

Mr & Mrs P Graver

# Christmas Lodge

## Inspection report

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Date of inspection visit:  
11 January 2018  
18 January 2018

Date of publication:  
28 March 2018

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 11 and 18 January 2018. It was unannounced on the first day of the inspection and we made arrangements to return on the second day.

Christmas Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides support for people who have enduring mental health needs. The home is situated near to York racecourse and is close to shops and amenities.

At our previous inspection in October 2015 the service was rated Good in the key questions 'Is the service safe', 'effective' and 'well-led?' and Outstanding in the key questions 'Is the service caring' and 'responsive?' This meant the service was rated Outstanding overall.

At this inspection the rating for the key question 'Is the service responsive?' changed to Good. The other key questions remained the same. This means the service is now rated Good overall.

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 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 service continued to be extremely caring. People we spoke with were unanimously positive in their praise of staff and told us they were very kind and compassionate. Staff knew people well and were highly motivated to provide care that was focussed on people's individual needs and wishes. It was evident that people felt valued and respected. There was a very friendly and supportive atmosphere in the home.

People were encouraged to be as independent as possible and staff supported people in achieving their aspirations. For example, one person had fulfilled their lifelong ambition to take a helicopter ride.

People told us they felt very safe. There were sufficient staff to meet people's needs and robust recruitment checks were completed to ensure the suitability of workers. Staff were supported in their role; they received induction, training, supervision and appraisal.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received appropriate support with their medicines. Where people wished to manage their own medicines independently this was encouraged and there were checks in place to ensure it was done safely.

Staff were aware of the importance of supporting people with good nutrition and hydration. Associated information was recorded in their care files. The staff had been successful in supporting people to gain weight, where this had been a concern. We received positive feedback about the food and saw that people, where possible, were encouraged to shop for and prepare their own meals. People had access to healthcare services, in order to promote their physical and mental health.

The premises was homely and suitable for people's needs. People were involved in decisions about the decoration and the provider had taken steps to make the environment more accessible in response to changes in people's needs. The environment and equipment was regularly checked and serviced.

There were detailed, person-centred care plans in place, so that staff had information on how to support people. These were regularly reviewed with the person. People were able to take part in a range of activities of their choosing and they accessed the community independently or with the support of staff.

People's views and opinions were sought in individual review meetings and 'resident's meetings'. We saw that people's feedback was acted on. There was a complaints procedure in place, should anyone wish to raise a complaint.

There was a quality assurance system which enabled the registered provider to monitor the quality of the service provided.

We received positive feedback about the registered manager and the senior management team. Comments from people, relatives, staff and visiting healthcare professionals indicated there was a positive, person-centred culture within the service.

## 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 told us they felt very safe and well cared for. There were safeguarding procedures in place and staff knew how to respond in the event of any concerns.

There was a robust recruitment process in place and sufficient staff to meet people's needs.

People received appropriate support with their medicines.

The home was well decorated and maintained.

### Is the service effective?

Good ●

The service was effective.

Staff received induction, training and supervision to support them in their roles.

The registered provider understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received appropriate support with their nutrition and hydration and had access to healthcare services when needed.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

People consistently told us that staff were kind and supportive. People were valued, respected and empowered. Staff supported people to achieve their dreams and ambitions.

Privacy and dignity was consistently maintained. People were encouraged to be independent and to live the life they wanted.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care. Care plans were detailed and person centred. People took part in a range of social and leisure activities of their choosing.

People's views and opinions were sought and their ideas were acted on. People felt able to raise any concerns.

### **Is the service well-led?**

The service was well-led.

There was a friendly atmosphere and the registered manager promoted a positive person-centred culture.

The provider worked effectively in partnership with other organisations, in order to meet people's needs and provide a high-quality service.

There was a quality assurance system in place to monitor and improve the service.

**Good** 

# Christmas Lodge

## 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 11 and 18 January 2018. It was unannounced on the first day of the inspection and we made arrangements to return on the second day.

The first day of the inspection was carried out by one adult social care inspector, a specialist advisor whose background was mental health services and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, the expert had experience of mental health services. The second day was carried out by two adult social care inspectors.

