Care Quality Commission

# Voyage 1 Limited

# Falcon Lodge

## Inspection report

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## Ratings

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

## Overall summary

This inspection was carried out on 30 April and 1 May 2015 and was unannounced.

Falcon Lodge provides accommodation and personal care for up to five people who have learning disabilities. At the time of our inspection four people were using the service.

Falcon Lodge has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received safeguarding training. They told us they understood how to recognise the signs of abuse and knew how to report their concerns if they had any. There was a safeguarding policy in place and relevant

# Summary of findings

telephone numbers were displayed in the registered manager's office. Relatives told us their family member felt safe and people behaved in a way which indicated they felt safe.

Risks had been appropriately identified and addressed in relation to people's specific needs. Staff were aware of people's individual risk assessments and knew how to mitigate the risks.

Medication was stored safely and administered by staff who had been trained to do so. There were procedures in place to ensure the safe handling and administration of medication.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. This meant that people's mental capacity was assessed and decisions were made in their best interest involving relevant people. The registered manager was aware of his responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications for people using the service.

Relatives told us they were very happy. Staff understood people's preferences and knew how to interact and communicate with them. People behaved in a way which showed they felt supported and happy. People were supported to choose their meals. Snacks and drinks were available in between meals. People were given dietary supplements when needed. Staff were kind and caring and respected people's dignity.

Support plans were detailed and included a range of documents covering every aspect of a person's care and support. The support plans were used to ensure that people received care and support in line with their needs and wishes. We saw this reflected in the support observed during the visit.

There was evidence in support plans that the home had responded to health needs and this had led to positive outcomes for people.

The registered manager was liked and respected by people, staff and relatives. There was good morale amongst staff who worked as a team in an open and transparent culture. Staff felt respected and listened to by the registered manager. Regular staff meetings meant that staff were involved in the development of future plans. There was a positive and caring atmosphere in the home and effective and responsive planning and delivery of care and support.

# 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 knew how to keep people safe from harm and protect them from abuse. Identified risks had been recorded and addressed.

The registered manager planned staff rosters to ensure there were enough staff to meet people's needs. There were effective systems in place to ensure appropriate staff were recruited.

Medicines were administered safely by staff who had been trained to do so.

Good

**Is the service effective?**
The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs.

People were able to choose their meals and had access to drinks and snacks when required, to ensure adequate nutrition and hydration.

People were supported to make their own decisions, but where they did not have capacity the provider had complied with the requirements of the Mental Capacity Act 2005.

Good

**Is the service caring?**
The service was caring.

People were supported in a stable and caring environment.

The staff promoted an atmosphere which was kind and friendly.

People were treated with respect and dignity and independence was promoted wherever possible.

Good

**Is the service responsive?**
The service was responsive.

People's preferences, likes and dislikes had been recorded and responded to by supporting people to achieve their goals.

The registered manager responded to feedback from people, relatives and staff.

Appropriate action was taken in response to people's health needs

Good

**Is the service well-led?**
The service was well led.

We found the home had an open and transparent culture.

People and staff were encouraged to be involved in the future development of the service.

There were systems in place to ensure that knowledge and skills were shared so that the service could continually improve.

Good

# Summary of findings

| | |
|---|---|
| Effective quality assurance systems were in place, to ensure a continuous and consistent quality of care. | |

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

This inspection was carried out on 30 April and 1 May 2015 and was unannounced. The inspection was carried out by an inspector and a specialist advisor. A specialist advisor is someone who has clinical experience and knowledge. In this case their skills and knowledge were with people who are living with a learning disability.

Before the inspection, we reviewed all the information we held about the home including the previous inspection reports and notifications received by the Care Quality commission. A notification is information about important events which the provider is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. We did not request a Provider Information Return (PIR) from this provider prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make.

During our inspection we spoke with two relatives and one person. We also spoke with the registered manager and two support staff. We reviewed records relating to the management of the home, such as audits, and reviewed two staff records. We also reviewed records relating to four people's care and support such as their support plans, risk assessments and medicines administration records.

Where people were unable to tell us about their experiences, we used other methods to help us understand their experiences, including observation. We were able to communicate and interact with two people using communication plans within their support plans.

We last inspected the home in February 2014 and found no concerns.

