

Leonard Cheshire Disability

Marske Hall - Care Home with Nursing Physical Disabilities

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

We inspected Marske Hall on 18 June 2015 and 3 July 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 3 July 2015.

Marske Hall provides personal and nursing care for up to 30 people with a physical disability. At the time of the

inspection there were 27 people who used the service of which 12 people required personal care and 15 people required nursing care. Accommodation is provided over two floors. All bedrooms are for single occupancy and have a separate toilet and sink. Some of the bedrooms

Summary of findings

have a wet room and one has a bath. Communal areas include a large lounge, dining room, activities room, gym, conservatory and atrium. There is a large enclosed garden.

The home had a registered manager in place. 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.

At our last inspection of the service on 8 and 14 July 2014 we found that care records were not always accurate or fit for purpose. The registered provider sent us an action plan telling us they would be compliant by 30 March 2015. We checked care records at this inspection and found that improvements had been made.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual person. This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervision on a regular basis and an annual performance development review.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. However at the time of the inspection 41 of the 81 staff were due for refresher training in first aid or emergency aid. This meant that on some occasions there wasn't a staff member who was qualified to administer first aid should the need arise. We pointed out our concerns to the registered manager who immediately booked a further 15 staff on first aid training in July 2015. The registered manager confirmed to us after the inspection that now

further staff had received training there was now always a qualified person on duty to provide first aid. We were told that further first aid training had been booked for the remaining staff.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. Nutritional screening had been undertaken and people were weighed on a regular basis.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

We saw people's care plans were person centred and written in a way to describe their care, and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate that people were involved in all aspects of their care plans.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw that there was a plentiful supply of activities and outings and that people who used the service went on holidays. Staff encouraged and supported people to access activities within the community.

Summary of findings

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

There were systems in place to monitor and improve the quality of the service provided. However the current tool

used by the registered provider to identify trends and patterns for accidents and incidents was not always effective . At the time of the inspection accidents and incidents were not a common occurrence.

We saw there were a range of audits carried out both by the registered manager . We saw where issues had been identified; action plans with agreed timescales were followed to address them promptly. We also saw the views of the people using the service were regularly sought and used to make changes.

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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

There were arrangements in place to ensure people received medication in a safe way.

Good



Is the service effective?

The service was effective.

Staff received training and development, supervision and support from their registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink. People were nutritionally assessed and weighed on a regular basis.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs

Good



Is the service responsive?

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People also had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People had opportunities to raise concerns or complaints and felt able to do so if needed. People who used the service, relatives and staff told us that they were listened to.

Good



Is the service well-led?

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Good



Summary of findings

People were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

Marske Hall - Care Home with Nursing Physical Disabilities

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.

A comprehensive inspection of all aspects of the service, was undertaken on 8 and 14 July 2014. This inspection identified a breach of regulations. We visited again on 18 June and 3 July 2015 to carry out a further comprehensive inspection and to also follow up on actions taken in relation to the breach of legal requirements we found on 8 and 14 July 2014. You can find full information about the outcome of this visit in the detailed findings sections of this report.

Before the inspection we reviewed all the information we held about the service this included notifications from the registered manager and information we had received from the local authority.

The registered provider was not asked 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 improvements they plan to make.

At the time of our inspection visit there were twenty seven people who used the service. We spoke with eight people who used the service and spent time with others. We also spoke with two relatives. We spent time in the communal areas and observed how staff interacted with people.

During the visit we spoke with the registered manager, the deputy manager, a volunteer co-ordinator, the operations trainer for Leonard Cheshire Disability, the assistant cook, the activity co-ordinator, two care staff and a student on placement from Middlesbrough College.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, “The staff here make you feel safe.”

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager. One staff member said, “I love working here. The residents always come first. If I was worried I can speak to any of the staff or the manager.”

