

Swanton Care & Community (Autism North) Limited Eastcliffe

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 

Overall summary

This inspection took place 28 and 29 October 2014. This was an unannounced inspection. We last inspected Eastcliffe in November 2013. At that inspection we found the provider was meeting all the regulations that we inspected.

Eastcliffe provides residential care for up to 10 people who have learning disabilities or autistic spectrum disorder. At the time of our inspection there were 10 people living at the home.

The home had 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.

We saw that people were happy living at the service. They told us the service was "Good," and "It's lovely." People's relatives were confident they were safe. One told us, "I just land on them and I have never found a negative environment. {My relative} is always smiling and he is very positive." Staff had been trained in safeguarding

Summary of findings

vulnerable adults and knew how to identify and report any signs of abuse. The provider identified risks to people and ensured staff knew what to do to help keep them safe.

The premises were well-maintained and safe for people and staff to use. We saw there were sufficient numbers of suitable staff to keep people safe and meet their needs. Relatives we spoke with were also confident about this. One relative commented, "There's more than enough staff. We're very happy with them. They feel like family." We found there were thorough recruitment procedures in place. This helped to protect people as checks had been carried out on potential staff before a decision was made to employ them.

We found people's medicines were managed safely. Staff followed safe procedures which helped ensure people's medicines were stored correctly, ordered in time and given to them when they needed them.

Staff told us they felt supported by the provider, by way of training, supervision and appraisal. This helped them provide effective care for people. Relatives we spoke with were confident the staff team had the skills needed to care for people well. One relative described what this had meant for their family member who lived at the service. "My husband and I cannot praise this provision highly enough. It is an excellent service provider with staff that have empathy and understanding and the skills, knowledge and experience to support our son. He is happy, well cared for and continues to make progress."

We found that the service provided good care for people. This had led to people becoming much more settled and happy over the years. For instance, one relative described how their family member had changed as a result of the care provided by Eastcliffe. They said, "His body language and body position is much more settled. He has gone from being a hyperactive boy to a very poised adult. They know his needs and always get his permission (to provide care)."

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Some staff could not explain the relevance of the Mental Capacity Act 2005 (MCA) and the DoLS in relation to their work, although they had been given training about this.

We found people were supported to eat and drink enough and maintain a balanced diet. Staff understood the individual needs of people in relation to eating and drinking and they monitored this. Relatives we spoke with told us this aspect of their family members' care was managed very well. Staff supported people to maintain good health and to access healthcare services where necessary.

People and their family members told us they were well cared for and treated with dignity and respect. They said, "I am happy here." "Staff listen to you." A relative commented, "They are really caring. It's like a big family."

People were provided with individualised support which took account of their specific needs. Their needs and wishes were described fully in their support plans.

People and their relatives were very satisfied with the care provided. None of the relatives we spoke with had felt the need to make any complaint about the service. They were confident that if they had any concerns, the service would respond and deal with these appropriately.

There was an established registered manager who had managed the service for over ten years. He had ensured there was an open and positive culture in the service. People and their relatives felt supported by him. Relatives in particular, felt that his management had led to positive improvements in their family members' wellbeing. For instance, one relative told us, "I speak to Mike Winters [registered manager] and (a senior member of staff); they are very open. It's very nicely run. Every time I go, the staff are happy. My relative's behaviour has changed to become much more positive."

The provider undertook a range of audits to check on the quality of care provided and identify where any improvements were needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe living at Eastcliffe and their family members were confident their relatives were cared for and kept safe. Staff used positive approaches which helped people to feel safe and settled.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Checks had been carried out before staff were employed to make sure they were fit to work with vulnerable adults.

People's medicines were managed safely. The premises were well maintained.

Good



Is the service effective?

The service was effective. Staff told us they were well supported to carry out their role and that they had been given the training they needed. Relatives were very pleased with the support provided by the staff team. They commented on the progress made by their family members as a direct result of the care staff provided.

Staff followed the requirements of MCA and DoLS and people were asked to give permission before receiving any care.

People got the support they needed in relation to eating and drinking and to maintain a balanced diet.

Staff supported people to maintain good health and to access healthcare services when necessary.

Good



Is the service caring?

The service was caring. People and family members were happy with the care they received. All of their comments were positive. They told us people were treated with respect and with consideration for their privacy and dignity at all times.

We saw that staff were kind, considerate and caring and they knew people well.

Good



Is the service responsive?

