Bridgewood Trust Limited

Mountjoy Road

Inspection report

24 Mountjoy Road
Edgerton
Huddersfield
West Yorkshire
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Tel: 01484432471

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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 'comprehensive rated' inspection of 24 Mountjoy Road took place on 10 August 2016 and was announced. At the last inspection on 7 February 2014 the service met all of 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 These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Mountjoy Road is a care home that is part of the Bridgewood Trust and is registered to provide accommodation for people who require support with their personal care. It provides this service to a maximum of eight adults who may have a learning disability. The service is on a quiet residential road close to the centre of town, has access to local bus transport links and provides all single occupancy accommodation. There were six people using the service at the time of the inspection.

The registered provider was required to have a registered manager in post. On the day of the inspection there was a manager that had been registered and in post for almost six years. A registered manager is a person who has registered with the Care Quality Commission (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. The registered manager was unavailable on the day of the inspection, but the service was being managed by a senior staff member, who was assisted later in the day by two support workers.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that people avoided injury of harm wherever possible.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers were sufficient to meet people's need and we saw that rosters accurately cross referenced with the people that were on duty. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support vulnerable people. We found that the management of medication was safely carried out.

We saw that people were cared for and supported by qualified and competent staff that were regularly supervised and appraised regarding their personal performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

Employees of the service had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. Where a person lacked capacity to make their own decisions the registered manager used the legislation to work with other health and social care professionals and family members to

ensure a decision was made in the person's best interests.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing care and support to people with a learning disability, as they were domestic, comfortable, well-furnished and pleasantly decorated.

We found that people received compassionate care from kind staff and that staff knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook care and support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible. This ensured people were respected, that they felt satisfied and were empowered to take control of their lives.

We saw that people were supported according to their support plans, which reflected their needs well and which were regularly reviewed. People had many opportunities to engage in pastimes, activities and occupation if they wished to. People had very good family connections and support networks that staff supported them to maintain.

There was an effective complaint procedure in place and people were able to have any complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain healthy relationships through frequent visits, telephone calls and sharing of information.

The service was well-led and people had the benefit of this because the culture and the management style of the service were positive and inclusive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and good communication, but action planning for improvement of the service and feedback to stakeholders was insufficient. We made a recommendation regarding this.

People had opportunities to make their views known through direct discussion with the registered provider or the staff and through more formal complaint and quality monitoring formats. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and were held securely in 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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury wherever possible.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their health and wellbeing. The premises were suitable for providing care to people with a learning disability. The premises were domestic, comfortable, well furnished and pleasantly decorated.

Is the service caring?

Good

The service was caring.

People received compassionate care from kind staff. People were involved and included in all aspects of their care and were in control of their lives.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible.

Is the service responsive?

Good

The service was responsive.

People were supported according to their support plans, which reflected their needs and were regularly reviewed. People had the opportunity to engage in pastimes, activities and occupation of their choice.

People were able to have complaints investigated without bias and they were encouraged to maintain healthy relationships with family and friends.

Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led service of care, where the culture and the management style of the service were positive and inclusive. The checking of the quality of the service was effective, but did not show how action plans were used or feedback to stakeholders was given.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely in the premises.

Mountjoy Road

Detailed findings

Background to this inspection

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

The inspection of 24 Mountjoy Road took place on 10 August 2016 and was announced. We gave the service just 16 hours notice as we understood people that used the service often went out each day and we needed to be sure that someone could be available to answer our questions and provide access to documentation. One Adult Social Care inspector carried out the inspection.

Information had been gathered before the inspection from notifications that were sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with 24 Mountjoy Road and reviewed information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people that used the service and the senior staff member on duty. We spoke with one other care / cleaning staff that worked at 24 Mountjoy Road. We looked at care files belonging to two people that used the service and at recruitment files and training records for two staff members. 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. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at 24 Mountjoy Road. They explained to us that they found staff to be "Nice, friendly and safe."

The registered provider had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents to the local authority safeguarding team. One staff member said, "I am responsible to make sure vulnerable people are safeguarded while maintaining their independence. I must protect them from abuse and if I suspect abuse has taken place, report it to the appropriate authority."

