Cosford House Limited

Cosford House

Inspection report

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East Riding of Yorkshir
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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

Summary of findings

Overall summary

This inspection of Cosford House took place on 31 March 2016 and was unannounced. At the last inspection on 3 September 2014 the service met the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Cosford House is registered to provide personal care to men with mental health needs. The service has been in operation for more than ten years as a supported people service providing a supportive environment for the men, who all live there as tenants. However, the service registered with the Care Quality Commission in autumn 2013 in order to provide personal care, when necessary, for up to 10 of the people living there. This enables those people to remain as tenants, but receive care and support from the established staff team working at Cosford House. The service is located in the centre of the town of Bridlington; just a few minutes' walk from the harbour and is provided from a large property that has been divided into two: there is a secure back yard/garden. At the time of this inspection the service was providing personal care to 10 people and 23 people were living at the service.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager that had been registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection people told us that they felt safe whilst living at Cosford House. People's needs were assessed and risk assessments put in place to reduce the risk of avoidable harm. People were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns. Staff were trained in safeguarding adults from abuse and understood their responsibilities for protecting people from the risk of harm.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to evidence this. Staffing numbers were sufficient to meet people's needs and we saw that staff rotas accurately cross referenced with the people that were on duty. People's medicines were administered safely by trained staff and the arrangements for ordering, storage and recording were satisfactory.

The registered provider had an effective recruitment and induction programme and provided on-going training to make sure staff had the necessary skills for their roles. Staff told us they felt well supported and understood their roles and responsibilities. They told us they had positive relationships with other healthcare professionals and this enabled them to effectively support people when the need arose. Communication was effective and we found that staff understood the requirements of the Mental Capacity Act 2005 (MCA) and they encouraged people to make their own choices and decisions about daily living.

We assessed that people received compassionate care from kind and considerate staff and that staff knew about people's needs and preferences. People were supplied with the information they needed at the right time and were involved in all aspects of their care and support.

People's wellbeing, privacy, dignity and independence were respected by staff and people were supported according to their person-centred care plans, which reflected their needs well and which were regularly reviewed. People had the opportunity to engage in a variety of pastimes and activities if they wished to.

People had opportunities to make their views known through direct discussion with the registered manager or the staff and through a more formal complaints procedure. People told us they had no complaints about the service and were happy with the support they received.

The service was well-led and people had the benefit of this because people told us the culture and the management style of the service was open, positive and inclusive. The registered manager monitored the quality of the service using audits, meetings, regular checks of systems and good communication. However, we have made a recommendation about quality monitoring systems.

People were assured that recording systems used in the service protected their privacy and confidentiality, as records were well maintained and were held securely on the premises.

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.

Staff had been recruited safely and there were sufficient numbers of staff employed to ensure people received a safe and effective service.

People that used the service were protected from the risks of harm or abuse because there were safeguarding systems in place and staff received training and were aware of their responsibilities.

Staff had received training and guidance was followed to help manage people's medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that had received appropriate training and competency checks to meet appropriate standards of care and people's needs.

Staff we spoke with understood the importance of, and had an understanding of the Mental Capacity Act 2005 (MCA).

People told us they were happy with the meals provided at the service. They told us they had positive relationships with staff and other healthcare professionals who supported them when the need arose.

Is the service caring?

Good

The service was caring.

People's independence was encouraged and supported. We observed people were treated with dignity and respect by staff and they understood how to maintain people's confidentiality.

People's care and support needs were understood by staff, and people told us they were encouraged by staff to be as independent as possible.

People who lived at the service told us that staff were caring and we observed positive relationships between people who lived at the service and staff. Staff were observed to be professional, kind and attentive when supporting people who used the service.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their care plans set out how these should be met. Plans reflected people's preferences and focussed on giving people as much independence as possible. Staff were knowledgeable about people's support needs and their interests and this enabled them to provide a personalised service.

People's views and opinions were sought and their ideas and suggestions were responded to. People were able to share their views about the service and told us they had no complaints about the service they received.

Visitors were made welcome at the service and people were encouraged to take part in suitable activities.

Is the service well-led?

Good

The service was well led.

There was a manager in post who was registered with the Care Quality Commission. People told us they felt the service was well run. The service was open and promoted a positive culture. People and staff felt supported by the registered manager.