The service was responsive. Staff had very good knowledge of people's individual needs and wishes and provided the care they wanted. People enjoyed fulfilling lifestyles because staff supported them to participate in the activities of their choice.

People and their relatives felt 'listened to' by staff, which meant people had not found it necessary to make complaints about the service. Family members were confident that if they did have any concerns, the service would take any action necessary to improve.

Good



Is the service well-led?

The service was well-led. There was an established registered manager in post who provided effective leadership and management and promoted a positive open culture.

The home had an effective quality assurance programme to check on the quality of care provided. This helped identify where any improvements were needed.

Eastcliffe

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.

This inspection took place on 28 and 29 October 2014 and was unannounced. The inspection was carried out by one adult social care inspector and a specialist advisor, who specialised in the provision of services to people with learning disabilities.

Before we began this inspection, we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to

send us within a reasonable timescale. We also contacted the local authority commissioners, the clinical commissioning group and the local Healthwatch. Local Healthwatches have been set up across England to act as independent consumer champions to strengthen people's voices in influencing local health and social care services and to help people find the right health and social care services. We did not receive any information of concern from these organisations.

During our inspection we spoke with all the people who used the service and relatives of three of those people. We also spoke with the registered manager, and eight staff. We observed how staff interacted with people and looked at a range of care records, which included the care records for four of the people who used the service, and a sample of their medication records. We also looked at recruitment and training records for four staff as well as a range of other records related to the running of the service.

Is the service safe?

Our findings

We observed people were happy and relaxed. We saw that they did what they wanted and were comfortable spending time with other people and the staff. When we asked people what it was like living at Eastcliffe, their comments included, "It's alright", "Good", and "It's lovely."

None of the residents we spoke with said anything that indicated that they were frightened or anxious about any of the other residents or staff. None of the staff we spoke with indicated that there were any residents who bullied, verbally or were physically aggressive towards any of the other residents.

We asked relatives of three people who were using the service, for their views about how safe the service was. They all told us they considered their relatives were safe at the home. One relative commented, "I just land on them and I have never found a negative environment. [My relative] is always smiling and he is very positive."

Another relative told us, "We have no concerns about our relative's safety. We feel the staff are competent and in sufficient numbers to ensure any incident is quickly tackled. There has never been anything serious. If something was happening, our relative would have told us; it would have come out, and we would know if something had happened."

Staff told us that they would challenge other staff if they thought things were not being done correctly. They said they would report any concerns to the registered manager or a senior member of staff, if they had any. Staff were aware of the signs which may indicate the possibility of abuse happening and they were confident the management team would act on any concerns.

We asked relatives of three people whether the service managed any risks to their relatives appropriately. They told us that risks were managed properly. One relative informed us, "I think so. There is a risk assessment in place. They're very thorough. He's no good at crossing roads so they don't let him go anywhere alone."

From our observations, discussions with staff, and examination of records, we saw staff took effective action to identify risks and protect people according to their individual needs. For instance, whilst some people did need staff support when they went out to cross roads

safely, one person was able to go out alone, as staff knew he could do this safely. This showed risk was managed in ways to minimise restrictions on people's freedom and choices.

We saw different staff taking residents out of the home for a variety of activities. We noted that risk assessments were in place in respect of people's participation in these activities, although we considered that the provider's format of the risk assessment documentation could be improved to more clearly demonstrate the factors taken into account and the judgements made in respect of the risks identified. We saw that staff were aware of the safety needs of people involved in the activities.

During our visits, we saw staff responding to demands from people in a timely way. Relatives we spoke with told us there enough skilled staff to keep their relatives safe. One relative commented, "There's more than enough staff. We're very happy with them. They feel like family." Another relative told us, "My relative is very safe there. I just turn up; there's always lots of staff."

The registered manager told us that if unplanned staff absences occurred, other members of staff were always willing to work additional hours or staff from the adjacent care home, which he also managed, would also help out. Staff members confirmed this. One staff member stated, "I'm sure if any more staff were needed, which we don't, we've always got next door. In an emergency we can call on next door. We have low sickness."

We looked at the staff rota which showed that people's planned social activities and staff training had been taken into account when planning the number of staff required. The rota clearly identified the grades of staff, to ensure there was always a senior member of staff to provide leadership and oversight. This showed that the registered manager took account of relevant factors, when planning how many staff would be needed. A care worker told us, "Mainly, we run at a decent staffing through the week and at weekends."

