that activities were based around people's needs and likes as well as encouraging people to access the community as much as possible. One person told us they loved going to the gym and enjoyed lifting weights.

Another person said they liked going to local cafes and placing a bet. They also told us they were going to a forthcoming international football match the following week.

We looked at three care plans for people who lived at Belle Vue Grove, one of which was for a person who had only moved to the service the previous day. They were all set out in a similar way and contained information under different headings such as "my support," a one page profile (a summary of how best to support someone), a relationship map, a key information sheet, and was important to someone in how they led their daily life. We saw information included a decision making profile and agreement and the care plan was written with the person. There was information for people on their rights if they were under a section of the Mental Health Act and two people we spoke with told us they knew about their rights as staff discussed this with them. This showed that people received care and support in the way in which they wanted it to be provided. One person told us; "I know about my care plan, we've just reviewed it." Another person who had just written their care plan with the manager was also asked if they wanted a copy for themselves to which they agreed and this was printed off straight away.

Staff told us that keyworkers reviewed care plans on a monthly basis with the person. These reviews were very detailed and covered people's mental and physical health, medicines, activities, community participation, family contact, domestic tasks, finances and how the person had interacted within the house with other people. One staff member told us; "I need to get to know someone. People come with information from the hospital, and we do a basic care plan and then we do more often week to week as we learn more about the person. Sometimes what you see on paper in an assessment from somewhere else isn't reflective about that person and so we build their trust as we go along."

We saw a daily record was kept of each person's support which were very detailed. These records gave update son specific goals that the person was working towards such as road safety and safety in the community. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist.

## Is the service responsive?

The service utilised the NHS Samurai model of risk assessment which is specific to mental health services. We

saw that these assessments were individualised for example one person had one in place for the risk of financial exploitation and another for use of a mountain bike.

# Is the service well-led?

## Our findings

The home had a registered manager. The registered manager had been in post for several years and we observed they knew people who lived at the service and staff very well. The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said; “You can go to her at any time of the day or night for anything.” People who used the service also told us they could talk to the registered manager about anything.

We saw that the provider sought the views of people using the service via meetings although staff told us; “We play it by ear if people want to get together and talk about issues within the house as some people don’t always want to contribute in front of other people so sometimes we just talk to individuals and share views that way.” At the last meeting in December 2014 people had talked about safety, complaints, whether they felt safe and whether they had any ideas or suggestions for the service. We also saw the service carried out surveys which asked people about choices, the support they received, staff and their care plan amongst other things. The service also shared a survey with visiting professionals and we saw two had been submitted in the last year and were very positive about the service and staff team.

The registered manager told us about their values which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having the choices and opportunities to live as normal a life as possible and the feedback from staff confirmed this was the case.

Staff told us that morale and the atmosphere in the service was excellent and that they were kept informed about matters that affected the service.

Staff told us they met together on a regular basis. We saw minutes from monthly staff meetings, which showed that items such as day to day running of the service, policy of the month, training, medicines and feedback from the provider’s managers meetings and any health and safety issues were discussed.

The registered manager carried out a wide range of audits as part of its quality programme. The registered manager explained how they routinely carried out audits which that covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example the registered manager explained that medicines had shown some work was required following an external audit by the pharmacist and so the service changed their process and communicated this through staff meetings and handovers. The service was also visited by the regional manager on a regular basis and they also carried out a documented audit of standards of care and the environment. This showed the home had a monitored programme of quality assurance in place.

During the last year, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.