We saw evidence in staff training records that staff were trained in safeguarding adults from abuse and we saw the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These corresponded with what we had been informed about by the service through formal notifications to us, which numbered only one safeguarding referral in the last year. All of this ensured that people who used the service were protected from the risk of harm and abuse.

People had risk assessments in place to reduce their risk of harm from, for example, accidents within the service and situations that were dangerous when out in the community.

The registered provider had safe systems in place for the handling and management of people's finances, as sometimes they required extra support with this. People had money held in safe-keeping and there was an accounting system in place to manage this. Checks carried out on two people's financial records and balances showed the system was being safely and accurately used. People told us they were happy with the arrangements for the safe-keeping of their money and were seen to make and have requests granted for specific amounts as they needed them.

We saw that the service had maintenance safety certificates in place for utilities and equipment used in the service that were all up-to-date. These included, for example, fire systems, electrical installations, gas appliances, hot water temperature at outlets, water storage and waste management. We also saw a general safety evacuation plan and people's personal safety documentation for evacuating them individually from the building in the event of a fire. There were contracts of maintenance in place for ensuring the premises and equipment were safe at all times. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

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. Records showed that these had been recorded thoroughly and action had been taken to treat injured persons and prevent accidents re-occurring.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. We discussed the staffing levels with the staff on duty during the

inspection and with the Nominated Individual shortly after the inspection. There were times during the day when the service was empty and locked up and there were times when one of two staff on duty left the building to collect people from day care. The night times also saw one staff member lone working (on-call doing sleep-in duty), which meant there were times when staff and people that used the service were more vulnerable. This left staff in a situation of lone working.

However, discussions revealed that the registered provider ensured people that used the service were risk assessed regarding the low staffing levels and their capacity was such that they were assessed as requiring only very low staffing numbers at times, as their dependency needs were low. People told us they thought there was enough staff to support them with their needs. One person that lived at 24 Mountjoy Road said, "There is always some staff around to help us if we need it."

Staff we spoke with told us they believed there were enough staff on duty and that they covered shifts when necessary for each other or 'bank' staff were brought in. Staff said they had sufficient time to carry out their responsibilities and time to spend with people and assist them with some pastimes, activities or personal skills development work. One staff member said that sometimes the team struggled if someone was absent but most of the time the workload and covering the shift was "Do-able." We saw that there were sufficient staff on duty to meet people's needs.

The staff member in charge told us the organisation used thorough recruitment procedures to ensure staff were suitable for the job. The organisation ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Staff files we looked at contained details of up-to-date DBS checks.

Recruitment files contained evidence of staff identities, interview records, health questionnaires, correspondence about job offers and quality checklists (competence checks). 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.

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, that they were stored safely, and that medicines were administered on time, recorded correctly and disposed of appropriately. There were written protocols in place for the management of all 'as and when required' medicines. We saw that there were no controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001).

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for the simple administration of measured doses given at specific times.

We were told that four people that used the service self-administered their medicines and that risk assessments were in place and safe storage was provided. People said, "I am happy with the way my medicines are given to me" and "I do some of my medicines myself. The staff help me with the rest," when we asked them about how their medication was managed.

The premises were maintained to a high standard with regard to cleanliness and so there were no concerns for us regarding infection control or hygiene. The carer / cleaner we spoke with showed us some cleaning schedules, which recorded the daily, weekly and monthly cleaning tasks that were completed.

Good

Is the service effective?

Our findings

People we spoke with felt the staff at 24 Mountjoy Road understood them well and had the knowledge to care for them. They said, "I really like the staff, they know how to care for me" and "Staff know what help I need and know when I need to be somewhere."

We saw that the registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. Training was accessed from an accredited training company. A 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. Records showed that staff training had been completed in 2015 and 2016 which included, for example, first aid, food hygiene certificate, management and administration of medication, infection control, and behaviour management. There was evidence that some staff had completed NVQ Level II and III in Health and Social Care.

The registered provider had an induction programme in place, which spanned over two full days and included safeguarding, an introduction to the organisation, learning disability awareness, the Mental Capacity Act 2005, medication awareness, health and safety and moving and handling. Staff were also expected to complete the Care Certificate after their induction and then to set up an individual training plan. The registered provider reviewed staff performance via one-to-one supervision and the use of an appraisal scheme.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care.