The registered manager monitored the quality of the service and the care provided and there were sufficient opportunities for people who lived at the service and staff to express their views about the quality of the service provided.

There was a clear management structure in place and staff understood their roles and responsibilities.

Cosford 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 checked 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 took place on 31 March 2016 and was unannounced. One Adult Social Care (ASC) inspector carried out the inspection.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from East Riding of Yorkshire Council's (ERYC) contracts and safeguarding teams about the service; they did not have any concerns about Cosford House at the time of our visit. The registered provider was not asked to submit a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the service.

We spoke with four people that used the service, two staff, and one healthcare professional that visited the service regularly, the registered manager and the nominated individual (NI) for the service. An NI is a person employed as a director, manager or secretary, who has the authority to speak on behalf of the organisation.

We looked at the care records belonging to two people that used the service and recruitment files and training records for five staff. We looked at records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Cosford House. One person said, "I am very, very safe" and another said, "Every day and night the staff check on us. They support me with ups and downs and there is always someone to talk to."

We saw that there were generic risk assessments in place for people who lived and worked at the service, plus more specific individual risk assessments, covering several areas of people's individual need, to ensure risks to their health and safety were reduced as much as possible. Examples included risk assessments for taking medication, the environment, managing finances and going out on activities and we saw these were reviewed regularly. These assessments helped to minimise risks to people. The staff we spoke with were able to tell us about how they reduced risk and kept people safe. One person told us, "Peoples medications are locked up to ensure they are kept safe and nothing is left out for example, kitchen utensils."

Staff worked with the community mental health team to recognise signs and symptoms that a person's mental health was deteriorating. For example, people who lived at the service may display increased levels of distressed behaviour. We saw that where required people using the service had mental health risk and relapse plans in place. These helped staff identify what may trigger a person's distressed behaviour and provided guidance on how it should be managed. Staff identified promptly if people were displaying signs that their mental health was deteriorating and supported people appropriately, together with their community psychiatric nurse (CPN). One staff member told us, "The crisis team are good and give advice over the phone. If people get distressed they may start swearing and kicking things, this has happened to me in the past and I rang the persons CPN, the managers and the police. The techniques I used were a quiet and calming voice and I advised the person to walk it off and maybe have a cigarette if that helped." A visiting professional told us, "[Name of person] has complex needs. The staff know the signs to recognise and episodes of distress are now virtually non-existent." This showed us the service was able to identify and manage risks to help keep people safe.

We saw that health and safety, safeguarding and whistleblowing were discussed with people using the service at the last residents meeting held in February 2016. The meaning of abuse was discussed and people were encouraged to raise any issues. Policies and procedures were in place on safeguarding adults from abuse. The staff who we spoke with told us they had completed training on safeguarding vulnerable adults from abuse and this was demonstrated in the training records we saw. Staff were able to describe different types of abuse, and they told us that they would report any incidents or concerns they became aware of to the registered manager. One member of staff told us, "Safeguarding is our responsibility for anyone over the age of 18. We have had a safeguarding issue with one person where we had to get in touch with the police and I did training last year." Another staff member we spoke with, said they would not hesitate to raise any issues they became aware of and told us, "I would be the first person to say what someone was doing was wrong. I have been involved in issues where I have liaised with the police and the local council."

We checked the safeguarding folder and saw it included a guide for all staff when documenting and reporting any incidents, contact details for the safeguarding team and the East Riding of Yorkshire Council

(ERYC) Safeguarding Adult's Team risk tool for determining if a safeguarding referral needed to be made to them. We saw that alerts had been submitted to the local authority appropriately and that the monitoring log used by the service recorded details of the incident, the level of risk before and after controls were put in place, if an alert had been submitted and any plans of protection. This meant people were protected from the risk of abuse.

The service had accident and incident policies and records in place should anyone living or working there have an accident or be involved in an incident. The registered manager monitored and assessed accidents and incidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the records for accidents and incidents which showed the procedure for reporting accidents and forms to complete. This showed us accidents and incidents were appropriately managed by following policies and procedures to avoid them, to record them if they did occur and to prevent them happening again where possible.

