

Swanton Care & Community (Autism North) Limited







All Saints Vicarage

Inspection report

Church Road
Eppleton
Hetton-le-Hole
Tyne and Wear
DH5 9AJ
Tel: 0191 526 6326
Website: www.barchester.com

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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires improvement		
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 All Saints Vicarage on 1 July 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in.

This service is a residential home that provides care, support and accommodation to a maximum number of six people who have a learning disability or autistic spectrum disorder. All Saints Vicarage is set in its own

grounds and has a large enclosed garden. The home is set in the small village of Hetton-le-Hole, which is outside of Sunderland. It is walking distance to local shops and Hetton Country Park.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People's nutritional needs were met, with people making decisions about what they wanted to eat. At the time of the inspection, staff at the service were closely monitoring people and what they had to eat. However, nutritional screening had not been undertaken. We spoke to the registered manager about this and after the inspection they sent us information to confirm that nutritional screening had been undertaken for all people who used the service.

Accidents for people who used the service were infrequent as such did not need monitoring. Incidents were not always analysed to reduce the risk of reoccurrence.

The staff understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the right action to take if they were concerned that abuse had taken place.

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

Staff told us that they felt supported. There was a programme of staff supervision in place. Records of supervision were detailed and showed that the registered manager had worked with staff to identify their personal and professional development goals.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There was enough staff on duty to provide support and ensure that their needs were met. We found that one person who used the service had a designated staff team; this helped to provide consistency to people.

The registered manager and staff that we spoke with had a clear understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. We saw that appropriate documentation was in place for those people who lacked capacity to make best interest decisions in relation to

their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was clearly recorded within the person's care plan.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable 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. We saw that medicines had been given in accordance with the person's prescription.

There were positive interactions between people and staff. We saw that people were supported by staff who respected their privacy and dignity. Staff were attentive, showed compassion, were encouraging and caring.

People visited their doctor, dentist and optician. Staff told us how they supported and accompanied people on hospital appointments to manage their physical and mental health needs. To reduce anxiety the doctor visited people in the service to do their annual learning disability review. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Assessments were undertaken to identify people's health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. However some plans and risk assessments would benefit from further detail. Person centred plans were developed with people who used the service to identify how they wished to be supported.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. The one person we spoke with during the inspection told us they knew how to complain and felt confident that staff would respond and take action to support them.

Summary of findings

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

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?

Some improvement was required to ensure that the service was safe.

People were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment and staffing. Staff we spoke with could explain the different types of abuse and action they would take to ensure people's safety was maintained.

Suitable arrangements were in place to ensure that people received their medicines safely.

Incidents were not always analysed to reduce the risk of reoccurrence. Some risk assessments were better than others. Some clearly described how to keep people safe, however some did not.

Requires improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received supervision. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to make choices with their food and drink.

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 treated well by caring staff who respected their privacy, dignity and encouraged their independence.

People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff interacted well with people and provided them with the support they needed.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and person centred plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

Good



Summary of findings

People were involved in a range of activities and outings. Staff supported people with their hobbies and interests. We saw people were encouraged and supported to take part in activities and access the local community.

We were told that staff were approachable and that they felt comfortable in talking to staff if they were concerned or had a complaint.

Is the service well-led?

The service was well led.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

There were effective systems in place to monitor and improve the quality of the service provided.

Good



All Saints Vicarage

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.

We inspected All Saints Vicarage on 1 July 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all of the information we held about the service. This included notifications we had received from the service.

The 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 five people who used the service. People who used the service had complex needs and were unable to talk with us; however we spent time with them in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms. After the inspection we spoke with the relatives of two people who used the service.

During the visit, we spoke with the registered manager and three support workers.

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 service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to two people who used the service. We saw that risk assessments highlighted the hazard or risk to the person. Staff then looked at the possible consequences of the risk and how likely these were. This included looking at both the benefits and possible harm. For example we saw that one person had a risk assessment for swimming. There were both benefits and the risk of harm associated with going swimming. The risk assessment clearly detailed the benefits of this activity which included being healthy, strong and fitness, but also highlighted the possible risk of the person becoming unwell in the water and the unlikely risk of drowning as the person was a strong swimmer. This risk assessment for swimming clearly detailed measures to keep the person safe. This included staff swimming alongside the person to ensure that they did not get into difficulty and at the same time providing social company. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

