

CLS Care Services Limited

# Belong Warrington Care Village

## 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 24 February 2016 and was unannounced. This was the first inspection undertaken by the Care Quality Commission since the service opened on 18 August 2014. There were 72 people living in the premises at the time of our inspection.

Belong Warrington Community Village is situated in the Stockton Heath area of Warrington. It is a purpose built dementia designed building providing dementia and nursing care. The Village offers 'household' living across six households, each household providing a home to 12 residents. Each household has 12 en-suite bedrooms which surround a shared living space with a lounge and dining area and kitchen facilities. The open plan layout of the households enables staff to observe each individual's wellbeing closely but naturally. For the purpose of this report we will refer to the accommodation as households.

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

The manager was available throughout the inspection and engaged positively with the inspection process. The manager was friendly and approachable; he operated an open door policy for people using the service, staff and visitors.

We found that care was provided by a consistent staff group in an environment which was friendly and homely.

People told us they felt safe at Belong Village. They told us it was like living in a family environment and we saw that people were settled, relaxed and comfortable living there. The relationships we saw were caring, respectful and dignified and the atmosphere was one of calm and comfort.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's consent was gained before any care was provided and the requirements of the Mental Capacity Act were met. People's capacity to make decisions was kept under review and the registered manager was aware of actions that would need to be taken where people had reduced capacity.

Staff were aware of their duty to safeguard vulnerable people and were provided with pocket booklets which gave information about safeguarding 'If you see something, say something'. Staff understood their responsibilities with regard to safeguarding people, and people were supported by sufficient numbers of staff. The staff team had become established which helped people to receive consistent care from people who knew them well.

Staff members had developed good relationships with people living at the home and care plans clearly identified people's needs, which ensured people received the care they wanted in the way they preferred.

People told us they liked the food and had a good choice available to them. People told us that they had been involved in choosing the meals and they were encouraged to make healthy choices.

Medicines were stored and administered safely. Staff had received training in the medicines they were giving to people and the systems were regularly audited to make sure safe practice was maintained.

Each person had a care plan which detailed their choices and preferences in relation to their care. Plans reflected people's wishes, skills and aspirations as well as areas in which they needed support. People followed an active programme of individual and community activities.

Staff told us they worked well as a team and there were clear lines of authority within the management structure. Staff said the registered manager "knew his stuff" and was very supportive and cared deeply for the staff and the people who lived in the households.

The complaints policy was clearly visible within each household and in the reception areas of the premises and people told us they knew what to do if they ever needed to complain.

The registered manager undertook audits of safety and practice at the home and there were other quality assurance systems such as staff and residents meetings and questionnaires.

The care and support provided in all six households met the needs of the people living there and the environment was clean and comfortable with plenty of signage to ensure people were able to safely move around the building.

## 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.

There was sufficient and suitably qualified staff to meet the needs of the people living at the home.

Risks to people's health and wellbeing were assessed, managed and reviewed.

The provider used safe recruitment practices.

People received their medicines safely and as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs and staff received regular supervision, training and appraisals of their performance.

Staff had an awareness of the need for consent and understanding of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards were being applied appropriately to people within the home.

People could make choices about their food and drink and they were supported to follow healthy eating principles.

People had access to health care professionals to ensure they received effective care and treatment.

### Is the service caring?

Good ●

The service was caring.

People said they were well cared for and staff respected them and were kind and friendly.

Staff respected people's privacy and supported their rights to make their own decisions.

### Is the service responsive?

Good ●

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

There was a complaints system in place and people felt able to raise any concerns with staff.

People were supported to engage in a range of activities that met their needs and reflected their interests.

### Is the service well-led?

Good ●

The service was well-led.

People knew the registered manager and said he had an open door policy so that people could talk to him at any time.

The registered manager had good knowledge and understanding of the needs of the people who lived at the home. People were asked for their views of the quality of the care and changes were made in response.

The home had effective quality assurance systems in place to monitor and make any improvements.