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. When people behaved in a way that may challenge others, staff managed situations in a positive way and protected people’s dignity and rights. The registered manager and staff we spoke with demonstrated they sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. The registered manager told us how behaviour plans were working for people. For example when one person who used the service became upset staff carried out validation techniques to allow the person to express themselves. Validation techniques are based on the principle that when emotions are suppressed they fester and make the person very unhappy. When emotions are allowed to be expressed and staff listen with empathy (validation) the person is relieved. We saw staff follow such techniques on the day of the inspection. During the inspection we looked at the care records of two people with behaviour that challenged. Records we looked at indicated that some improvement was needed in the recording of assessments and care plans associated with behaviour that challenged. Plans did not always include the triggers, how to prevent, react or review progress. This

was pointed out to the registered manager who said that plans would be updated. Risks to people’s safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual. We looked at the risk assessment for one person who went out in the community independently. This clearly described measures on how to keep the person safe for example by making sure the person was wearing their lap strap and using a zebra or pelican crossing. The person had agreed to have a discreet label attached to their wheelchair with contact details should they come into difficulty. This enabled staff to have the guidance they needed to help people to remain safe.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly. We saw that some water temperatures were too high. The registered manager told us that they were in rooms that were unoccupied, however told us that they would call the plumber out that day to address our concerns.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, hoists, fire extinguishers and gas safety.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual’s safe evacuation from the premises in the event of an emergency. Records showed that fire drills had been undertaken. The most recent practice had taken place in June 2015. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

The registered manager told us that all accidents and incidents were recorded and sent up to head office for monitoring we looked at records to confirm that this was the case. The registered manager showed us the tool in which they recorded such accidents and incidents, however this did not detail the time of the fall or where the fall was to identify any pattern and avoid the risk of

Is the service safe?

reoccurrence. This was pointed out to the registered manager who said that they would speak with the senior management team about this. At the time of the inspection accidents and incidents were not a common occurrence.

We looked at the files of four staff recruited in the last 12 months and saw that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We saw that appropriate checks were carried out on nurses with the Nursing Midwifery Council (NMC) before nurses started work and on an annual basis thereafter. This meant that the registered provider ensured that appropriate checks were carried out on nurses to make sure they were eligible for practice.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that generally during the day from 07:45am until 2pm there were two nurses on duty. From 2pm and overnight there was one nurse on duty. In addition to this from 07:45am until 2:15pm there were seven care staff on duty one of which was a senior care assistant. From 2:15pm until 9pm there were five care staff on duty and one of which was a senior care assistant. Overnight there were two care staff on duty. There were other staff such as cooks, handymen, domestics, activity co-ordinators and volunteers that worked at the service.

The registered manager told us that staffing levels were flexible, and could be altered according to need. People who used the service confirmed that staff were available should they need them through the day and night. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. For example, staff were available to support people on a trip out for a pub lunch on the second day of our inspection. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency.

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

The service had a medication policy in place, which staff understood and followed. We checked people's Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. There was information available to staff on what each prescribed medication was for and potential side effects. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training. This showed us there were systems in place to ensure medicines were managed safely.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, “I like living here all of the staff are really good.”

We spoke to the operations trainer about the training and development opportunities at the service. They told us that all new staff now completed the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. They told us how this induction was carried out over 12 weeks and involved eight focus days to ensure that all 15 elements of the Care Certificate induction were covered. This included a welcome day, moving and handling, safety focus, people focus, communication focus, person centred planning, first aid, customer services and medication. We looked at the records of newly recruited staff and saw that staff had either completed or were part way through this induction. One staff member we spoke with said, “I did the induction. This is a lovely place to work. When I walked through the door it had such a lovely feeling.” The induction training also involved looking at the care and support plans of all people who used the service, reading policies and procedures and shadowing experienced staff until they felt confident and competent.

Staff we spoke with told us that there was a plentiful supply of training. They told us they had received training in moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards and health and safety amongst others. The service’s training records were difficult to work out at a glance with what training staff had undertaken and what training was due for refresher, however we did observe that 41 of the 81 staff were due for refresher training in first aid or emergency aid. This meant that on some occasions there wasn’t a staff member who was qualified to administer first aid should the need arise. We pointed out our concerns to the registered manager who immediately booked a further 15 staff on first aid training in July 2015. The registered manager confirmed to us after the inspection that following the training there is now always a qualified person to provide first aid. We were told that further first aid training was booked for September and October 2015 for the remaining staff.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an appraisal. Supervision is a process, usually a meeting,

by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. Staff confirmed to us that they felt well supported. One staff member said, “The manager and staff are all very supportive of each other.”