We saw that the registered provider monitored the maintenance of the building. This meant that the service had in place a current fire safety procedure which clearly outlined what action should be taken in the event of a fire. The staff completed fire alarm checks in each house weekly, which included checks on the emergency lighting and sounding the alarms. We saw the last check had been carried out on 15 February 2016, in house number 22. Fire evacuation and health and safety logs were completed weekly by staff and a resident representative, that covered all areas inspected. For example, exits were checked for obstacles and fire doors were checked to ensure they opened and closed correctly. We saw where issues were identified; remedial actions were put in place. In addition to this, maintenance records showed that all necessary checks were carried out on electrical installations and testing, fire equipment and gas. This ensured they were safe and in good working order.

There were systems in place to manage medicines safely and only staff trained to give people their medicines carried out this task. The registered provider's policy contained clear information on safe ways of managing medicines in line with best practice guidance. We looked at how medicines were managed within the service and checked a selection of medication administration record (MAR) charts. We saw that medicines were obtained in a timely way so that people did not run out of them; we saw an audit trail on the back of the MAR chart that highlighted when the medication was ordered, the prescription checked and the medication delivered into the service. This meant there was an audit trail to ensure that medication prescribed by the person's GP was the same as the medication provided by the pharmacy.

We checked three peoples MAR which included their photograph plus their date of birth and the name of their GP. We saw that during a recent audit of medication it had been recorded that two of those people had discrepancies in the amount of their medication stored at the service and had more medication than they should have. We asked staff how they followed this up and what action was taken. One staff member told us that this would have been brought to the attention of the service manager. However, we were unable to see any evidence of how this had been addressed. We discussed this with the registered manager who told us that 10% of MAR were checked each month and if discrepancies were highlighted these would be investigated and addressed. The registered manager agreed that improvements were required in the recording of medication audits and any actions taken.

People had medication care plans which we saw were reviewed every six months; these included details of their current prescribed medication and what support they needed. For example, one person's plan we looked at said, '[Name of person would like staff at Cosford House to order their medication.' People told us they understood why they were taking their medication and that they received their medication at the right time. One person said, "All my medicine is kept under lock and key. I have a MAR and a member of staff does

my medication for me." We saw that where necessary people had signed to consent to staff administering their medication and holding the key for their medication cabinets, which were located in people's own rooms.

Staff responsible for the administration of medication had completed appropriate training and we were able to verify this in the records we checked. They told us, "I completed medication training and I oversee the ordering, checking and storage of medication. It is a two person system for spot checks and audits. All support staff are medication trained." When staff had completed medication training we saw observations on their practice had been completed, for example, one staff members' records we looked at documented, 'Demonstrated skill, patience and correctly and accurately completed and signed the MAR.' These checks were recorded and helped to keep people safe from harm and from medication errors.

We saw that medication was stored securely in a locked cabinet in the persons own room. We saw that the cabinet we checked had its own thermometer and that the temperatures of the medication cabinet were taken on a regular basis to ensure medication was being stored at the correct temperature. We observed the administration of medicines to one person in their own room (with the persons consent) and saw that this was carried out safely; the staff member did not sign the MAR until they had seen the person take their medicine, and the person was asked if they would like a drink so that they could swallow their tablets or medicines.

Some people who lived at the service had been prescribed controlled drugs (CDs); these are medicines that have strict legal controls to govern how they are prescribed, stored and administered. We saw there was a suitable storage cabinet for CDs and staff were recording the administration in a CD record book.

Any medication that was returned to the pharmacy was recorded on a returned medicine record which included the person's name, date, medication strength and amount to be returned. The service staff returned the medication to the pharmacy who signed to confirm they had received. This meant the arrangements in place for returning unused medication to the pharmacy were satisfactory.

We checked the recruitment records for five members of staff and these records evidenced that an application form had been completed, references had been obtained and checks had been made with the Disclosure and Barring Service (DBS). The DBS 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 helps to prevent unsuitable people from working with children and vulnerable adults. Staff told us they had not been able to work at the service unsupervised until all of their safety checks had come through. One staff member told us, "I was never left on my own until my DBS had come through."

In addition to this we saw that prospective employees provided documents confirming their personal identity and received a copy of their job description upon employment; this ensured they were clear about what was expected of them. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

When we looked at the staff rotas and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. At the time of our inspection there was sufficient staff on duty in both of the houses to meet people's needs. Standard staffing levels were three staff during the day working from 7.30 am until 3.30 pm, one staff working 1.30 pm until 10.00 pm plus another member of night staff working from 10.00 pm until 7.30 am. There was also the registered manager, the nominated individual (NI), the cook and domestic workers in the building during the day. We checked staff rotas and saw that staffing

levels had been consistently maintained.