# Belong Warrington Care Village

## **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 was 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 was unannounced and took place on 24 February 2016.

The inspection was undertaken by two adult social care inspectors and a specialist adviser who was experienced in care planning and Deprivation of Liberty Safeguards.

As part of our inspection planning we reviewed the information that we held about the home including statutory notifications received from the provider, these statutory notifications include important events and occurrences which the provider is required to send to us by law. We contacted the local authority contract monitoring team to gather further information. On this occasion we did not request the provider to complete 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 any improvements they plan to make.

At the time of our visit there were 72 people living in the households. We spent time on each household and spoke with the people who lived there. They all appeared relaxed and comfortable within their home environment. We talked with twelve staff members as well as the registered manager.

We looked at records including nine care files related to people's individual care and support needs; four staff recruitment files; staff training and supervision and appraisal records and those related to the management of the home, including quality audits. We also looked at the way in which medicines were recorded, stored and administered to people.

We looked around the households and facilities and by invitation, looked in some people's bedrooms.

# Is the service safe?

## Our findings

People told us they felt safe and secure within the households and were looked after by staff. Comments included "I am fine here the staff keep me safe", "I am Ok I can lock my door if I want but don't need to as there are always staff around to keep a check" and "Its fine, I am happy enough. Everything is kept clean, I get my medicines and people are nice to me".

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivery of each person's care and support. Assessments were conducted to assess levels of risk to people's physical and mental health and care plans contained guidance to provide staff with information that would protect people from harm by minimising assessed risk. For example risk assessments were in place to help identify individual risk factors, such as safety in the community, falls and nutrition. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage risks and provide people's care safely.

There were up to date safeguarding adult's policies and procedures in place to protect people from possible harm. Staff received appropriate training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they should take if they had any concerns. There was a whistle blowing procedure in place and staff understood the term whistle blowing and told us how they would use it if they needed to raise any concerns. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from harm. The registered manager was aware of the relevant process to follow. They would report any concerns to the local authority and to the Care Quality Commission (CQC). We noted that there had been two safeguarding incidents requiring notification since Belong Warrington opened.

Staff members confirmed that they had received training in protecting and safeguarding vulnerable adults. They told us they had also been given small booklets which explained their role in adult protection. Staff told us they had been trained to report any concerns and had been given a leaflet 'If you see something, say something' and been provided with information about the organisation's 'Speaking Out at Work' policy. The staff we spoke with clearly demonstrated their knowledge and understanding of safeguarding and the whistle blowing process and of the need to accurately record and report potential incidents of abuse.

Incidents and accidents involving the safety of people using the service were recorded and acted upon appropriately. We saw evidence to show that staff had correctly identified concerns and had taken appropriate actions to address concerns therefore minimising further risk of potential harm. Where appropriate accidents and incidents were referred to local authorities and the Care Quality Commission and advice was sought from health care professionals when required.

There were enough staff on duty to meet people's needs. The care staff spoken with had worked at Belong Warrington since it opened in 2014 and had got to know the people who lived there very well. They told us that they felt there were enough staff available to support people who currently lived in each household. They told us and records showed that additional staff were available to support people when they went to

community activities. This meant that people had support to go out where this was wanted or needed. We observed staff interacting well with the people living in each household and they demonstrated that they understood their individual needs. Staff told us that they had a handover meeting at the end of each shift and were able to pass on any need to know information to ensure that people's safety was maintained.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people currently living in the home. On the day of our visit there was the registered manager and a mix of senior support workers, support workers and assistants working across the six households. We saw that senior staff used a full assessment of the needs of the people who lived within the six households to determine the number, knowledge and experience of staff on duty at any time during the day or night. Staff told us the open plan households offered high visibility and enabled them to offer prompt support. The staff rota confirmed that three staff members were provided on each household between the hours of 08.00am until 10.00pm but were deployed to offer care and support across the six households as and when required. One night staff per household worked from 10.00pm until 08.00am. One trained nurse was on duty both day and night across the six households.