Whilst some risk assessments contained detailed measures to keep people safe some risk assessments would benefit from further development. For example we looked at the risk assessment for one person who could become anxious when attending a medical appointment. The risk assessment detailed that two staff would support the person but did not state action that staff were to take to prevent or manage the anxiety. This was pointed out to the registered manager at the time of the inspection who said that they would review all risk assessments for people who used the service.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that they carried out a monthly check of accidents to ensure that all accidents had been reported and that appropriate actions had been taken. Records looked at confirmed that accidents were not common occurrences. We looked at the incident forms of one person who used the service and saw that this person had behaviour that challenged when they went out in the company vehicle. We saw that on occasions the person could sustain small injuries (bruises) which the

registered manager thought was the result of the seat belt. However, these incidents and injuries had not been analysed to prevent the risk of reoccurrence. This was pointed out to the registered manager at the time of the visit who said that they would audit such incidents as a matter of importance.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis. Staff we spoke with confirmed this to be the case. During the last 12 months there has not been any safeguarding concerns raised.

Staff told us that they had received safeguarding training. We saw records to confirm that this was the case. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a daily basis to make sure that they were within safe limits. We saw records that showed water temperatures were within safe limits. 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 gas boiler, fire alarm, emergency lighting and fire extinguishers. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken in February 2015. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We also saw that an emergency evacuation plan was in place people who used the service. This provided staff with information about how they can ensure an individual's safe

Is the service safe?

evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken. The most recent practice had taken place in May 2015.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. We saw that staff had completed an application form, which included information about their qualifications, experience and employment history. There were two written references, copies of personal identification and evidence of a Disclosure and Barring Service check. 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 minimise the risk of unsuitable people from working with children and vulnerable adults. The recruitment records showed that safe recruitment procedures had been followed

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we looked at the staff rota. This showed that generally during the day and evening there were six to seven care staff on duty. At the time of the inspection there were five people who used the service. One person had three members of staff with them during the day and evening which meant that the remaining three to four staff provided care and support to the other four people who used the service. Overnight there was two care staff. One person who used the service had a core team of staff who knew them very well. Pictures of staff on duty for this person were displayed near their bedroom. This meant that they were aware of which staff were supporting them on a day to day basis and this helped to reduce their anxiety.

The registered manager told us that staffing levels were flexible, and could be altered according to need. 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 trips out during our visit. 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. A staff member we spoke with said, "There is always plenty of staff to support people. We work very much as a team and we work very well together."

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

We saw that medicines were stored in a locked cupboard in medicine room and the storage area temperature was monitored daily. We looked at two people's medication administration records (MARs) and saw that medicines had been given in accordance with people's prescriptions. People were prescribed medicines on an 'as required' basis (PRN). We saw that PRN guidelines had been written for these medicines, providing staff with information on when they were needed and how they should be given to maintain the person's safety.

Is the service effective?

Our findings

A relative we spoke with after the inspection said, "I think they [staff] are all great. I have a good relationship with staff. I'm welcomed as part and parcel of the package." Another relative said, "They [staff] have transformed X [person who used the service] life. The staff are all well trained in autism and know him so well."

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 a clear understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions.

One member of staff gave us a particularly good example /scenario of how important it was in ensuring that every person who used the service was given every practicable help and support in making their own choices and decisions even if this was an unwise decision. They talked about how the values, preferences and beliefs for each person were different and how people should be treated as individuals. We saw that appropriate documentation was in place for those people who lacked capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was clearly recorded within the person's care plan.

At the time of the inspection people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. 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 and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation.

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. Staff told us that they were up to date with their mandatory training and had completed training that was relevant to the service.

They also told us that they were asked in supervision if they had any training needs and could request training they felt was needed. One staff member said, "We [staff] get lots of training. I have just done two lots of medicines training, Mental Capacity Act, DoLS and safeguarding."

The registered manager showed us the training records for four staff employed. The training record showed that staff had undertaken training on food safety, fire safety, health and safety, infection control, moving and handling, safeguarding, managing behaviour that challenges and first aid. Staff had also received training in conflict management and resolution, physical intervention and restraint. We saw that staff had also undertaken training in autism and epilepsy. This meant that staff were provided with training that kept their skills and knowledge up to date.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. However for two of the five staff files we looked at during the inspection we saw that they had not received supervision since February 2015. This was pointed out to the registered manager who told us they would ensure that all staff were up to date with their supervision. Induction processes were available to support newly recruited staff. We saw that induction was structured and included reviewing the service's policies and procedures and shadowing more experienced staff. We spoke with one new member of staff who had transferred from another service in the organisation they said, "I'm used to being thrown in at the deep end. I cannot believe how much support I have had since I started. I feel like a spare part because you watch other staff until you get to know or are confident to work on your own."