Before the inspection, the registered provider was 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. We reviewed the information we held about the service including notifications about any incidents in the service. We requested feedback from the local authority contracts and commissioning team and they did not raise any concerns about the service. We also received feedback from three health and social care professionals. We used all of this information to plan the inspection.

During the inspection we spoke with nine people who used the service and two relatives of people who used the service. We spoke with the registered manager, the operations director, three care staff and one member of ancillary staff. We looked around the home and observed daily activities, including the support people received with their medicines, the mealtime experience and interactions between staff and people who used the service. We looked at records relating to the care of four people. We also reviewed three staff recruitment records, induction and training records, and a selection of records used to monitor the quality of the service.

# Is the service safe?

## Our findings

Without exception, all the people we spoke with told us they felt very safe and well looked after at Christmas Lodge. People's comments included "I feel very safe" and "Staff support me and are helpful whenever I need them." People appeared comfortable and at ease in their environment and when interacting with staff. A health and social care professional we received feedback from confirmed they had no concerns in relation to people's safety at the home.

We looked at the support people received with their medicines. The provider had a policy and procedure in place. Staff who administered medicines were trained and assessed as competent to do so. We observed staff supporting people with their medicines; this was done safely and as prescribed. Medication administration records (MARs) were completed to show when people had received their medicines. We found one bottle of eye drops in the trolley that had reached its 'use by' date and required disposing of; staff did this straight away. Stock 'carried forward' at the start of a new medicine cycle was not always consistently recorded for a small number of separately boxed medicines. On the second day of our inspection we found that the registered manager and staff had taken prompt action to address this, by introducing new documentation and amending the weekly medication audit. This will enable the provider to ensure that stock balance checks can be accurately conducted for all medicines, not just those in the provider's main monitored dosage system (MDS) stocks. Medicines were stored securely in a locked medication cupboard and trolley, and there was a procedure in place for the safe and timely return of medicines that were no longer required.

One person managed their own medicines. This was risk assessed and the medication audit in place prompted staff to routinely check that the person had taken their medicines, in order to ensure they were still able to manage them safely.

People were supported to be as independent as possible and could come and go as they pleased. One person told us that they would be anxious going out on their own; they said staff understood this and supported them on an individual basis to access the community. Risk assessments were in place with associated support plans to minimise risks to people. This included risks such as mobility, smoking and nutrition. Risk assessments were reviewed regularly.

Staff were aware of people's safety needs and individual risks. They received training on safeguarding vulnerable adults and were aware of how to report any concerns. A copy of the local authority's multi-agency policy and procedure was available for staff to refer to. Staff were aware of the whistleblowing policy and told us they could access a copy from the office if they should ever need it.

We looked at the arrangements in place for ensuring that the provider learned from any incidents and accidents that had occurred, in order to prevent reoccurrence. We found that staff completed accident and incident records, in the event of any incidents. These records were detailed and clear which enabled the provider to analyse and learn from any events. Management audits completed each month included checking the accident or incident records and identifying any patterns or actions required.

There were sufficient staff to safely meet people's needs. From reviewing staff rotas and speaking to people and staff, we found that staffing levels were planned around the needs of people who used the service. For instance, there had been a change in night staffing arrangements in the year prior to our inspection, which showed that staffing levels were reviewed when required, according to people's changing needs. We observed there were always staff available to support and respond to people throughout our inspection. A relative told us, "There always seems to be a good ratio of staff to people."

Robust recruitment procedures were followed to make sure new staff were suitable to work with vulnerable people. This included the completion of application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people.

We found that the environment was generally clean and well maintained. The provider employed domestic staff to help keep the home clean and hygienic. Hand washing facilities and personal protective equipment, such as disposable gloves, were available for staff. One area of the home had an unpleasant odour, but the registered manager was able to explain the reason for this and the action that was being taken to address it.

The service had received a rating of three at its most recent food hygiene inspection undertaken by the local authority Environmental Health Department in January 2017. Five is the highest score available. We looked at the home's action plan in relation to their food hygiene inspection and found that the provider had taken action to address the issues identified.