In addition to the above there were separate ancillary staff including administration staff, housekeeping and laundry staff, chefs, kitchen assistants and maintenance workers.

We saw from the recruitments process that the organisation had a value based recruitment which involved selecting staff with the right skills and attitudes to provide person centred care for all the people who lived in the care village. We looked at four staff files to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started work at the home. We saw that extra checks re proof of qualifications and registration with the NMC had also been undertaken for nursing staff. This ensured that they had updated their knowledge and skills and were suitable to provide nursing care and support within the households.

We saw that systems were in place to help ensure that people's medicines were being managed appropriately. Staff told us and records showed that staff who dispensed medication had received training in medication management and were regularly supervised in their practice. Medication policies were in place to include guidelines from the Royal Pharmaceutical Society. Each person's medications were kept in a lockable cupboard in their room. We checked the medication arrangements on each household and saw that records were kept of all medicines received, administered and disposed of. We saw that any changes to people's medication had been clearly identified and the reasons for any changes had been fully recorded. We were told that a recent incident involving the ordering of repeat medication had been discussed with the local pharmacy. The system did not clearly identify who had requested the repeat medication. It had been agreed that the system would be updated to ensure all items required would be requested via people's own GPs. We saw that this system had been implemented prior to our visit.

Effective infection prevention and control measures were in place to minimise the risk of the spread of infections. Systems were in place for managing cleaning materials and laundry. We saw staff using

disposable aprons and gloves and anti-bacterial hand wash as appropriate. People told us that staff ensured their rooms were clean and tidy and changed their bedding. Three people in three different households told us that they washed some dishes and helped staff to keep the kitchen clean and 'tidied around' as it made them feel useful.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place which detailed the support they required to evacuate the households in the event of fire. Staff we spoke with knew what to do in the event of a fire and who to contact. Records we looked at showed that staff had received up to date fire training. People who lived in the households told us that fire drills were undertaken regularly so that they knew what to do in the event of fire.

There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained. Regular routine maintenance and safety checks were carried out on gas and electrical appliances and water legionella tests were also undertaken. The environment was clean and free from odours at the time of our visit.

# Is the service effective?

## Our findings

People told us they were happy living at Belong Warrington and the staff were kind. Comments included "I like living here the staff are good to me" and "I needed to come here because I could not look after myself at home. The staff are kind and helpful and understand my needs. However there is no place like home".

People were supported and cared for by a well -trained and motivated staff team most of who had worked at the home since it opened in 2014. Records showed that all staff had undertaken an induction programme which was specifically tailored to their roles. In addition to e based learning, staff shadowed more experienced staff over a period of time and had regular supervision with their line manager to support their on-going training and development needs. Newly appointed staff were not allowed to care for people independently until they had undertaken all mandatory training which included moving and handling, health and safety and first aid. Training records viewed showed that staff training was an ongoing process and included safeguarding, fire safety, food safety, infection control and medication. Staff told us that the training provided was first class and they were encouraged to update their knowledge and skills to enable them to be totally effective in meeting the diverse needs of the people who lived at Belong, Warrington. Comments included "Good training, we are up to date with everything. Induction was very good I had one week full training and one week shadowing" and "This is a great place to work, we get training all the time, best training I have ever had".

The staff members we spoke with told us that they received on-going support, supervision and appraisal. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training and development needs. Staff said they enjoyed supervision sessions which they felt were useful as they were able to talk about anything at all that bothered them. They said they were also able to discuss their development needs and any personal issues and know they would be listened to. We saw records which confirmed that pre planned staff supervision occurred on a regular basis for all the staff employed at Belong Warrington.

We saw records that showed that regular team meetings took place and the service used learning logs for staff which held details of reflective practice and how staff could improve on their knowledge and skills in the best interests of the people they supported.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The people who lived in the households required some support to make decisions and records showed that 45 people had been referred to the local authority to be assessed as to their capacity to consent to their care and support. To date, 18 people had been assessed as being subject to a DoLS. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation.