People, staff and visitors told us they thought there were enough staff to support everyone with their needs. One person that lived at Cosford House said, "There is always plenty of support, there is nothing anyone here wouldn't do for you" and a visiting health professional told us, "I visit at all different times and there are enough. I am absolutely not concerned about anything."

Good

Is the service effective?

Our findings

People and visitors we spoke with felt the staff at Cosford House had the knowledge and skills to effectively care for them. One person living at the service told us, "I have every confidence in them" and a visiting professional said, "Staff are keen to learn how to support people and they always ask how they can manage things better, they do a really good job" and, "[Name of manager and nominated individual] have both trained in mental health and will come out during the night if they need to support people."

We saw that the registered provider had systems in place to ensure staff received the training and development they required to carry out their roles. An individual staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. The registered provider had an induction programme in place and reviewed staff performance through one-to-one supervision and an appraisal scheme. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities for staff and address any concerns or issues regarding practice. Staff told us, "We have supervisions" and, "I am supervised regularly. I can always ask questions and I get good support."

Staff told us they were happy with the training and induction provided for them. They told us, "My induction and training included mental health training, health and safety, first aid and some training on anxiety and depression, safeguarding and medication" and, "My induction included being introduced to people living here and reading their care plans. I shadowed experienced staff members and the induction was very good, they didn't leave me and it must have done its job as the induction answered all of the questions I had."

We looked at induction and training records for five members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the service. We saw the details of the registered provider's induction programme, which included information about the fire safety and orientation of the building. Staff were provided with the services policies and procedures and we saw they had signed to say they had read and understood these.

Staff told us they completed training as required by the registered provider and each member of staffs training record included when they had completed training on topics such as safeguarding, health and safety, food safety, fire awareness, first aid, infection control and medication. Records showed staff participated in additional training to guide them when supporting the physical and mental health needs of people who used the service. This training included topics such as mental health awareness and Depravation of Liberty Safeguards (DoLS). This ensured that people were supported by qualified, trained and competent staff so their needs were effectively met.

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. We saw that peoples care plans contained information on a person's capacity to make decisions and what decisions had been made. For example, we saw one person had consented to staff administering their medication and had chosen which medication system and pharmacy they wished to support them with their medicines. We also saw one person had made an advance decision statement in relation to their healthcare. An advance decision is a decision you can make now in relation to treatment at some time in the future.

People we spoke with told us that they were supported to make their own decisions and choices, one person told us, "I can make my own choices. I choose to have a shower three times a week but if I wanted more I could have it and I have regular blood tests with my doctor and the staff will phone the doctors for me for the results. At meal times we get a choice of foods and drinks." This meant that people were involved in the care and support they received.

People's assessments and care plans recorded a person's particular needs in respect of eating and drinking. For example, one person's care plan we looked at recorded the person was diabetic and required low fat and sugar free foods to support them with this. We spoke to the person and they confirmed they received good support with their diabetes.

There was a main dining room that was used by most people who lived at Cosford House and we saw that there was a menu with the choices for breakfast, lunch and the evening meal recorded. All of the people we spoke with who lived at the service told us that the food was good. Comments included, "The food is excellent," "It is marvellous," "We get plenty of food and can have a full breakfast on a Sunday" and, "We get plenty of drinks, coffee, tea and juice; we can get a drink any time we like."

People's care plans recorded their current health care needs, we saw that any contact with health care professionals was thoroughly recorded; this included the reason for the contact and the outcome. We saw people had visited the hospital for appointments, their GPs, opticians, podiatry and diabetes nurses for reviews. People told us that they could see their GP or other health care professionals when they needed to. They said, "Staff inform us every day if we have any medical appointments and I have a support worker [Community psychiatric nurse [CPN]] that comes every fortnight to see me" and, "If we ever need medical assistance, a GP or an ambulance, the staff will always support us with that." A visiting professional told us that staff were, "Very respectful and link in with the [CPNs] when they need to."

Communication within the service was good between the management team, the staff and people that used the service. One person using the service told us, "They [Staff] always talk to us and you can always go to a member of staff if you need to." Methods used for communicating within the service included people's daily notes, staff communication books, telephone conversations, meetings, notices and face-to-face discussions.

Good

Is the service caring?