We found there were thorough recruitment procedures in place which helped to protect people. Most of the staff had worked at the home for a number of years. We looked at four staff records. These showed that checks had been carried out with the Criminal Records Bureau before they were employed. In addition, at least two written references including one from the staff member's previous employer

Is the service safe?

were obtained. Documents verifying their identity were also kept on their staff records. The provider had obtained a record of their employment history and the reasons previous employments had ended. A care worker told us, "I had a police check and references. I came in for a day and went out on an activity to see what I was like with the service users and they gave a report to the manager." This showed appropriate checks were undertaken before staff began work.

We found people's medicines were managed so people were kept safe. Staff told us and records confirmed they had been given training in the safe handling of medicines. They told us they always administered the medicines in pairs, so that one member of staff always checked that the other was giving the correct medicine to the right person. We saw this happened in practice and clear records were kept of each person's medicines and what had been given to them.

We saw that written guidance was in place where people may require the administration of a specific medicine in an emergency, such as when people were at risk of prolonged seizures. The guidance was clear and had been signed off by both the registered manager and a health professional. A senior care worker told us, "We have had training sessions on how to administer this medication."

The medicines were stored safely and checks were made to ensure new stock was ordered in good time.

People's relatives told us they were satisfied that their family members' medicines were managed appropriately and they got the medicines they needed at the right time. One relative told us their family member's medicines were handled "brilliantly." They went on to tell us, "The staff

show him the tablets and explain it. He knows every tablet he is taking because of the routine the staff follow. His medicines are reviewed by his doctor. Not long ago he had a blood test to check his levels." We concluded that there were safe systems in place, which made sure people got the right medicine when they needed it.

The service provided a safe and secure environment for people. We found it was warm, clean and well maintained. We checked records which showed that the fire safety systems had been tested at the intervals recommended by the fire brigade. Other documents showed that the fire safety equipment, the water system, gas and electrical appliances and wiring, had all been certified as safe during the preceding twelve months. There were recent records of fire drills and practice evacuations. Individual personal evacuation plans had been drawn up for each person so that staff knew what help each person would need in the event of a fire.

Staff and relatives we spoke with told us repairs were carried out promptly. One relative pointed out, "They have just redecorated and bought new furniture. They are very good at replacing things when needed." We looked at the maintenance records, which showed repairs had been carried out promptly.

The service had prepared an Emergency Response file, which contained a range of guidance for staff to use in the event of a range of emergencies. This included telephone numbers for emergency contacts, name and contact details for contractors in the event of breakdowns and essential information about each person in the event an unplanned hospital admission was necessary.

Is the service effective?

Our findings

We asked relatives for their opinions on whether the staff team had the right skills and experience to care properly for their family members. Overall, the relatives considered that their family members had benefitted from and become more settled and happy due to the care provided by staff. For example, one relative expressed the view, "My husband and I cannot praise this provision highly enough. It is an excellent service provider with staff that have empathy and understanding and the skills, knowledge and experience to support our son. He is happy, well cared for and continues to make progress." Another relative told us, "I can't praise the staff enough. He has come on leaps and bounds. He can now control his anxiety himself. He can take himself out of situations. He has come on absolutely wonderfully. The staff are all very experienced."

Similar views were expressed by social care professionals we contacted. A local authority care manager told us, "The support provided by the service has had a positive effect on (the person) leading to improvements in his behaviour, social skills and a positive impact on his physical health too."

We spoke with staff about the training they had been given. A senior care worker told us, "We try our best to provide all mandatory training annually." One care worker commented, "We are constantly getting training." Another said, "I've done training about the Mental Capacity Act, SOVA (Safeguarding of vulnerable adults), epilepsy, NAPPI (Non-abusive psychological and physical interventions), medication. I've had training about Aspergers just the other week." We looked at the training records for three members of staff and saw that they had completed a range of appropriate training, as described by the staff we spoke to.

Staff told us they had been given regular supervision and appraisal, which are methods used to review staff performance and identify any training or other ways staff may need support. One member of staff commented, "I've just had supervision recently. We've had chats all the time. (The registered manager) will ask if I've got any problems. I can go to him anytime. I've had an appraisal recently."

CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). These are safeguards to ensure care does not place unlawful restrictions on people in care homes and hospitals. We

found the service was meeting these requirements. The registered manager told us that he had contacted relevant local authorities to establish if DoLS authorisation were required for people using the service. He told us that he had been informed verbally that DoLS applications had been authorised for three people using the service but he was awaiting the formal documentation about this.