Staff told us that people were involved in making choices about the food that they ate. We saw this on the day of the inspection when people who used the service went into the kitchen area with staff so that they could see and choose what they wanted to eat. The kitchen was open throughout the day whenever the staff or the cook was there. We observed people who used the service going in and asking for items of food and drink. Staff responded immediately. Staff were observed to offer a choice of hot and cold drinks based on people's likes. People were seen to have snacks.

Is the service effective?

Pictorial menus were observed on the wall in the dining room so people knew what their next meal would be. We saw that the service had a four week rotating menu which included people's likes and dislikes. There was also had a personalised menu for one resident due their specific dietary choices.

We observed the lunch time of people who used the service. Staff helped those people who needed support to eat. Staff were supporting one person to eat in a pattern which was of their choosing. They have their meal main and pudding on the table at the same time. This person was firstly offered a spoonful of their main meal and then if they refused they were offered their pudding. They were clearly observed making choices about what they wanted to eat. This was a person centred approach to promote positive eating habits. We saw that one person was offered a meal supplement as they chose not to eat their main meal.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us that staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. However, staff did not complete nutritional assessment documentation or weigh people on a regular basis. A discussion took place with the registered

manager about the Malnutrition Universal Screening tool (MUST). The registered manager told us that staff at the service would undertake nutritional screening as a matter of priority. After the inspection they sent us nutritional documentation and weights for people who used the service.

We saw records to confirm that people visited their doctor, dentist and optician. Staff told us how they supported an accompanied people on hospital appointments. The registered manager told us how they had good links with community nurses and how the nurses had worked with people who used the service for many years and as such knew them very well. The registered manager told us how in order to reduce anxiety the doctor visited the service on an annual basis to undertake each person's learning disability review. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. Hospital passports contained information that would help to ensure that care and treatment was provided in a way that the person would want it to be.

Is the service caring?

Our findings

Relatives that we spoke with after the inspection told us that staff were extremely caring. One relative said, “This is a really good service. We [relatives] are happy and he [person who used the service] is happy.” They told us how the person who used the service liked to go on holiday with them but were also happy to return to All Saints Vicarage when the holiday ended. The said, “One of the things we felt reassured about was that he [person who used the service] would love to come on holiday with us[relatives] but on return he would give us his cheek for a kiss and say good bye which meant he was happy to go back.” They told us they felt extremely reassured as this has happened for the last 16 years. Another relative said, “If we had known that the care was so good we wouldn’t have worried during his [person who used the service] childhood.”

During the inspection we spent time observing staff and how they interacted with people who used the service. We saw that staff interacted well with people and provided them with the support and help that they needed. There was a calm and relaxed atmosphere and staff interacted with people in a very caring and friendly way. Staff frequently smiled at people and were cheerful and when needed providing reassuring interactions.

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 were aware of how best to support people. Staff talked to us about ensuring consistency and routine in the life of people who have autism. Staff were able to describe each individual person’s care in detail and what was important to them.

We saw that people were able to make their own choices about what they wanted to eat, drink, trips out and activities.

We looked at the arrangements in place to ensure that people were involved in decisions about matters that

affected them. 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.

We looked at the arrangements in place to protect and uphold people’s privacy and dignity. The environment provided people with a plentiful supply of space. We saw that people had free movement around the service and could choose where to sit and spend their recreational time. A relative we spoke with told us that the large garden provided people with a plentiful supply of outdoor space and how the person who used the service liked to spend time in the garden when they were anxious. This helped to ensure that people received care and support in the way that they wanted to.

Staff were able to describe to us how they worked in a way that protected people’s privacy and dignity. For example, they described knocking on people’s doors giving choice, making sure people were appropriately dressed and the importance of covering people up when personal care was provided. A relative we spoke with said, “With his [person who used the service] physical care needs he is always kept clean. If he spills anything they change him. He is always warm, clean and comfortable.”

Another relative we spoke with told us that staff at the service had supported a person who used the service to send a father’s day card and present to their dad. The dad was very appreciative and sent a thank you and photograph back to him. When the person who used the service saw the thank you and picture of their dad they had been so happy. Whilst the person had been so happy the registered manager had taken a photograph and sent it to their parents. The relative told us how much this had meant to them, they said, “This is just one of the little caring things that they do.”

Is the service responsive?

Our findings

Staff and relatives told us that people were involved in a plentiful supply of activities and outings. A relative we spoke with said, “They take him [person who used the service] swimming, to the cinema and pantomime. They keep him occupied.”

The registered manager and staff told us how people had their own hobbies and had regular trips out. They told us about the routine of one person and how they liked to go out every day. This person had a picnic lunch each day and went on trips to places such as High Force, Danby, Great Ayton, swimming, Richmond and others. We saw that staff were extremely responsive to the needs of this person and to reduce anxiety had picture cards of their favourite places to help them understand and make choices about where they were going out to. Staff told us that another person liked to go to the beach, Hardwick Hall and to Seaham. The service had two vehicles to take people out.