The environment and equipment was regularly checked and serviced. There were maintenance certificates in place in relation to the electrical installations, emergency lighting, fire extinguishers and fire alarm system. The provider was awaiting an up to date gas safety certificate at the time of our inspection, due to an issue with the energy efficiency levels of the current system leading to the requirement for a new boiler. Documentation confirmed there was no safety risk in the meantime and there were clear records of the action being taken by the provider to address the matter as quickly as possible. The provider agreed to update us once their new certificate was issued.

There were contingency arrangements in place so that staff knew how to respond in the event of an emergency. There was a service fire risk assessment, which was due for review in the month of our inspection. Personal emergency evacuation plans (PEEPs) and individual risk assessments were completed for each person, explaining the assistance people would require, should the home need to be evacuated. There was fire safety information on display in the communal area of the home for staff and people to see, and the registered manager completed a weekly 'fire marshal checklist'.



## Is the service effective?

### Our findings

We spoke with people and relatives about whether staff had the right skills to support them well. People confirmed they did, including one who told us that staff "Always make sure all my needs are met." Relatives told us, "They (staff) seem to know what they are doing. They are always looking out for residents" and "The staff are good."

Staff completed an induction and a comprehensive range of training. The induction included the Care Certificate, which is a national set of standards that social care and health workers agree to work to. We reviewed the provider's training records which showed that staff received training in an appropriate range of subjects. The registered manager advised us they had also requested more specific training on particular conditions, such as personality disorder and cerebral palsy. The provider's trainer was in the process of arranging this.

Staff received individual supervision and appraisal, which gave them the opportunity to discuss their training and development needs. There were also team meetings so staff could discuss issues collectively. Staff we spoke with confirmed they felt supported by the registered manager and provider.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS and demonstrated a good working knowledge of associated legislation. Staff told us they were aware that people's capacity to make specific decisions may fluctuate, so assessments regarding people's capacity may need to be reviewed. They were also able to explain the purpose of best interests meetings and the process that would be followed. No-one using the service at the time of our inspection was subject to a DoLS authorisation. Throughout our inspection we observed staff offering people choices and seeking their agreement before providing support.

Where relevant, care plans contained information on how people should be supported if they presented behaviour which could be challenging to others. The service had a 'no restraint' policy, and on occasion, where staff had assessed that they could no longer meet someone's needs due to their behaviours, the staff had worked with the local authority to enable the person to move on to a more appropriate setting. We found staff were knowledgeable about people's individual needs and were clear about how to respond if someone was anxious or distressed. Care files contained information about mental health relapse indicators for people.

We looked at the support people received with their nutrition and hydration. Care files contained

information about people's dietary needs and people were weighed regularly to monitor for any changes. We also noted clear instructions in one person's care file about the requirement for staff to monitor that the person did not drink excessive levels of fluid, due to a medical condition. We found one person's dietary requirements and choking risk was not entirely clear from their care records. We discussed this with the registered manager who addressed this straightaway and updated the care plan.

We observed that people could choose whatever they wanted to eat and staff supported people to identify if any additional ingredients were required to make their choice, and to shop for these if required. People could also decide when they wanted to eat, although most people chose to eat together at a similar time. This meant there was a relaxed and friendly atmosphere in the kitchen-diner area at mealtimes. The food served appeared fresh and appetising. A staff member told us, "It is a varied menu and always nutritious. There are no restrictions. If people are not hungry they can eat late." We noted that in a 'Highlights of 2017' summary, drawn up by the registered manager and staff about the service's achievements for the year, the team had included two examples where they were particularly proud that people had been supported to increase or maintain weight, where this was required. This showed that staff were aware of the importance of people's nutrition and well-being.

People had access to relevant healthcare professionals and support. One person told us, "When I need to go to the surgery I contact them and arrange my own taxi. I don't need help to do that but if I ever did I know it would be there (from staff)." People's care records contained details of contact with healthcare professionals, such as GPs and community mental health professionals.