Staff told us they had received training about the Mental Capacity Act 2005 (MCA) and DoLS. MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. It helps to ensure that decisions are made in their 'best interests. However, none of the staff we spoke with could fully explain the practical requirements of the MCA and were not aware of how this might impact on their provision of care. Some staff were unaware that some of the people who used the service were subject to deprivation of liberty safeguards (DoLS). We discussed this with the registered manager who felt that whilst the staff had been trained, some staff had understood the implications of this legislation better than others, and that this could be addressed with further training. The manager was aware of a recent Supreme Court judgement made in relation to the DoLS and showed us records supporting this.

Where people lacked mental capacity to make some decisions, we found the service had acted appropriately. For example, a relative told us about arrangements in place in respect of their family member's financial affairs. They commented, "His keyworker definitely knows and understands this. She would contact me if they needed consent. They've involved me in making decisions about what to spend his money on." We saw records of these decisions within this person's care records. Other records showed that where significant decisions had needed to be taken in an area in which the person had no capacity, then reference was made to parents or to senior staff in the organisation. This was confirmed by staff we spoke with. This showed staff were making best interest decisions in line with legislation.

We asked relatives for their views about how staff deal with situations where people may present behaviours that others may find challenging. Relatives were confident about the way staff handled any incidents. One relative told us, "My relative used to be like that. Now he is very placid and he doesn't have a single incident." Another relative

Is the service effective?

commented, "When our relative was younger, he would have been restrained. The number of times, he has needed to be restrained at Eastcliffe have been very few because staff anticipate his behaviours and look at the precursors."

We looked in detail at the care of four people. We saw that there were care plans for the management of behaviours that challenged the service. These care plans were based around the NAPPI (Non-abusive psychological and physical interventions) approach to managing behaviours. This approach is aimed at providing staff with skills to support people in ways which reduce the need for restrictive interventions, such as physical restraint. The registered manager and staff told us that they very rarely needed to use the physical interventions element of the approach. We reviewed the incident records and saw that few incidents had occurred. Where incidents had occurred, appropriate action had been taken to protect and safeguard people. The local authority safeguarding team had also been informed of an incident in accordance with safeguarding protocols where appropriate. From our observations and discussions with staff and relatives, we concluded that staff supported people effectively so that people's relationships with staff and other residents remained positive and supportive.

We saw care plans about the support people needed with eating and drinking. These described the type of support they needed from staff, where and how they should be positioned for meals. The guidance informed staff of any known risks of choking when eating or drinking, dietary requirements and the person's likes and dislikes. We saw that records were kept of people's weight checks and staff noted any changes.

People told us that the food was good. We saw the quality and quantity of the lunchtime meal was suitable. One person did not want the offered meal and was given an alternative, which he accepted. We saw people were offered fresh fruit. We observed that one person was provided with a non-spill cup, which helped them to drink independently and safely. Staff offered encouraging support to one person who did not have a robust appetite and closely supervised some people where necessary. We noted that people were able to get hot and cold drinks when they wanted. We also heard staff offering to get drinks for people.

A relative we spoke with told us, "The meals look absolutely fabulous. My relative can ask for what he wants. They do give him choices." A relative of another person told us, "My relative has put on two stone, but he needed to do that. The cook said that they deliberately built up his diet. They put a lot of thought and preparation into this and it does improve his wellbeing."

We found people were supported to maintain good health, have access to healthcare services and receive on going healthcare support. We saw in the records for four people that they had been supported to attend the doctors, opticians or dentists to have particular health needs met. We also saw evidence that a home visit was made by an optician to see one of the people.

We saw from people's records that the service had acted quickly to urgent health priorities. For instance, one person had visited the local accident and emergency centre. Another person had obtained medical support from the local walk-in centre. A relative told us, "The staff are very proactive at getting him treatment if he needs it."

Is the service caring?

Our findings

We observed that staff had respectful and supportive relationships with people. People told us, "I am happy here", "Staff are kind and patient", "Staff listen to you". There were good relationships between staff and residents. All of the interactions that we saw between staff and residents were respectful and positive. For instance, we observed two care workers helping one resident to adjust their position in the chair so that their neck was protected if they fell asleep.