We saw two staff files that confirmed the training they had completed and showed evidence of the qualifications they had achieved. We saw evidence in these files that staff had received supervision regularly and their performance had been appraised on a yearly basis.

The registered provider told us in their 'provider information return' how they achieved 'best practice'. This was by attending good practice events, networking with other care and health care professionals and following regular updates from training and development. Also from holding discussions between the registered manager and area manager and reading care magazines and publications.

Communication within the service was good between people that used the service and the staff that supported them. Methods used included daily diary notes, telephone conversations, meetings, notices and face-to-face discussions. Some people had specialist communication needs and these were assessed, planned for and accommodated. Staff understood their responsibilities to ensure everyone's needs were communicated effectively so that they could be 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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that for all six people that used the service a DoLS application had recently been submitted (June 2016) but only one outcome had been received by the registered provider. These were because most people that lived at 24 Mountjoy Road required constant supervision while in the property.

We saw that people consented to care and support from staff by either verbally agreeing or by conforming with staff when asked to accompany them and by accepting the support they offered. There were some documents in people's files that had been signed by people or relatives to give permission for care plans to be implemented or medication to be handled on their behalf, for example, but not everyone could fully understand what giving consent entailed.

For example, one person had been assessed regarding the giving of consent, was unable to understand what it involved and was unable to make a decision about it. Therefore a 'best interests' meeting had been held and decisions made for them about providing the care and support they needed to live comfortably and safely. This led to a risk of them living in a restrictive environment and being under constant supervision while out in the community. Therefore a DoLS application was submitted to the authorising body for them.

People had their nutritional needs met by the service because people had been consulted about their likes and dislikes, allergies and medical diets. People contributed greatly to the meal choices presented in the service because they collectively decided the meals that went on the menu each week. Menus followed healthy eating options and also catered for those people with specialist diets, for example, diabetic and weight reducing. Menus were also displayed in pictorial format for those people that needed this type of communication aid. People that required support with nutrition due to temporary illness had a referral to the services of the Speech and Language Therapist (SALT).

The service provided three nutritional meals a day plus snacks and drinks for anyone that requested them, particularly at supper time. There were nutritional risk assessments in place where people had eating problems or specialist dietary needs to take into consideration.

Menus were on display for people to see what was on offer and people told us they were satisfied with the meals provided. They said, "The food is good. We chose what we want to have on the menu" and "We like the food, it is really nice." A staff member explained to us, "People go for the shopping to cook the meals they have chosen and usually like plain English foods. They tend to have the same preferences and so choosing meals and menus for them is easy."

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions and information had been collated and reviewed with changes in their conditions. There were records of the support and treatment that people had received with regard to their health, for example, GP visit records and records of visits to outpatients appointments, appointments with

chiropodists, dentists, neurology departments and occupational therapists . We were told by staff that people could see their GP on request and that the services of the District Nurse, chiropodist, dentist and optician were obtained whenever necessary, to ensure their health care needs were met.

People that used the service did not have any physical disabilities or any specialist requirements for a particular environment that met their needs. Therefore they required nothing more than a comfortable home in which to live. This was provided at 24 Mountjoy Road because the house was sufficiently large enough to accommodate up to eight people, was comfortably furnished and was decorated to a good standard. There was a shared lounge and a shared kitchen dining room. Bathrooms were allocated to people that lived on each floor. The premises were suitably designed.

Good

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff and each other. They said, "I like the staff, they are nice to me and we have some fun together", "Staff look after me well and are really nice" and "I am happy here, as staff are kind to me."

We saw that staff had a pleasant manner when they approached people and respected their space and their views. Staff knew people's needs well and took the time to get to know what made them happy or upset. Some of the staff had been employed at 24 Mountjoy Road since it was opened. We were told by staff members that the management team led by example and were polite, attentive and informative in their approach to people that used the service. We saw that people who used the service were always treated in a humanitarian way, with compassion and in a way that valued them as a human being. Their treatment supported their self-respect, even if their wishes were not fully known at the time.

There was absolute inclusion and involvement of people that used the service in their daily lives, routines and preferences. Staff supported people to ensure their support plans were followed and any changes people wanted to implement with them were addressed and also followed.