Our findings

Everyone who we spoke with said they felt staff cared about them. Comments included, "They [Staff] are very caring. They come over and see you" and, "I had a big problem with my benefits and [Names of managers] got on the phone and untangled it all for me." This was confirmed by the visiting professional we spoke with who told us, "Yes people are definitely cared for; the managers, carers and everyone are treated as equals. It feels like being in a nice, warm home."

People told us that staff respected their privacy and dignity. They told us that staff knocked on their bedroom door before entering and we observed that this was the case during the inspection. One person said, "They [Staff] will knock on your door and wait. We have privacy" and, "If you want to have a private talk they [Staff] will respect your confidentiality." Staff told us that they knew how important it was to respect people's dignity and to maintain their confidentiality. One staff member told us, "Some people need support with their personal hygiene. We will help to choose what they would like to wear and what toiletries they would like to use" and, "If we go into the bathroom or toilet we will always close the doors."

People who used the service told us that staff respected their wishes and would listen to them. One person told us, "I am 100% respected." We saw that people's care plans recorded whether people wished to be assisted with personal care by a male or female carer. One person using the service told us, "I prefer a male to wash my back and I get this." This information meant peoples dignity was enhanced and ensured that their individual wishes for care could be promoted.

Staff we spoke with understood the importance of getting to know people living at the service and developing and promoting positive caring relationships. One member of staff told us, "Talking to people and spending time with them is important as well as the way you speak to people and observing their body language" and another told us, "I look at people who live here as if they were my father or brother." We saw that people got on well with staff, which meant people knew what to expect from staff, who in turn understood people's needs.

We observed that support being delivered was not restrictive and people were supported to maintain their independence. For example, we saw the 'Home tasks rota'; which clearly set out each person's role in helping to maintain the service and supporting at mealtimes each day with tasks such as setting tables, carrying out the meals, washing dining room tables, cleaning and dusting the lounge and cleaning and sweeping the back yard. During the evening meal we observed one person bring out the food and two other people who used the service told us, "I do a bit of cleaning, polishing and sweeping the yard. Staff help us with our rooms and the smoking area is on a rota and is cleaned twice a day. They [Staff] want you to live as independent life as is possible" and, "I do the lounge, dusting and polishing." This ensured that people were supported, but enabled to be independent.

Staff were knowledgeable of people's needs. They were able to tell us what support people required from staff. For example, staff told us, "One person I button their shirt so far for them and they can do the rest. When ironing, I will put it on the correct setting and stand with them and they do the rest" and, "People

sometimes need a lot of motivation and encouragement. I will say, you choose your clothes and I will run the bath for you." One person using the service told us, "I need a push with some things and they always encourage me with that."

Good

Is the service responsive?

Our findings

Assessments were undertaken to identify people's support needs and individualised care and support plans were developed outlining how these needs were to be met. Each person had a care plan in place for each identified support need. The care plans we looked at were written in a person centred way and identified the person's individual needs, abilities and support required. For example, one person's care plan we looked at said, 'Requires support to budget,' 'Requires support to have a shower' and, 'Can go to the bank themselves.' Care plans included information about a person's lifestyle, including the people who were important to them. Records evidenced that the information had been gathered from the person themselves and people had signed their care plans to show they agreed to the contents and we saw these were appropriately reviewed to ensure a person's current needs were known and met.

People using the service told us that they knew about their care plans and that they had actively contributed towards information held about them. One person said, "What we do is make a report and we then sign our care plan to say we are happy with it" and, "My community psychiatric nurse [CPN] and staff look at it every month usually if there have been any changes in my routine." A visiting professional told us, "I visit three times a week and sometimes do reviews that are not always planned. The service is brilliant."

Staff told us that they kept up to date with people's changing needs through reading care plans and receiving regular updates from managers. One staff member told us, "We get daily updates on any events from the managers." We saw the staff communication book which contained updates on people and their care plans and any important information handed over for staff to read. These systems ensured that staff had up-to-date information enabling them to provide responsive care as people's needs changed.

The registered manager told us that people using the service engaged in various activities in the local community such as arts and crafts at a local art club, singing groups and visiting the local library. This was confirmed by people using the service, they told us, "We go out on coach trips," "During the summer we have a load of flowers and I do the garden" and "I do art work and painting and I have been to Center Parcs and in September I am going to Fort William." One person told us it had been an ambition of theirs to go on an aeroplane, they told us, "We have budget plans and part of this is saving up for holidays. My dreams have come true and I've flown on a plane to Jersey" and another said, "I go out for a coffee when it's a nice day and I go to the sea front. Every fortnight we go to Bridlington Spa."