We found that staff understood how to communicate with people effectively. For instance, we heard one person mention that he was going to his family's home that day. A care worker sensitively explained that this visit was not due to take place that day. The care worker took him to his personalised calendar to show him when the visit would happen and suggested he tick off the previous day. This helped reassure him. We spoke with a speech and language therapist who commented, "Many of the staff have been around a long time. Their communication with people is good. The staff are so familiar with working with them."

Relatives were also confident that staff cared well for their family members and provided examples of the steps staff took. One relative comment, "My relative can't talk. The staff have to be in tune with him; they are very good at that. They know him better than me. He can find it too noisy. He goes out to the quiet room and has a coffee with staff." Another relative told us, "Staff have all the time for him. They know him really well. They are really caring. He has been invited to staff weddings and engagements. It's like a big family."

Another relative was very pleased with the way the staff had helped their family member to develop new skills. They told us, "They do an excellent job. They all provide an equal level of care. My relative has advanced so much in his domestic skills, washing, hoovering and his communication. They are not just caring for him but educating him." We saw that people were supported to develop their skills. For instance, people told us that they had tasks to do around the home, such as doing the washing-up, keeping the outside tidy and mowing the lawn.

We saw staff offered verbal choices and alternatives to people. We did not see any other communication methods, other than verbal, being used with people who were non-verbal. However we noted these people were able to indicate their preferences when choices were offered. Staff told us they had access to people's records, which contained comprehensive details of their history, likes and dislikes. A relative told us, "My relative has choice in most things; activities, his clothes. He goes and buys his own clothes. If he doesn't want to do an activity, the staff ask if he wants to do something different."

It was clear to us, from our discussions with people and staff and our observations during our visits, that that staff had a very good knowledge of the things that were important to people. For instance, one relative told us, "They know how to divert my relative and take away the anxiety. They know what he likes and that is their tool. They're really good at it."

Relatives considered that staff involved them in making decisions about their family member's care. "We have reviews. If there are any concerns, they are always willing to take your advice or I take their advice. I talk quite often on the phone with them."

We asked staff about local advocacy support but they did not know what we meant. They had also not heard about the IMCA, which stands for Independent Mental Capacity Advocate, which is a type of advocacy introduced by the Mental Capacity Act 2005. We saw that records showed that if significant decisions needed to be taken in an area in which the person had no capacity, then reference had been made to people's relatives or other relevant people. The manager told us that he would address gaps in staff knowledge about advocacy through team meetings.

During the visit, we saw no occasion in which any person's privacy or dignity was compromised by staff. We saw that a care worker noticed one person had splashed water on their trousers whilst washing-up. The care worker suggested that the person change their trousers before going out on an activity so that they continued to look smart.

Is the service responsive?

Our findings

During the visit it was clear that staff had a very good knowledge of the things that were important to people. We found this from talking to people, the staff, looking at care plans and observing the interaction between people and staff.

We noted that care records contained statements that people did not have a preference as to the gender of staff members providing their personal care and support. Relatives we spoke with confirmed this was the case. This showed the service had considered people's views about this aspect of their care.

Care workers told us about the range of social activities people regularly participated in. One care worker commented, "They go trampolining, to discos. We have lots of walks to keep healthy. We have an allotment we use in summer. Some go swimming. We try to think of new activities all the time. They enjoy shopping. We do one to one activities quite often." People told us they did the activities that they wanted. One person told us, "I've been out for lunch today. I had cheeseburger and chips."

Staff told us that the activity programme was put together taking into account people's likes and dislikes. For instance, one person was supported to attend a local football team's matches. Staff had got a membership number for him that gave him access to concessionary rates. Staff also took him to the matches early so that the crowd builds up around him, which he found easier than going into a big crowd. Another person was supported to go to the cinema regularly because of his interest in films. From what we saw during our visits and from supporting records, it was clear that people had a full and varied range of activities. These were both group and individual activities and took place mainly outside of the home.

Relatives we spoke with were pleased that staff supported their family members to participate in the social activities

they enjoyed. One relative told us, "The staff take him out for meals, shows, concerts and football matches. They look in advance for things he will enjoy." Another relative commented, "My relative needs routine. He goes to a disco, swimming and on the trampoline. He needs to do these on the same day and time. He doesn't have to do it, if he doesn't want, but he likes routine." This showed that staff responded to people's individual support needs.

During our visit, we observed people preparing to go out to a Halloween party in the evening. Several people had dressed in fancy dress for this and were excited and happy. We heard staff reassure one person that they did not have to change their clothing for the party, if they did not want to. This showed staff understood and responded to this person's needs.