Three visiting mental health professionals we received feedback from commented positively about the service, and one gave an example of how well the staff had worked with someone prior to their decision to move to the home. They told us, "The service came to assess [the person] and were thorough in their assessment in that they insisted on them having a number of day visits there so they could see how they would cope with the new environment. They worked closely with the family, encouraging them to come for the initial visits but also time without them. Their room was able to be personalised and they (staff) worked well with the family to accommodate [the person's] belongings and furniture. I have heard nothing but positive comments from the family about Christmas Lodge."

People's needs and choices were assessed and their support was delivered in line with current legislation. The service did not use a specific recognised model of mental health care, but the registered manager was knowledgeable about best practice and different approaches and tools that could be used according to people's needs. For instance, they told us the service had previously used the 'Recovery Star' with some people, where this had been appropriate. This model aims to measure people's progress against a range of outcomes. We were advised that this could be used again, should it be relevant for anyone. A healthcare professional told us, "The staff promote independence and appear to have a good grasp of best practice and evidence based interventions."

The adaptation and design of the premises was suitable for people's needs, and the provider had taken steps to make the environment more accessible in response to changes in people's needs and to prepare for people getting older. For instance, they had fitted a stair lift to enable easier access to upstairs bedrooms and had also installed two new en-suite wet rooms and toilet facilities. This had enabled two people to remain at the home, who may otherwise have been required to move on to another service; this was therefore a highly positive outcome for both people. People had also been involved in decisions about the environment. For instance, following feedback from people, the central lounge and dining room area had been redecorated.

Whilst the home was very homely and well decorated, on the first day of our inspection we noted a number of items inappropriately stored, due to a lack of alternative storage space. There was also old equipment stored in the smoking shed area in the back garden whilst awaiting removal, which meant it was not a pleasant area for people to sit in. The registered manager ensured these items were removed by the time we returned for the second day of our inspection.

## Is the service caring?

### Our findings

The service continued to be extremely caring. People who used the service consistently told us that the staff were extremely caring. People's comments included, "I have been here 15 years and don't ever want to leave. The staff are so caring" and "The staff are very caring and they have my best interest at heart." Others told us, "I love the staff" and "I've only been here a few months and the staff are really lovely, very kind and compassionate. I've really settled." Another person said, "The staff are really marvellous, if you asked me to grade the service between one and 10 I would give them 13! I am full of compliments about the care I receive. I feel they treat me like a queen." It was evident that people felt valued and respected by staff, which helped to promote people's emotional well-being.

Relatives and healthcare professionals also praised the caring nature of staff. One relative told us, "I really like this place; everyone is really friendly, remarkably friendly I think. They always offer me a drink, and if it's late they offer me tea too. They invite me to sit with everyone to eat. I haven't met anyone here who hasn't been nice and friendly. Staff are always talking to everyone." A visiting mental health professional commented, "When I have asked the staff for feedback about [person who uses the service] they have always spoken of them warmly and noted individual quirks that make them 'a joy' to work with." Another visiting healthcare professional told us, "I have always witnessed compassionate care and the staff relate to the clients with kindness and dignity." People benefited from being supported by a consistent staff team who knew them well.

The service had a welcoming and homely atmosphere and this was re-iterated by all the people, staff and visitors we spoke with. Staff continued to be highly motivated to offer care that was kind and compassionate. They told us, "We're like a big family" and "It's a very positive place." Staff gave us examples to illustrate how they went 'above and beyond' at times, taking people out or visiting people in hospital in their own time, calling to get people things from the shop on their way from work or throwing parties for people. People received presents and a cake to mark their birthday or any special occasions.

People were clearly involved in the running of the home and decisions about their care. For instance, one person wrote their own, detailed daily notes which they took pride in completing. One person assisted staff in completing the weekly fire alarm checks. People had also been involved in decisions relating to the environment and decoration, menus and activities. Visitors were welcome at any time. There was a range of information on display in the home, which was accessible to people. Staff responded to people's feedback about activities and things going on at the home. For instance, on the first day of our inspection a visitor came to cook a Thai banquet for people. This had been arranged because the first time the provider had trialled it, a couple of months before, people had enjoyed it so much; hence requesting the opportunity again.

Staff were highly proactive in enabling people to achieve their aspirations. One person had an interest in the Royal Air Force and had a life-long ambition to take a helicopter ride. Staff had supported them to achieve this in the year prior to our inspection. This was featured in the local press. People also had the opportunity to take a holiday abroad each year if they wished.