The registered manager was aware that when people needed support to make specific decisions, a 'best interest' meetings would be held which involved all the relevant people and representatives in the person's life.

People were supported to maintain their health and had access to health services as needed. Care plans held clear information about people's health needs. There was evidence of the involvement of healthcare professionals such as doctors and dentists as well as intervention from the nurses employed by the home. One person told us "If I was unwell the nurse would look after me or staff would call a doctor". We saw staff talking to people about the tasks they were undertaking with them, asking what they wanted, seeking their consent and constantly reassuring people if needed.

People were supported to have a balanced diet. Staff understood people's dietary preferences and people's dietary needs were assessed so people were offered a suitable diet. For example, people's likes and dislikes were requested on admission as well as any allergies or special dietary needs. This information was held on the care files and in the kitchen.

The service use "Marvellous Mealtimes" which is a code of practice that provides guidance for staff about nutrition and mealtimes. Records show that staff are trained in the importance of nutrition during their induction. People's life plans identify nutritional needs and record that staff liaise with dieticians to identify a suitable diet. We saw that food choices were recorded and meals were prepared and provided in each household. However, people told us they have the choice if they wish to eat in the household or choose from meals prepared in the Bistro area of the care village. We saw several people who lived in the village and their relatives having a meal in the Bistro. They told us that the meals were very good and it was a nice opportunity to "eat, sit and talk to each other". One person said "Very good place to live. Food is good, some days are better than others. I have been visited by the chef for discussions. I am well looked after".

We saw that life plans held information about how to support people with their dietary needs. This included a malnutrition universal screening tool (MUST). This is an assessment which identifies risks to individuals in respect of their nutritional needs and intake. We saw that if people needed support with swallowing staff contacted the Speech and Language team and they carried out an assessment of their swallowing reflex.

We looked around the six households and found the environment to be conducive to the needs of the people who lived at. Rooms were bright and decorated to a good standard. People had been encouraged to bring in personal items from home to personalise their room to their own tastes. The environment was homely and people appeared to be comfortable within their surroundings. We observed people sitting in the communal areas chatting with staff. Some people were in their rooms reading or watching television. We noted there was a relaxed and friendly atmosphere within the home. The accommodation had been adapted into small households for twelve people to ensure people were able to quickly settle and get to know the environment. The household kitchens were centralised in each household with dining tables and chairs being provided just outside of the kitchen area. Staff told us this offers a sense of home. Clear signage was provided for orientation purposes to include signs on bedroom doors.

All the bedrooms had en-suite facilities. There was also a choice of communal toilets and bathing facilities which had been adapted to suit the needs of the people who lived in the home.

# Is the service caring?

## Our findings

People received their care from a staff team who treated them with respect, kindness and compassion. We observed staff relationships with the people living in each household as strong, supportive and caring. One member of staff said "It's a good place to work and because of the design of the households we can create a lovely homely atmosphere". A person living in a household said "We all have a laugh. When staff ask if we are OK, I say what does OK mean. I am either fine or not fine, OK means nothing does it".

We spoke with staff about they preserved people's dignity. Staff responses showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they did this such as closing doors and curtains while personal care was provided, talking to people and not about them and respecting people's individuality.

We observed the way that staff interacted with people on each household and found they responded sensitively to their needs. Staff recognised and understood people's non-verbal gestures and body language. This enabled staff to be able to identify people's wishes and offer choice.

People were involved in the day to day decisions and choices were respected. This included supporting people to make decisions about their daily routine, what clothes they wished to wear, what they wanted to eat and how they spent their time. One staff member told us "We pick clothes together. I help them to make choices". Staff were aware of how people's medical conditions impacted on their ability to make decisions. We observed staff orientating people and informing them what time of day it was and what they were usually doing at that time during the day. For example, informing them that they usually enjoyed a cup of coffee after their breakfast or watched a certain television programme. We saw that staff provided people with prompt support with any continence needs.