Good

# Is the service safe?

## Our findings

Relatives told us their family members felt safe. One relative, when asked if their relative felt safe, said "Yes, he behaves as though he feels safe; he doesn't display any of the behaviours we have seen previously." One person told us they felt safe and said that staff reassured them. People behaved in a way which showed they felt safe. They smiled and interacted with staff. The home carried out a survey, in which people, were supported by staff to respond. Everyone was asked the question 'Do you feel happy and safe?' They all responded 'yes' and one person said "I love my home."

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. They also knew how to report abuse. Staff were aware of how to protect people from abuse. The registered manager ensured that staff knew about the safeguarding and whistleblowing policies. Safeguarding was discussed regularly during staff meetings and there were plans to create a safeguarding folder for people. Cards were handed out to staff entitled 'See something, say something.' The cards gave clear instructions to staff about how to report any concerns about the service. Staff said they would feel able to whistle-blow, if necessary, without fear of reprisal.

Risk assessments, referred to by the provider as support guidelines, were in place for each person on an individual basis. People using the service were living with a learning disability and were at risk from a large number of everyday activities. The plans described how the person was involved in developing the support guidelines. Risk rating definitions were categorised as 'stop', 'think', 'go' where a categorisation of 'stop' required a risk consideration meeting with the wider support team and a 'think' required a risk consideration meeting with the immediate support team. A critical section of the support guidelines informed staff what they should always do, what not to do and what never to do. For example, in one person's support plan it said '(the person) is able to take medication but is not able to understand what the medication does. Always explain using key words. Never make (the person) take (their) medicine.' Each activity had a risk consideration record which considered the following questions 'Where are we? What is the problem we are trying to solve? Where do we want to be? What is trying to be achieved? What would happen if the activity didn't take place?' The risk was then plotted on a chart which compared risk against happiness achieved from the activity. The risk was then analysed further looking at what had already been learnt, what were the agreed concerns and what to do next. A risk management plan was then drawn up to establish preventative strategies to reduce risk. This meant that there was a system in place to address individual risks, review risk and fine tune plans to ensure they were specific to the person and the activity.

There were arrangements in place to address any foreseeable emergency, such as a fire. For example, there were 'grab sheets' in place for each person. Grab sheets provided key information about each person which would be needed in the event of an emergency or an admission to hospital. They included person centred information and the person's diagnoses. Evacuations of the home were practised monthly so that people and staff knew what to do in the event of an emergency.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings. For example one person had regular seizures and there was a discussion at the last staff meeting around looking at the person's sleep pattern to see if this was a trigger for seizures. This meant the provider took action to reduce the risk of further incidents and accidents.

The registered manager explained how staffing was allocated based on how many people had been assessed as requiring one to one support and the known needs of the other people using the service. This meant that three members of staff were on a day shift and two were on a night shift (one awake, one sleeping in). In addition the registered manager was available to cover any emergencies. The rosters reflected the staffing and skill mix described. Emergencies such as sickness were mostly covered by staff picking up extra shifts. Sometimes cover was provided by staff from other homes run by the same provider. The registered manager told us the home was currently recruiting for extra care workers. Wherever possible agency use was avoided as it affected the consistency of care provided for people with very specific needs, which the staff knew well.

There was a recruitment policy in place, which was followed by the registered manager. Disclosure and Barring (DBS) checks were carried out before anyone could be recruited and where possible these were done online as

Good

# Is the service safe?

this was the most up to date information. These checks identify if prospective staff had a criminal record or were barred from working with people at risk. Potential staff had to provide two references and a full employment history, to ensure they were suitable to work within the service.

Medicines were administered safely by staff who had been trained to do so. Staff had received medication and epilepsy training in order to administer emergency medicines in relation to seizures. Medication competencies were checked by the registered manager annually and staff had recently received a training session provided by their local pharmacy. This included the completion of a work book. We reviewed records in relation to medicines. Medication Administration Records (MAR) were kept for each person. These were all signed appropriately with no gaps. Medicine stock levels were monitored and recorded on a daily basis by the member of staff administering medication. Medicines were also checked weekly by staff and monthly by the registered manager to ensure they were safely stored and administered.