Staff made suitable adjustments to meet the diverse needs of people who used the service including those related to disability, ethnicity, gender, faith and sexual orientation. These needs were recorded in people's care file, and in particular their 'social and human needs' care plan. Two people, who wished to, attended a local church. All staff completed equality and diversity training, which helped give them the skills they needed to work in an inclusive way. Staff were able to describe how they ensured that each person received fair access to their time and support, whilst recognising people's individual needs and wishes. We were given examples of how particular people had significantly developed in confidence since living at the home and been empowered to develop their skills in expressing themselves. Staff had assisted one person to access the support of an independent advocate to help express their wishes and resolve a significant issue in the year prior to our inspection. This had had a positive outcome for the person.

People were treated with dignity and respect, and it was evident that this had helped to promote people's confidence and well-being. Staff described to us how they respected people's privacy, including when supporting people with aspects of their personal care. We found people's confidential information was stored securely.

Staff were skilled at responding to people's individual personalities and needs in order to involve them in daily living tasks where they were able to, such as laundry and preparing meals. We observed staff assisting people to make their own lunches, prompting people where required. People ate when they were ready to, and each chose to make different things. Staff clearly knew the level of support each person required, and used encouragement and humour where required to engage people. This enabled people to develop their skills and maintain their independence.

## Is the service responsive?

### Our findings

Our discussions with people who used the service and staff, along with our reviews of people's care records showed us that the service was responsive to people's needs. People commented, "Help is available if I need it" and "The staff understand [my needs]."

Staff completed a detailed assessment of need prior to anyone moving to the home and organised several visits so that the person, and others using the service, had chance to get to know each other. This helped to establish if the service would be right for them and could meet their needs. The assessment included details of people likes, dislikes and goals.

Care plans were then developed to give guidance to staff on how to support people. These included information in relation to people's social and human needs, nutrition, communication, personal care and mental health; with a strong focus on people's emotional well-being. 'Care alerts' in the files highlighted to staff important information that they needed to be aware of. There was information about the staff skills required to meet people's needs. Care plans were very detailed and contained up to date information for staff. However, some care plans we looked at would benefit from clearer instructions for staff about how to manage specific issues. Examples included a care plan in relation to managing one person's continence issues and another which lacked detail or a structured plan about how to promote the person's independence and therapeutic activity. A visiting healthcare professional told us that from their experience of reviewing behaviour monitoring records for one person, the level of detail recorded by staff was sometimes inconsistent, which made it difficult to evidence the person's level of need. Overall though, we found care plans were very person-centred and regularly reviewed, involving the person and their keyworker. Records of care plan review meetings showed that people had opportunity to express their views about any changes they wanted implemented.

At the time of our inspection the service was not providing end of life care to anyone who used the service. However, there was information recorded in people's care files about their advanced wishes in relation to end of life care and funeral arrangements.

People took part in a range of activities of their choice. The registered manager told us there was an informal approach at the home, without a fixed daily routine. One person told us, "I know support is there if I need it but I feel I have independence. I watch television in my room mostly and staff are okay with that. They don't make me socialise when I want to be on my own." Another person told us that staff helped them with their artwork and design hobby. Many people went out independently, but people told us staff were also available to assist them if required, including support to go on walks, into town, shopping or to events such as the theatre or cinema. There was a notice board in the dining room advertising forthcoming trips, including the Yorkshire Museum of Farming, a walk on the city walls in York and the Castle Museum. We were told by the registered manager that one person was planning a trip to Scotland in the summer.

The provider had been very responsive in making environmental changes since our last inspection, such as installation of two wet rooms which had enabled people to continue living at the home. In addition, they

responded to people's feedback about the decoration of the central lounge and dining area. This showed people's views were respected and accommodated.