The care plans we looked at had been written in a way that ensured information about the person's life history, dislikes and preferences had been recorded in a "this is me" format. It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected.

We saw that staff respected people's confidentiality. Records were kept securely and completed by staff privately so that others would not see them.

The registered manager told us that they wanted to ensure that people were as happy and comfortable at Belong Warrington. They told us that they were happy to try new things if they felt this would increase the feeling of 'home' for the person. He described how they trialled moving a person into a different household as their behaviour had escalated and they felt this may be due to some of the dynamics within their surroundings. They found the move had been most beneficial for the person and had caused a positive reaction to the household they had left. We saw that where possible the registered manager, staff and the service as a whole tried to recognise the individual characteristics in people so they could support them and ensure they were fulfilled.

Staff told us that people could spend time in other households if they had friends they wished to meet with. Staff said that this enabled people to develop or maintain relationships.

Staff had started to discuss with people their end of life wishes. Staff told us that they had been provided with training to ensure that end of life care was provided in line with people's wishes and preferences. We saw that some people's end of life wishes were documented in their care plans. This included whether they wanted to be resuscitated and whether they wished to be hospitalised in the event they needed additional healthcare.

## Is the service responsive?

### Our findings

People told us they got the care and support they needed. Comments included "The staff help me to plan my day and sort me to do the things I want to do" and "I get all the help I need thank you". The registered manager or senior care staff assessed people's care needs to identify whether staff were able to meet those needs. One person said "Very good place, all the girls (staff) are great; I am very well looked after here. I like to stay in my room and that is respected. You can choose to do what you want".

Records showed that the registered manager or senior staff assessed people's care needs to identify whether staff were able to meet the needs. Care plans were developed based on the assessed needs informing staff about what support people required and what they were able to do for themselves. Care plans were discussed with people and their representatives to ensure they were in agreement with the support planned. A care plan was developed for each assessed need, including their physical and psycho-social needs. Staff had worked with people and their families to develop 'life stories'. This included gathering information about previous occupations and key life events. Staff told us that this helped them to learn more about what was important to people and they used this to plan the care and tailor it to individual needs.

We looked at six care plans and noted they were detailed and held full information of each person's care and support needs and of their wishes choices and aspirations in all aspects of their daily life. One staff member said "The care plans paint a good picture of the people who live here and how they wish to be cared for".

Staff demonstrated a good understanding of the people they supported in relation to their changing behaviours and changing needs. Records and discussions with staff demonstrated that people who use the service had access to a variety of health services such as local GPs; dieticians, dementia specialists and speech and language therapists (SALT teams) opticians, social workers, hospital consultants and clinical specialists.

Discussions with staff identified that they were aware of all individual needs and maintained daily records in line with people's care plans. Daily monitoring forms were kept for people who required closer support, including repositioning charts for people at risk of pressure ulcers and fluid charts for people at risk of dehydration. We saw that evaluation of the care plans took place monthly or more often if required. This ensured that all care and support was monitored, reviewed and updated to ensure that all current needs were identified and met.

A wound management plan was in place for nursing staff to review any wounds people had. This enabled nursing staff to review whether wounds were healing and to identify any additional input required from specialist healthcare staff to support wound care.

We saw that when people needed to move between services such as a hospital or nursing home a transfer document was completed. This included the person's life plan, medication sheet and any other need to

know information. This ensured that care provision would be consistent and people's choices identified and met.

Staff handover meetings at the end of each shift enabled staff to discuss the current needs and any identified changes to the life plan to ensure that care was provided which is responsive to any changing need.