People we spoke with told us about their family and friends and how they maintained contact with the people that mattered to them. One person said, "My relatives come and my sister and niece are coming this week. They feel really happy knowing that I am happy" and, "I am in the process of looking for my daughter and [Name of manager] is helping me to do this."

We saw that the registered provider's complaints procedure was displayed in the service and available in the resident's handbook. This described what people could do if they were unhappy with any aspect of their care and support. Checks of the information held by us about the service and a review of the registered provider's complaints log indicated that there had been no complaints made about the service. The service

also had a 'Grumble book' where people could record their grumbles. People using the service told us they felt able to raise complaints or concerns if needed. Comments included "We have a suggestion box in the lounge and a grumble box as well. I would speak to my CPN and go to the office and talk in private."

Meetings were held with people using the service. We saw these meetings gave people the opportunity to discuss any concerns they had or what they wished to receive whilst at the service. We viewed the minutes from the meeting held in February 2016 and saw discussions were held around the importance of safety and whistleblowing and how to make a complaint, health and safety, house rules and designated smoking areas. This provided everyone an opportunity to discuss issues, make plans and resolve problems.

Good

Is the service well-led?

Our findings

As a condition of their registration, the registered provider is required to have a registered manager in post. There was a registered manager in post on the day of our inspection and so the registered provider was meeting the conditions of registration. The manager had been registered with the Care Quality Commission (CQC) for three years. They told us that they attended regular training courses, registered provider meetings and had 24 years' experience working in mental health services; and that this helped them to keep up to date with any changes in legislation and with good practice guidance.

The records we held showed the service had not had to submit any notifications to CQC in the last 12 months. Notifications are when registered providers send us information about certain changes, events or incidents that occur. The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to submit notifications of incidents or safeguarding concerns about people using the service.

We saw the registered provider's mission statement which aimed to 'Provide safe, secure and comfortable accommodation and develop life skills.' A mission statement is a formal summary of the aims and values of a company, organisation, or individual.

Staff and people using the service told us they had a supportive management team, and they were able to raise any concerns they had. One staff member told us, "I love my job. I love it from the minute I walk in until I go home. If I have any problems I can go to the manager and I know they will listen to me." Staff also felt able to admit if they had made a mistake and that this would be addressed and learnt from to stop it from reoccurring. One staff member told us, "I was discussing a resident with the manager and I gave my point of view and not the residents. The manager gave me feedback on this and I learned from it." Staff and people using the service felt the management team included them in discussions about the service and they felt involved in any service development. One person using the service told us, "When meetings are held they always talk to us about routines and any changes. Like today we have a new cook started and we have been told about this." They felt they were treated like equals and the registered manager listened to them if they had any concerns or wanted to talk.

The registered manager was supported by the nominated individual (NI) and monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People we spoke with knew the registered manager's name and said they had the opportunity to speak with them when they needed to. People told us they felt the service was well run and they were happy living at Cosford House. We observed that there was a calm atmosphere throughout the inspection and people using the service were relaxed and at home in the service. People who used the service told us "[Name of staff] is a good carer" and, "[Name of registered manager] is very kind." Staff told us "I have worked here for ten years and this is the longest job I have ever had" and, "It [The service] is very well run. What you see is what you get and there is an open door approach to everything." This showed us that people and staff were satisfied with the support provided.

The registered manager continually monitored the quality of the service provided, by regularly reviewing practice, processes and procedures. This included resident's meetings and regular reviews and staff meetings. Staff said that as well as staff meetings and formal supervision meetings they had informal discussions with the registered manager on a daily basis, where they could discuss on-going concerns and ideas for improvement. Additional quality checks were in place to monitor the service people received such as weekly reviews of any complaints/grumbles, monthly checks of people's medication and weekly checks of fire systems and health and safety. However, we found that checks on peoples medication was not always effective in ensuring that important information was shared. For example, we saw that two people's medication checks showed discrepancies and we were unable to see any action that had been taken in relation to this. Records kept were reviewed regularly to make sure people received their care and support as outlined in their care plans.

We recommend that the service consider current guidance on quality monitoring medication systems and take action to update their practice accordingly.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.