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice. They understood the practicalities around how to make ‘best interest’ decisions. We saw that appropriate documentation was in place for people who lacked capacity.

At the time of the inspection some people who used the service were being deprived of their liberty as they were under supervision and unable to leave the service. The registered manager had ensured that appropriate Deprivation of Liberty Safeguarding (DoLS) applications had been made to the local authority in respect of this. The service was awaiting the outcome and decisions in respect of this. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS.

We looked at the home’s menu plan. The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as a sandwich, soup or salad. The assistant cook told us about different people who used the service and how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We saw that staff at the service catered for each individual person. Some people had special dietary needs and as such had their own menu plan. We looked at the menu plan for one person who required a pureed diet. We saw that this menu provided the person with many dietary options.

Is the service effective?

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance. One person said, "I have no complaints about the food we are certainly well fed." Another person said, "The food is really good."

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day.

The deputy manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.

The registered manager told us that the registered provider paid for a private physiotherapist to come into the home to assess people and determine any exercise that was needed. The service employed two physiotherapy assistants who each worked 10 hours a week. After assessing each person the private physiotherapist worked with the physiotherapy assistants to explain and show

exercises that people needed to do or what exercises needed to be performed. One person who used the service told us that they used the gym in the home regularly. They told us how the exercises had been of benefit and how they had become stronger.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. We spoke with one person who told us that they had diabetes and that they were regularly monitored. They said, "I get my feet done regularly and my eyes tested. I had my eyes tested not so long ago." People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. The registered manager told us that each person who used the service had a health support plan. We looked at the health support plan for two people who used the service and saw that this clearly identified people's health needs. We saw people had been supported to make decisions about the health checks and treatment options

Is the service caring?

Our findings

People we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person who used the service introduced us to their key worker and told us they were very kind and caring. We observed the person who used the service reach out to the staff member and they responded by giving the person a hug. Another person we spoke with said, "It's not the building but the people in it and they are all good."

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. We saw that staff and people who used the service engaged in friendly banter. For example kitchen staff were observed to ask one person what they wanted for their breakfast. One person responded by saying "Food." The kitchen staff member responded appropriately and warmly to this response and obviously understood the person's sense of humour.

We found that staff at the service were very welcoming. Staff used friendly facial expressions and smiled at people who used the service. We saw staff actively listened to what people had to say and took time to help people feel valued and important. Staff were skilled with communicating with those people who had some difficulty with communication. Staff were able to tell us about other people who used the service and describe their body language when they were happy or unhappy. We saw this happen on the day of the inspection. Pupils from a school had come in to the service to sing to people and staff. One person who used the service became distressed and staff quickly took the person to another room. This demonstrated that staff knew the people they cared for extremely well.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, were patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs.

For example at sometimes people were in need of reassurance and affection. Staff took time to talk and listen to people. This showed that staff were caring. Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. We saw that staff encouraged and supported people to be independent. We saw how staff provided lots of encouragement to one person who was using a specially adapted walking frame. When the exercises had finished the person was given praise and then independently moved the straps which had kept them safe.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, “I have an active life. I go to college and am out all of the time.” Another person told us how they enjoyed the plentiful supply of activities and entertainment that was provided they said, “We had a pub night and karaoke last night and I had a blue wicked [drink].” They went on to say “We’re having a barbeque tomorrow it starts at 3:30pm.”

During the inspection we saw that staff engaged positively with people who used the service. We saw that people were encouraged to take part in activities on both an individual and group basis. On the first day of the inspection we saw that people did jigsaws, read the newspaper, generally chatted and took part in board games. On the second day of the inspection, children from a nearby school had come into sing to people and staff. We saw that people who used the service enjoyed this and sang and clapped.

The registered manager told us that people were encouraged and supported to pursue their hobbies. We were told how one person went to art class and how another liked photography and had piano lessons.