Medicines were stored safely in locked cabinets in people's rooms and temperatures were monitored on a daily basis to ensure medicines were kept at a safe temperature. Each person had individual records kept in relation to their medicines. These included a photograph, a diagnosis, how the person likes to take their medicines, where the person likes to take their medicines, how they like to be told it's time for their medicines, guidelines for medicines which needed to be taken ' as required' and how the person would indicate they were in pain. Current medicines were listed for each person in conjunction with relevant medicine information leaflets. A selection of medicines from a cabinet were checked and all were within date and had the date they were opened recorded.

Good

# Is the service effective?

## Our findings

Relatives told us they were very pleased with their relatives care and support. One relative said "They seem to know (the person) quite well. We've had a diagnosis of epilepsy and they've been first class. They seem to know exactly what they're doing." Observations within the home showed that staff were delivering support according to support plans and that people looked happy and responded to staff. We saw that staff communicated effectively with people, in accordance with their individual plans, in order to provide support and care.

Staff had received appropriate training to deliver the care and support for people living in the home. Records showed that training covered all essential areas such as medication, food hygiene and fire safety. There was also training about nutrition awareness, visual impairment awareness and equality and inclusion. Staff had regular supervision meetings and said they felt supported.

People were asked for consent before care and support was provided. Communication support plans made it clear how people communicated so that staff understood when people were consenting. Support plans included a decision making profile. The profile described how the person liked to be given information, the best way to present choices, ways to help the person understand the information, the best time for them to make a decision and when would be a bad time for them to make a decision. Records were kept about how people liked to make specific decisions such as choosing activities or choosing what to eat. For example one person's support plan stated that they understood choices when staff used objects of reference, combined with a happy face and good eye contact. An object of reference is an object which has a particular meaning associated with it. For example, a fork may be the object of reference for dinner. This meant there were systems in place to ensure that people were given the best chance of being able to make a decision for themselves.

Where people lacked capacity to make specific decisions the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. We found that staff had received training in the MCA and were able describe the principles. The registered manager had recorded for each person which types of decisions needed to be made in their best interests and the people who needed to be involved in those decisions. There were also decision making agreements in each person's file. This showed that the registered manager had understood the MCA and had abided by it's principles in considering everyone's mental capacity in relation to different types of decision. Although the principles had been followed, paperwork on people's files did not always document this clearly. This did not impact on the care people received.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We found that the registered manager understood when an application should be made and was aware of a Supreme Court Judgement which widened and clarified the definition of the deprivation of liberty. Relevant applications had been submitted for people.

We spoke with staff who had a good detailed knowledge of people's needs, their preferences, likes and dislikes. Support plans were in place which recorded people's support requirements. These matched what staff told us and our observations. For example support plans gave detailed descriptions under the headings 'what's important to me' and 'how to support me well.' Observations indicated the staff working at this service were exceptional in terms of knowing the people they supported, enabling their skills and focussing on the positive as well as supporting their needs. For example one person's support plan stated 'be upbeat when interacting and keep me busy.' Staff were observed to remain upbeat all day and ensured the person was kept engaged.

Menus were chosen by people on a weekly basis by pointing at pictures of different kinds of food. Staff managed the food pictures to ensure that the overall weekly menu was healthy and balanced. The menus were displayed on a board in the kitchen so people could see what they were going to eat that day. It was clear from the board who had made the choice for that day, ensuring that everyone was involved. People were able to choose alternatives on the day if they didn't want what was on the menu. One person described to us, how they had a choice at mealtimes. We saw that people were offered drinks and snacks in between meals and people indicated when they

Good

# Is the service effective?

would like a snack, for example, by picking up fruit from the fruit bowl. One person had been at risk of weight loss and had been prescribed a weight supporting drink. This had improved the person's weight and staff were liaising with the person's GP in order to ensure that their weight was maintained.

Health professionals were appropriately involved in people's care. Records showed that health needs were met very well. For example staff noticed that one person was biting on their toothbrush. They understood this as indicator of pain in the person's tooth and the person was taken to the dentist where the dentist found an infected tooth. Another person had annual eye checks for their visual impairment, to ensure their eye health was maintained. A relative said that staff had "identified an infection, which I hadn't picked up, and taken (the person) to the GP." One person had had a recent diagnosis of epilepsy and relatives told us how pleased they were that staff had worked closely and in conjunction with the epilepsy nurse. Staff had taken action to ensure that people's day to day health needs were met.