The provider had a complaints policy and procedure in place, as well as a complaints folder. There were no formal complaints recorded. We were aware of some concerns raised informally since our last inspection, and were advised by the provider that the record of action taken in response to these was recorded in the individual's care file. We discussed with the provider including any informal concerns in the central complaints log too. This would enable easier monitoring of any themes arising, and reflection on any learning identified by the provider. All the people and relatives we spoke with at the inspection continued to be satisfied with their care and told us they would be very comfortable raising any concerns. One person also gave us an example of an issue they had with another person who used the service, and told us they were confident that staff would deal with it.

People also had opportunity to raise any concerns or suggestions in 'resident meetings', and we saw minutes of these meetings which showed that people's ideas and views were actively sought and acted on. For instance, one person had suggested that the service host a Halloween party; this had been agreed by everyone and took place thereafter. People also gave their feedback on the frequency of care plan review meetings and timescales for these were agreed collectively. Records of these meetings illustrated a culture where people's feedback and views were important in the running of the home and promoting a harmonious shared living environment.

## Is the service well-led?

### Our findings

The home had a registered manager. They registered with the CQC as the manager in April 2017, but had worked as the deputy manager prior to this, so knew the service and people who lived there well.

We received positive feedback about the management of the service. People felt they could approach the registered manager or any of the staff. A relative told us, "[Name of registered manager] is very good" and visiting healthcare professionals commented, "I have always found the manager responsive" and "I found the manager easy to communicate with and she always responded timely to requests for visits or information." Another visiting healthcare professional told us, "During discussion [the registered manager] displays openness and candour and presents with a good balance of fairness and honesty to client and staff need."

A member of staff told us the leadership of the service was, "Very good" and added, "It's a good staff team and we work well together." Another said, "I feel supported. I can speak to [Name of registered manager] if I have any problems, or to other staff. The owners have a meeting here once a week and they spend time chatting to people. [Operations manager] comes a couple of times a week and is very approachable."

The registered manager confirmed they received regular supervision and support from the organisation's senior management team. The registered manager was clear about their role and responsibilities and understood what type of events they were required to submit a notification to CQC about, in order to meet legal requirements. In the provider information return, the provider advised us they kept up to date with best practice via training and by following changes to NICE guidance and legislation. The registered manager also told us how they had disseminated learning from training courses they had been on to the staff team.

We found staff were motivated and clear about their role. The staff we spoke with all referred to the service as being "Homely," and one described it as a "Very positive place." A staff member told us the values and the ethos of the service were, "Respect for each other; treating people as individuals but fairly; promoting independence; prioritising people - even if you're busy you must put people first if they need you." There was a friendly and welcoming atmosphere at the home, and it was clear from our discussions with staff that the needs and wishes of people who used the service were at the forefront of their work.

Staff meetings took place and minutes of these meetings showed us that staff were encouraged to raise any concerns, share their views and make suggestions in relation to the running of the home and activities that people may enjoy. There was a strong emphasis on the needs of people who used the service being the priority, which illustrated a positive person-centred culture. Practical topics were also discussed, such as annual leave cover, to help ensure the smooth running of the service.

People who used the service had opportunity to share their views in individual review meetings or in 'resident's meetings'. Minutes of these meetings showed that people's views were used to influence and improve the service. The registered manager advised us there had not been a resident's survey in the last two years. However, there had been a relative's survey conducted in 2015, and the provider was in the



process of developing a new survey.

Records were stored securely and were generally well maintained. There was a quality assurance system in place to monitor the service provided. This included medication audits, a weekly fire marshal check, a monthly health and safety audit and a weekly manager's 'walk around' check. These checks were regularly completed and there was evidence of action taken in response to audit findings, for instance, a bedroom deep clean and the replacement of a bath panel. The registered manager gave us an example of where the medication audit checks in place had enabled them to promptly identify and rectify a medication dispensing issue. These checks meant the provider could monitor for any issues in the safety and well-being of people, and make improvements as required.

We noted the audits did not pick up some minor issues we identified in our inspection and the registered manager amended the medication audit as a result of our feedback.

The service had links within the local community, in order to promote social inclusion. People accessed community facilities, shops and services; sometimes independently and other times with staff. The service also worked in partnership with other agencies in the delivery of people's care, such as the local authority and community mental health team. We received positive feedback from visiting healthcare professionals, one of whom told us they would "Definitely" be happy to refer people to the service again.