Discussion with the staff revealed that everyone living at the service had particular diverse needs in respect of at least one of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We were told that everyone was susceptible to discrimination on the grounds of their learning disability and therefore staff encouraged people to speak up for their rights and exercise them whenever it was necessary.

One staff member explained about a situation where they observed people that used the service being discriminated against in the community. They told us they intervened, explained to those discriminating against people that what they were doing was legally unacceptable and ensured people were appropriately represented to have their rights upheld. Another situation was related where discriminatory views were being expressed in the service by a visitor and this was again addressed by staff, to ensure people understood such views were not acceptable. We saw no evidence to suggest that anyone that used the service experienced any discrimination or unequal treatment by staff or the organisation and therefore they had all of their needs met.

We saw that people who used the service had their general well-being considered and monitored by the staff who knew what incidents or situations upset their mental health, or affected their physical ability and health. We found that people were experiencing a satisfactory level of well-being and were very positive about their lives.

While we were told by the management team that no person living at 24 Mountjoy Road was without relatives or friends to represent them, we were told that advocacy services were available if required. (Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.) Information was provided to people in the form

of leaflets and notices.

People we spoke with told us their privacy, dignity and independence were always respected by staff. People said, "No one goes in my room without asking" and "Support is given to me in private and no one talks about my care to other people." We saw that staff only provided care that was personal in people's bedrooms or bathrooms and knocked on bedrooms doors before entering. Staff only entered people's bedrooms with their full permission and respected their privacy. Staff said, "I am a dignity champion which means I look out for issues around dignity and coach staff in maintaining dignity for people in all things. I remind staff what they should be doing to ensure people's dignity is preserved. It is important to uphold people's dignity at all times" and "Privacy and dignity are important and we usually uphold this for people whenever we can."

Good

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They talked about their activities that involved going out a lot. They talked about having autonomy in their lives and being able to choose what they did for occupation or entertainment. We saw that a couple of people came to and left the service freely and engaged in occupations in the community at will. A couple of other people required more formal supervision to access community based entertainment and pastimes. Staff supported people where necessary and all of these arrangements were recorded within people's care plans.

We looked at two care files for people that used the service and found that support plans reflected the needs that people appeared to present. Support plans were not as person-centred as they might be as they were written in the 'third person', but they were reflective of people's individual needs. The risk assessments in place for people contained information under eleven areas of need or importance, but the support plans in place contained information under 52 areas, which instructed staff on how best to meet people's individual needs.

Support plans contained personal risk assessment forms to show how risk to people would be reduced, for example, with times when people might be without a chaperone in the community, having no cover on radiators in people's bedrooms, self-administering medication, answering the door to strangers, smoking, keeping possessions secure, giving consent to share images on social media, data protection, having vaccinations and gender preference. We saw that support plans and risk assessments were reviewed monthly or as people's needs changed and were fully addressed and reviewed as part of an six monthly and annual review.

There were a few activities held in-house with staff, whenever people chose to do these and these included movie nights, reading newspapers and magazines, engaging in craftwork, following favourite 'soaps' or sports on the television and playing one's choice of music in one's bedroom. Staff told us that people liked to do outdoor and community based activities, for example, horse riding, swimming, visiting parks and areas of interest or just watching trains go by at a nearby location.

One staff member said, "People that live here are just happy being out, whatever they are doing. They seem to like most things." People said, "I like going to club, where I dance and spend time with my friends" and "I enjoy going out for a drink to the pub round the corner or for a meal, and visiting my family." Three or four people were preparing to go out that evening to a disco. Most people attended a day service or part-time employment on weekdays and one person engaged in paid horticultural employment.

Another activity involved people that used the service helping with some domestic chores around the house and in the kitchen. We were told that most people at 24 Mountjoy Road prepared their own breakfasts and snacks in the kitchen and ensured they kept their bedrooms clean and tidy. Some also completed tasks such as laundry and collecting their own medication or shopping for personal items and groceries. One person assisted greatly with all general cleaning around the house too.