Good

# Is the service caring?

## Our findings

Relatives told us they were very happy with the care their family member received at Falcon Lodge. One relative said "It's like a family to him. He has a second family and a group of mates." They went on to describe how they felt that certain members of staff were intuitive towards people's needs and only had people's interests at heart. Another relative said that staff were "very sincere" and "I am very pleased with them."

Staff were supportive and caring. We observed people receiving support in communal areas within the home. They interacted in a meaningful way which people enjoyed and responded to. One person told us that they had a night where they chatted to their family. They also spoke about their enjoyment of cars and using radios in cars. This was demonstrated by a visit to a nearby car where they told us how staff supported them to listen to the radio and enjoyed adjusting the volume. Staff appropriately guided the person, who was visually impaired, using hand to shoulder and it was clear the person was familiar with this support. The person enjoyed banter with staff, who told us about the person's "wonderful sense of humour" and how they had a store of "one liners." Staff demonstrated a fun and reassuring relationship with the person and seemed to enjoy people's company. One member of staff described how when one person had seemed unsettled, they had spent two hours with the person finding out what was wrong, calming them down and establishing how they could make them feel better.

Support plans included a 'relationship circle.' The circle recorded important relationships such as family members, keyworkers, friends within the home and also other friendships outside the home. One person spoke about several of their friends and we saw these were included within their 'relationship circle.' Everyone was encouraged to have regular contact with family and friends and everyone enjoyed regular weekend visits to stay with family.

The home had carried out a recent family feedback survey. Positive comments had been received from relatives and these included "Staff at Falcon Lodge always give 100%" and "Staff treat my son with warmth and respect." One family member reported how proud they were of their relative's achievements which were due to the care and support of their keyworker and other staff. Relatives had a positive relationship with staff and the registered manager. This meant that relatives and staff were working together towards the same goal and therefore support was provided consistently. One relative said they had watched staff interacting with people and had found this to be a positive experience, where people showed they were happy. Another relative said they had heard staff talking nicely to other people when they arrived at the home to collect their family member.

Staff showed that they understood people's personal preferences. One person, who was a fan of classical music, was supported by staff to listen to their music in a room called 'the snug.' The snug was a separate room which contained games, DVDs and some sensory equipment. By going to the snug the person was able to enjoy their music in peace and quiet without interruption from other people.

Staff made every effort to maximise people's dignity. They spoke to people with care and respect, taking account of their wishes and personal preferences and ensuring they were happy and comfortable. One person had a tendency to put their hands in their mouth which meant they had saliva on their hands. Staff asked the person to wipe their hands which was a dignified and appropriate way to address this. We observed that people were dressed in a dignified way in clean clothes which were smart and made them look nice. Staff complimented people on how nice they looked. One person had a hair type which needed special care; this was recorded in their care plan. We observed their hair to be well cared for.

Support plans included a section entitled 'What people like and admire about me.' These included information such as 'I am always happy,' 'I have an infectious laugh,' 'I love dancing and singing.' This showed that staff respected people and reflected positively on their skills and abilities, making people feel confident and important.

People were involved in developing their support guidelines. Each support plan included a section detailing how the person had contributed to the plan, for example, by using Makaton. Makaton uses signs and symbols to help people communicate. Relatives told us they had attended review meetings and as part of the review had been involved in setting goals such as going to a football match.

People were supported to be as independent as possible. Everyone was supported to tidy and clean their room and to take their clothes to the laundry room to be washed.

Good

# Is the service caring?

People were involved in putting together weekly menus and sometimes were able to help with food preparation. The registered manager described how some people were able to independently prepare cereal for breakfast and others were able to pick from a selection of cereals and then staff supported them to add the milk and take the bowl to the dining table. Some people were able to load the dishwasher following a meal while others were able to take their plates to the kitchen and put them in the sink. People were supported to be independent according to their own ability. There were support plans in place to encourage people to do as much for themselves as possible. For example a support plan for a person who was visually impaired stated that staff should keep the environment the same so that the person could mobilise safely.