The home used 'My Plan' which is a recognised framework for recording information and assessments of people's needs and how their care has been provided. We found this to be a thorough and effective tool, which provided sufficient information about people to enable someone who had not previously known them, to understand their needs and wishes and how to support them. Relatives told us their family members' care was reviewed regularly. One relative commented, "We have an annual review. It's due next month. The care manager is also involved. We talk about any concerns we might have. [The service] presents a report of how [our relative] has been." This showed that the service took account of people's views about their care.

We looked at the records of complaints and compliments. We saw no complaints had been made since 2009. We saw several complimentary cards from relatives. Relatives we spoke with told us they had never a cause to make a complaint. One relative commented, "If we had any concerns or anxieties, we would take it to them and I know they would listen to us." This showed the service routinely listened to people and resolved any issues to people's satisfaction, which reduced the need for formal complaints.

Is the service well-led?

Our findings

We asked three relatives for their views about the management of the service, which were all positive. One told us, "I speak to Mike Winters {registered manager} and [a senior member of staff]; they are very open. It's very nicely run. Every time I go, the staff are happy. My relative's behaviour has changed to become much more positive." Another relative said, "It's run pretty well. Mike Winter [registered manager] has been there since the service started. We're very happy with the placement. I must credit Mike Winter with that; the atmosphere, the environment he has set up. He is very approachable. He makes a point of speaking to you."

We spoke with a local authority care manager, who had contact with the service at regular intervals. They told us, "The communication is good between the service and (us) and I am confident that if there were any issues that they required support with, they would contact me."

These views gave us confidence that the registered manager promoted a positive and open culture in the service.

The home had an established registered manager, who had run the service since it was set up over ten years ago. He was fully aware of his registration requirements, including the submission of notifications, where appropriate. Notifications are reports of changes, events or incidents, that the provider is legally obliged to send us.

During the visit, we observed people conversing with the registered manager. These conversations indicated that the registered manager was familiar with people and their recent activities and that people were comfortable talking to him.

We sought views about how well the staff team were supported by the manager. One member of staff told us, "I find management ok. You can go to Mike about anything and he listens. He sets the standards." Another member of staff said, "The manager does a very good job. He is always there to listen. He is never not there to respond to concerns or anything. We have regular staff meetings." Other staff also confirmed staff meetings took place at appropriate intervals with one member of staff commenting, "We go through all the lads and see if there is anything we can do better."

Relatives were pleased that there had been little staff turnover in the years the service had been operating. One relative told us, "Seventy per cent of the staff have been there for 11 years. That's nice. There's not constant change." This helped ensure consistent care for people as the staff knew them well.

Staff told us they enjoyed their work and felt supported by management. One care worker told us, "We have chats all the time. I can go to Mike [registered manager] at any time. Staff morale is very high. Generally, as a work team, I feel morale is very high." A relative commented, "They're a good team. There is a good atmosphere. The senior staff are well motivated and work properly with the young people in their care and this passes down to the rest of the staff." This showed the registered manager promoted good values and attitudes in his staff team.

Staff explained some of the ways the provider checked and made sure good quality care was being provided. For instance, a senior member of staff told us that the medicines were audited and a system of monthly checks had been implemented. "We check the MARS (medication administration records) and double check the medicines have been administered properly. We make sure the creams are in date and check the MARS for double signatures. I do observations of staff and make sure everything is as it should be."

We saw there was a comprehensive range of monthly and quarterly checks carried out to keep people safe and ensure they received good quality care. These included checks on recruitment and training of staff, analysis of any incidents or accidents and involvement of people and their relatives in decisions about people's care. We saw that any actions necessary were clearly identified. One report had picked up that staff meetings and appraisals were behind schedule and we saw that the registered manager had subsequently addressed this. Some audits were carried out by the registered manager and others by an Operations Manager on behalf of the provider. Staff told us this worked well. For example one care worker told us, "The operations manager checks the paperwork, medicines, care plans, the house, fire safety. She chats to the boys and the staff."

The registered manager showed us the home's Development Plan 2014, which showed clearly areas for improvement, such as renewals of furnishings and additional staff training. We saw one action was to ensure weekly fire drills were held and that staff supported people

Is the service well-led?

so that they were not worried by this process. Other records showed these drills were taking place and staff had provided people with reassurance so that they were not upset by the noise and procedures followed.