In the house, people also took part in activities. The registered manager told us about how important routine was and how activities were set up in one person’s bedroom when they returned from their day out. We saw that puzzles were set up for when this person returned to ensure that the routine the person liked could be followed.

In the lounge areas we saw that there was an activity box for people who used the service. We saw that one person who used the service empty the box and engaged in activities of their choosing which they clearly enjoyed.

During our visit we reviewed the care records of two people who used the service. One care plan we looked at during the inspection contained details of important body language and what this meant. For example when the person who used the service wanted something they would lead staff by the hand to where they wanted to go. However if this was done more forcefully it could indicate that the person was anxious. This care plan also gave very personalized information on the bathing routine of the person and how they liked to have bubbles in their bath. This helped to ensure that people received care and support in a way which was acceptable to them. The second care plan we looked at was also personal centred, however would benefit from further detail. For example the

care and support plan for accessing the community did not detail triggers to behaviours that challenged or clearly describe how to support the person. This was pointed out to the registered manager at the time of the inspection.

We saw that care records were person centred plans and had been developed with people who used the service and their relatives, however were not always signed to confirm that this was the case. Person-centred planning is a way of helping someone to plan their life and support, focusing on what’s important to the individual person.

Care records reviewed contained information about the person's likes, dislikes and personal choices. The care plan for one person with limited communication contained lots of photographs of pictures of them and staff. Staff and the person who used the service had developed signs to help the person identify each staff member to help them with communication. For example the sign for one staff member involved the person who used the service holding their nose and for another patting their head. We saw this person using such signs to communicate on the day of the inspection. The relative of the person who used the service confirmed to us that these signs had been useful and aided communication.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn’t like. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service. For example staff told us the importance of routine for people who used the service.

The service had an easy read complaints procedure, however people who used the service were not able to read and understand this. The registered manager told us how staff knew the people they cared for so well that they could determine from their body language if they were unhappy. Relatives we spoke with confirmed that they were aware of the complaints procedure and felt comfortable in speaking to staff if they were unhappy. One relative said, “I would go straight to X [registered manager] we have a relationship which is blunt. As a parent I have to be blunt.”

The complaints procedure gave people timescales for action and who to contact. Discussion with the registered manager during the inspection confirmed that any

Is the service responsive?

concerns or complaints were taken seriously. There has been one minor complaint received in the last 12 months. We saw that immediate and appropriate action was taken to resolve the concern.

Is the service well-led?

Our findings

Relatives and staff that we spoke with during the inspection told us they thought the service was well run and that the registered manager was approachable. One relative said, “I think the service is well run X [registered manager] does a good job.” Another relative said, “We [relatives] are grateful this place exists and do such a wonderful job.” A staff member we spoke with said, “Once you get here you stay here. It’s a nice house with nice staff. As a team we do well.”

Staff told us that they felt supported and were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, “X [the registered manager] is so easy to approach and speak to. We [staff] are encouraged to speak about anything that might worry us.”

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 audits and checks which were carried out to ensure that the service was run in the best interest of people. We saw that some audits were based on CQC standards to make sure the service was safe, effective, caring, responsive and well led. Where areas for improvement were identified action plans had been developed.

We saw that the registered manager completed a monthly housekeeping audit which looked at all areas of the service and cleanliness. There were also medicine audits which checked on stock rotation, storage and making sure people received their medicines as prescribed.

Staff told us the morale was good and that they were kept up to date about matters that affected the service. They told us that staff meetings took place regularly and they were encouraged to share their views. We saw records to confirm the last meeting had taken place in May 2015. Discussion had taken place about supervision, activities the importance of offering choice, record keeping and more.

The registered manager told us that due to the complex needs of people, meetings for people who used the service wouldn’t work. However, staff knew the people they cared for very well and staff worked individually with people. The registered manager told us that staff completed an opinion log for each person who used the service. Prior to completing this staff would carefully review the person and try and determine how life could improve and how they could progress. For example one person who used the service had always had their hair cut within the home environment; however it was felt that the person could tolerate and benefit from going to the barbers. Staff worked closely with this person providing support and the outcome was that this person now goes regularly to the barbers to get their hair cut.

We saw that a family and friends survey had been carried out in 2015 to seek the views of family. Family members were asked for their opinion on staff, environment, if the service met people’s needs, activities and care planning. The family members rated the service as mainly excellent but also good. The results of the survey were shared with both people who used the service and their family. One of the responses to the survey said, ‘You provide an environment which enables our son to live the most comfortable and carefree life.’