People and staff told us they were going or had been on holiday to Benidorm, Scarborough, Cyprus and Centre Parcs. People told us that they looked forward to their annual holidays. The registered manager told us how people who used the service could take part in an exchange scheme and could holiday in other Leonard Cheshire Disability Care Homes. At the time of the inspection one person who used the service was enjoying a holiday in a Leonard Cheshire service in Sandbach in Cheshire and the person who used the Sandbach service was holidaying in Marske Hall. On the day of the inspection this person expressed that they would like to go to the shops to buy a DVD and staff supported them to do this.

One person who used the service spoke eagerly about the ‘Rock the Hall’ festival that was arranged for 18 July 2015. They showed us a poster which detailed that there would be live bands, children’s entertainment and a barbeque amongst other things. They told us how they had been involved in the planning of this.

During our visit we reviewed the care records of three people. We saw people’s needs had been individually assessed and plans of care drawn up. The care plans we looked at included people’s personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing the person centred plans. The care plans generally included the support people needed but some could be improved by including more detail with how to provide that support. For example the care plan for one person detailed that they needed the help of staff with their bowel management. The plan detailed that staff were to give a running commentary when providing this support but care records did not describe what this running commentary was. We looked at the food and fluid charts of one person who used the service. We found that these contained information on food offered, the portion size and the amount of food and drink taken. This meant that staff were keeping records of essential information that formed the basis of nutritional assessments and any future treatment plans. We found that care and support plans were reviewed and updated on a regular basis.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The service had an easy read complaints procedure, but we were told that some people who used the service would not be able to understand this document due to their complex needs. The registered manager said that they spoke to people on a daily basis and that staff understood people’s body language and knew if they were unhappy. The complaints information was displayed on the information board in the corridor of the service for everyone to see. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. We saw records to confirm that there has been one minor complaint in the last 12 months and which the registered manager dealt with immediately.

Is the service well-led?

Our findings

People who used the service spoke positively of the registered manager. One person said, “X [the registered manager] is helpful.” Another person said, “X the registered manager is easy to talk to and thoughtful.”

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, “X [registered manager] is great. She always makes time to listen. I know if I reported anything it would be dealt with immediately.” The operations trainer for Leonard Cheshire Disability told us, “X [registered manager] is very proactive. She is very good at getting staff to go on refresher training. This is a good service.”

Staff told us the morale was good and that they were kept informed about matters that affected the service. One person said, “This service is great to work at. It is definitely well run.” They told us that care staff meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case. Topics of discussion included health and safety, the care certificate, CQC inspections and refresher training. We saw that meetings were also held for nurses and senior care staff. The last meeting took place on 23 June 2015. Topics discussed were NICE guidance, safety alerts, fire training and health and safety. The registered manager said that as the service employed so many staff not all staff are able to attend meetings. To make sure staff were kept updated, the notes of meetings are circulated for all staff to read.

Staff described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis.

The registered manager told us that people who used the service had meetings with staff on a regular basis to share their views, to discuss activities and ensure that the service was run in their best interest. People who used the service confirmed this to be the case.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous checks which were carried out on a monthly basis to ensure that the service was run in the best interest of people. These included checks on health and safety, medicines counts and six monthly audits of medicines. Infection control audits were undertaken annually. This helped to ensure that the home was run in the best interest of people who used the service.

The registered manager told us all registered managers from other services within Leonard Cheshire Disability were to visit each other's homes in order to carry out an audit to monitor the quality of the service provided. The registered manager from Marske Hall told us that they had undertaken visits to other services within the organisation, but as yet she was still to receive a visit. The registered manager said that they would speak to the registered provider in respect of this.

We saw that Leonard Cheshire Disability opened a survey in January 2015 to seek the views of people who used the service for all of their services. In total they received 652 responses from 65 services of which 12 were for Marske Hall. The results of the survey were that people were happy with the care and service received.

The registered manager, staff and people who used the service told us that they had formed lots of links with the community. People who used the service attended coffee mornings at Marske Leisure Centre. Children from local schools visited the people who used the service to sing and representatives from the local Roman Catholic and Methodist church visit regularly.