People were able to participate in activities of interest to them. One staff member told us that there was a full activities programme which was available to all the people who lived at Belong Warrington. During our inspection we saw that many of the people were attending an exercise session and were provided with 'pom poms' to assist them with their exercises. One person told us that it was fun and they looked forward to attending the session each week. The activities programme was varied including pamper sessions, quizzes and watching films. Staff told us that they also provided some activities within each household such as arts and craft, films and discussions as and when people requested them. Staff were able to describe people's interests and key events in their life and they used this information to develop an activities programme to meet these interests. For example one person loved to play with interactive toy animals and staff had ensured they had lots of these available on the household.

The care village had a complaints policy which was displayed in the households. Relatives and people we spoke with during the inspection told us they knew how to complain but had no complaints about the staff or services provided. They told us that if they ever had a problem they would speak with one of the managers.

## Is the service well-led?

### Our findings

People spoken with told us that the home was very well run and the atmosphere was open and friendly. Comments include "The managers are very good. They are approachable and ask us our opinions about the running of the village"; "The people who run this place make us feel valued. They make us feel so much a part of everything, it's great" and "The manager is very pleasant. His door is always open and he is very easy to talk to. We can't believe our luck this is such a well-run place, nothing negative about it at all."

The home had a variety of quality assurance systems available to assess the quality of the service it was providing to people. This included feedback forms that were given to people as an ongoing process to gain their perceptions of the service. Feedback forms looked at identified that people who lived in the care village were happy with the staff and services provided.

The registered manager told us that he spoke with people who used the service on a regular basis. This was undertaken by holding care reviews with people who used the service and their representatives to ensure they could have their say about the staff and management of the home. He told us the care village maintained links and contact with relatives, friends and the local community and people who lived in the care village were encouraged to have their say about the running of the village. We saw records of monthly residents meeting which were held in each household. They showed that people were actively encouraged to be involved in the running of the service in areas such as menus, activity and layout of the households.

Staff told us that the views of the people who lived at the care village and their relatives were also sought on an annual basis through customer satisfaction surveys. It was noted that the results of these surveys were published and available for viewing in the reception area of the home.

We saw that there was a clear organisational structure in place where every member of staff could be identified together with their lines of responsibility. We saw documentation to show that the management team lead their defined teams and each team has a designated team leader. Staff told us that this system enabled them to work together in an environment where everyone knew what they were doing and contributions and individualities were recognised and valued.

We saw that annual staff surveys were carried out to gain staff opinions of the services and support provided. The registered manager told us that the potential of staff was maximised by use of meaningful and effective supervision and appraisal systems. Staff told us that they felt valued and supported by the effective leadership provided.

We saw that a 'Strategy tree' was used to show staff the strategy and objectives of the organisation. This was in pictorial form and identified the importance each staff member had in achieving Belongs vision.

Staff told us that the management team were very visible throughout the care village. They told us they

spent time in each household to carry out audit checks and support staff. Staff said they were encouraged to raise any concerns or give feedback. We saw the registered manager having meetings on each household during our inspection. Staff said that they worked as a team and pulled together. Comments included "We are happy and confident to express our views and opinions to each other and the management. We are constantly striving for perfection".

We saw records to show that regular team meetings were held with all staff members. Minutes of these meetings identified that staff were encouraged to share their ideas, communicate effectively, review objectives and continually improve the services provided.

We saw records to show that the registered manager completed audits on a regular basis. We saw that he recorded the outcomes of each audit with action plans attached if required. We saw that action plans were addressed within a short timescale and feedback was provided to all staff when this action had been completed. Audits viewed include alarm points, emergency lighting, medication, night visits, life plans and household equipment.

All information and documentation requested was readily available for our perusal throughout the inspection.

Discussions with the management team identified that they worked well together to ensure the service ran smoothly. They told us that they followed the concept of Belong which was to provide real person centred care to ensure that each person who lived in the care village was empowered to live a life of their choice.

The registered manager was aware of the requirements of their registration with the Care Quality Commission and adhered to these conditions, including the submission of notifications of significant events that occurred at the service. All documentation requested at the time of our inspection was quickly provided and presented as clear, detailed and easy to read.