Staff told us that it was important to provide people choice in all things, so that people learned and continued to make decisions for themselves and stay in control of their lives. People had choice in respect of the foods they ate, who they socialised with, when they rose from bed or went to bed, what they did for entertainment and occupation and whether or not they went out or joined in with entertainment and activities. People's needs and choices were therefore respected.

People were assisted by staff to maintain relationships with family and friends. This was carried out in several ways. Staff who key worked with people got to know family members and kept them informed about people's situations if people wanted them to and staff encouraged people to receive visitors and use the telephone. Staff spoke with people about their family members and friends and encouraged people to remember their birthdays, by helping them send cards.

We saw that the service had a complaint policy and procedure in place for everyone to follow and records showed that complaints and concerns were handled within timescales. Staff we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. People that used the service had an understanding of the complaint procedure and knew how to make their dissatisfactions known to staff or the registered manager.

We saw that complaints were appropriately recorded and complainants were given written details of explanations and solutions following investigations. All of this meant the service was responsive to people's needs. Compliments were also recorded in the form of letters and cards. People we spoke with told us they knew how to complain.

Good

Is the service well-led?

Our findings

People we spoke with told us they felt the service was comfortable and safe and that it was very much their home. They had lived there several years and had grown to know each other well. We saw that 24 Mountjoy Road had a pleasant, family orientated atmosphere. Staff we spoke with said the culture of the service was, "Loving and family orientated."

24 Mountjoy Road was registered in late 2010 and has had no changes to its registration details since then.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been registered manager for nearly six years.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

Staff we spoke with told us that the management style of the registered manager and senior management team was open and approachable. Staff told us they could express concerns or ideas any time and that they felt these were considered. They were aware of the organisations policies on anti-discrimination, bullying, grievance and disciplinary.

People that used the service and staff maintained links with the local community through the local organisations and businesses, schools, colleges and visiting local stores and cafes. Relatives played a role in helping people to keep in touch with the community by taking people out shopping or to activities and inviting them to stay over. People that used the service frequented a wide variety of other care and healthcare organisations and services and so they had full integration into their community.

The service had written visions and values, a 'statement of purpose' and 'service user guide' that it kept up-to-date (documents explaining what the service offered) contained aims and objectives of the service. Staff were aware of the values and described them as being 'Respect, excellence, dignity, privacy, thoughtfulness, consideration and compassion.' One staff said they knew these values were on display in the organisations training room and said, "Practicing the following of these is what training is all about really."

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals.

We were told by a staff member that Bridgewood Trust subscribed to Alcumus ISOQAR, which is an organisation that provides quality marked certification services that are accredited by the United Kingdom Accreditation Service. We were also told that Bridgewater Trust management employees completed a six-

weekly internal audit, which followed the requirements of the local authority monitoring contract. The registered provider ensured an annual external auditing system was implemented, particularly in respect of health and safety issues. This covered a variety of areas, for example, general utilities, security, window safety, water temperatures, lifting equipment and passenger lift. The list of areas was extensive.

There was an internal auditing system implemented every six months, which, for example, included checks on the kitchen, the general property (state of repair), accidents and incidents, staff and service user meetings, new staff appointments, medication systems and service user's files.

The satisfaction surveys were saw for people that used the service were issued and completed in 2010 (written questions) and 2011 (pictorial questions). While they contained very positive answers to questions about people's satisfaction with food, their home, the staff support, for example, they were insufficiently recent enough to use as valid satisfaction surveys for 2016. There were two that had been received from relatives in early 2016, which were acceptable as evidence that relatives were satisfied with the care and support their family members received.

These contained positive comments in relation to the quality of staff and support, being aware of the complaint procedure, quality of management, communication systems, the activities provided, whether or not there are areas to improve on or changes to make and any other comments. The overall views of these relatives were that staff worked very hard, the home was homely and everything about the service was very good to excellent.

We saw no evidence that quality monitoring information was used to generate action plans for improvement of the service or that feedback was given to people that contributed to the satisfaction surveys. We recommend the registered provider develops their quality assurance and monitoring system to incorporate action planning and feedback to stakeholders.

We were told that staff meetings were held, but one staff member (new to the service) had not attended a meeting so far. People that used the service told us they held 'resident' meetings which they enjoyed attending and used to make plans and share information.

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. People had access to records about themselves and were assured their personal information was kept confidential at all times.