# Is the service responsive?

## Our findings

Relatives told us they had been involved in the support plans, were kept regularly updated and were involved in regular reviews. We found that the home had worked with people through observation, preferred methods of communication and regular evaluation to ensure that support plans were tailored to people's individual preferences.

Support plans included a range of documents which included person centred planning tools, typical support plans and risk assessments. Each support plan file contained personal details, a relationship circle, a one page profile, an 'important to me' and 'important for me' page, a typical day, communication plan, decision making profile and decision making agreements, reviews and updated records, person centred review and outcomes plan. The support plans correlated with health actions plans and observations. This was a powerful demonstration of how people's assessed needs, wishes and skills translated into support plans and was delivered by staff who had a thorough knowledge of people they supported.

We spent some time with a person who had complex communication needs. It was clear they were well practised in leading interactions and had done so regularly with staff. We observed them communicating by using objects of reference. For example, when they wanted to go out, they brought their coat. Staff facilitated this. The person had a computer tablet which included an application which repeated noises and phrases. Using the application enabled the person to reinforce their communication skills and have fun with others. We observed the person handing the tablet to others so they could make noises to be repeated. Staff were responding to the person's need to interact and communicate.

One person told us how they liked staff, and had plans to attend a cooking session later. They were very interested in cars and motorbikes and told us how they had been on a motorbike. They were interested in the cars that staff drove and often discussed this with staff. We saw their room included pictures of cars and an aston martin flag. The registered manager told us the room had been recently decorated and the person had chosen the colours themselves. We observed the person, who was visually impaired, being supported to eat their breakfast. Staff used verbal prompts to ensure they knew where their cup and bowl were, and encouraged the person to sit up and enjoy their meal. This meant that staff were supporting their visual impairment in a person centred way.

One person's support plan stated that they liked to check their support plans themselves monthly to ensure they were up to date and relevant. The person was visually impaired. Staff told us they read the support plans to the person so they could be reassured that their support met their required needs and reflected their personal preferences.

We reviewed 'what's important to me,' 'what's important for me' and a 'typical day' sections of people's support plans. They reflected what staff had told us about people and our observations. For example, for one person it was important to respect their space but also to encourage them to attend social events so they could learn to tolerate people. Family told us how proud they were that the person had attended a family wedding with a support worker and had been able to stay all day and tolerate all the noise and excitement. It was important to them as a family that the person had been able to be part of the family photographs which were a permanent memento of a special day. The format of the communication plan made it clear for staff getting to know someone. The format very simply guided staff to acknowledge and respond to communication. For example 'If the person does this or says this, it means this and we should do this.'

People were supported to choose and partake in activities of their choice. These were included in support plans and were part of goals and aspirations where this was something to be worked towards. All the activities were fully risk assessed to ensure the person had the maximum enjoyment with the minimum of risk. One relative said "I have popped into some of the activities and I have been very impressed."

Feedback was encouraged from people in the form of feedback forms which people had been supported to complete. Weekly meetings were held between everyone living in the home where it was discussed what was good that week, what was not so good and what they would like to do the following week. People also had monthly meetings with their keyworker where there were discussions about activities. There were monthly staff

# Is the service responsive?

meetings where staff were able to raise any issues or concerns they may have, and these could also be discussed as part of the staff member's supervision meeting if they did not want to publicly raise their concerns.

Relatives told us they knew how to complain, and had, in the past, raised issues with the registered manager or staff. They said these had all been appropriately responded to and they were happy with the service.

# Is the service well-led?

## Our findings

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the registered manager who, they told us, always listened and responded. One member of staff said "He's so approachable which is really helpful – he's really supportive and understanding." The home had a pleasant atmosphere, where staff worked well together and supported the registered manager in his role.

Staff told us they were aware of their roles and responsibilities. There were regular staff meetings. The minutes of the last meeting showed, for example, that staff discussed how to respond to people's needs such as referrals to health professionals and health and safety issues were also discussed. Quarterly team leader meetings had been recently introduced and these provided an opportunity for team leaders to engage with each other at a higher level and also to learn from each other. The minutes of the last meeting showed that the team leaders had discussed their responsibilities, how to manage staff and how to challenge staff. Team leaders in this home were senior support workers responsible for a team of support workers. The registered manager attended managers meetings with managers of other homes in the area under the same provider. At the last meeting managers had discussed skills and knowledge sharing. This meant the provider had taken action to ensure knowledge and skills were disseminated across other homes contributing to a better service for people.

The provider's mission is to create an environment that promotes independence and positive outcomes. Care plans and feedback from staff and relatives showed that independence was encouraged in the home and positive outcomes for people were demonstrated throughout the inspection. The provider's mission was reflected within the care and support we observed in the home.

An annual service review involved sending feedback questionnaires to families and people. People were asked questions such as 'do you like your home?', 'are you offered choices?' and 'are you involved in your review?' Positive feedback was received from all parties and in response the registered manager had instigated the use of communication books so that families could receive updates of weekly activities and the home could receive updates in relation to weekend activities. This ensured relatives received up to date and constant information so any concerns could be shared and actioned quickly, improving people's quality of life.

Staff received feedback from people on a daily basis through observation and interaction. Staff responded to people's changing needs and wishes as they became apparent to ensure that people were at the heart of decision making. Staff used communication plans and personal experience to ensure they were constantly aware of how people were feeling and responding to this.

The registered manager was aware of key challenges to the service. The home currently had a vacancy and it was important to ensure that a person with similar skills and qualities came to live in the home. The registered manager was aware of the importance of this so as not to unbalance the atmosphere in the home and ensure that people currently using the service were disrupted as little as possible. In conjunction with this, the registered manager was also in the process of recruiting staff and was aware of his responsibility in matching the strengths of potential staff members to the abilities and skills of people living in the home. As part of an improvement plan the whole building had been recently redecorated and new carpets installed. There had also been a complete external review and areas for improvement were noted which included levelling paving stones to make them safer for people using the service. This work was being undertaken on the second day of our inspection. Health and safety representatives from the provider had also carried out an in depth review in the home. As a result of this smoke detectors had been installed in the control of substances hazardous to health (COSHH) cupboard.

Incidents and accidents were recorded and responded to appropriately. Records showed that incidents were followed up and investigated where necessary. Actions which needed to be taken as a result were cascaded to staff in team meetings and, where necessary, support plans and other records were updated. This meant the registered manager was monitoring incidents and accidents and taking action in order to drive improvement. There was also an online system maintained by the provider which meant that incidents could be analysed for trends on a provider basis and that senior management were informed in a timely way in order to take any actions which may be required provider wide.

# Is the service well-led?

The service maintained a detailed system of quality control. A record of daily checks was maintained as part of the handover process between shifts. These included checking the fire alarm panel, checking escape routes in the event of a fire and checking fridge and freezer temperatures. Daily health and safety checks were carried out by staff. These included vehicle checks, checking that doors were not propped open, checking there were no odours in the home and checking for slip and trip hazards. The registered manager told us that it was important that all staff were involved in carrying out these checks, as this made sure that staff were aware of their responsibility for the house. If they saw something wrong they would action it rather than relying on another member of staff to pick it up during daily checks.

A fire drill and evacuation was carried out every Monday to ensure staff and people were familiar about what to do in the event of a fire. Other checks which were recorded included carbon monoxide checks, water temperature checks, checking there was adequate ventilation, checking carpets were in good condition and that COSHH was stored safely. There were also checks on doors which were intended to close automatically in the event of a fire. Quarterly audits were carried out by the operations manager who reviewed the home in terms of the five domains used by the Care Quality Commission (CQC) to inspect. Where failures were noted, these were discussed with the registered manager and actions taken. For example, as a result of the quarterly audit, it was noted that an external light needed fixing. This work had been carried out. Quality control systems were effective in maintaining the quality of the home and the quality of service people received.

Staff said they had been involved in the development of the home. One member of staff told us that the garden had been recently upgraded and everyone had been asked for their contribution as to how to develop the garden. Staff said they had also been involved in determining which items of sensory equipment would be most beneficial for people in the snug room. One member of staff said "(the registered manager) always asks us what we think." This meant that staff were involved in developing the future of the service.

Staff told us that morale was good. One member of staff said "We all get on really well, it cheers me up, I think everything's really good." Staff felt positive about the service and this reflected in the delivery of people's care.