

Accept Care Ltd

# Accept Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 9, 11, 15, 16 and 17 November and was unannounced. Accept Care Limited provides care and support to people living in their own tenancies either in their own flats or living in communal units. At the time of our inspection there were 55 people using the service across three sites – Station House at Bear Park, Eshwin Hall at Esh Winning and Ash Grove at Consett.

At our last inspection of Accept Care on 25, 26 February and 1 and 3 March 2016 we reported that the registered provider was in breach of the following:-

Regulation 9 – Person Centred Care  
Regulation 11 - Consent  
Regulation 12 – Safe Care and Treatment  
Regulation 16 – Receiving and Acting on Complaints  
Regulation 17 – Good Governance.

We asked the registered provider to make improvements and they sent us an action plan with actions they intended to take. At this inspection we found the service had made improvements, however further work was required to ensure improvements continued and were sustained.

The service had 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.

We found the plans for people's topical medicines and PRN medicines (as and when required medicines) were not consistent across the service and recommended the registered provider review the plans to ensure each person receives a consistent level of good service.

The registered provider had arrangements in place for monitoring and reviewing accidents and incidents across the service. We saw they had taken action to prevent re-occurrences. This meant actions were taken to keep people safe.

We found the registered manager carried out a robust recruitment procedure to ensure staff who were employed in the service were safe to work with vulnerable people. The registered manager had in place and used staff disciplinary procedures to prevent people who used the service being subjected to inappropriate staff behaviour.

Staff were provided with an induction to the service and received supervision and an appraisal to review any concerns they may have about the service as well as their performance. The registered provider had a training programme in place to ensure staff were trained in their role and were able to support people in

their care.

The registered provider had communication systems in place to ensure information was passed between staff and tasks about people's care needs were not lost. We found the staff to be caring and observed the people who used the service had positive relationships with the staff on duty. We found staff respected people's dignity and choices.

Staff contacted people's GPs when medical attention was required. Staff also supported people to attend medical appointments and engaged family members who wanted to be involved in their relative's care.

Staff listened to people's relatives who were acting as advocates on behalf of people who used the service. The registered manager was able to list people in the service who had an advocate and staff were aware of the role of advocates in the service.

Since our last inspection care plans had been updated for people living at Station House and Eshwin Hall. The registered manager told us they had completed an update on approximately three quarters of people's care plans in Ash Grove. We saw the updated care plans were person centred and focused specifically on each individual person. Further work was required to update the care plans for everyone who used the service.

Following our last inspection the registered provider had ensured the same complaints process was in place across all three sites. They had responded to people's complaints and made sure there was an outcome for each complaint.

We discussed with the registered manager the culture of the service and our finding that the service was lacking in confidence in working with statutory services. The registered manager felt the culture of the service was changing and they were increasing in confidence.

We found the service stored people's documents in an electronic cloud device and we used best practice guidelines to discuss with the manager the safest use of a cloud. We recommended to the registered manager they review their use of the cloud in line with the best practice guidelines.

The service carried out surveys to assess the quality of the service. We found the numbers of questionnaires sent out did not reflect the numbers of people in the service. Although the responses were low we found actions had been taken once the responses of the survey had been analysed to improve the service.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

We found there were inconsistent levels of guidance given to staff about people's topical medicines and PRN plans across the service.

Prospective staff members underwent a robust recruitment procedure before they began working in the service.

Accidents and incidents were reviewed by the management team and actions put in place to prevent re-occurrences.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

Accept Care Limited did not work in accordance with the Mental Capacity Act.

People who used the service were supported to gain access to healthcare professionals when needed and to attend appointments.

We saw the registered provider had staff induction, training, supervision and appraisal in place which supported staff to carry out their roles.

### Is the service caring?

**Good** 

The service was caring.

Staff explained things to people which promoted their well-being.

The registered manager told us people who used the service had advocates in place. We found staff listened to relatives who were acting on behalf of their family members.

Staff treated people with respect and promoted their privacy. We saw staff knocked on people's doors before entering their flat or their room.

### Is the service responsive?

The service was not always responsive.

We found the service had not done everything possible for some people who were at risk of self-harming or being significantly underweight.

Since our last inspection staff in the service had begun to rewrite people's care plans. We found these had been written in a person centred manner and included details specific to each person who used the service.

**Requires Improvement** 

### Is the service well-led?

The service was not always well led.

We found following our last inspection work had begun to update people's care planning documents. This work needed to be completed and care plans reviewed.

Staff were engaged in a variety of meetings to support the running of the service.

The registered provider had put quality assurance arrangements in place. They had carried out surveys to find out what people thought about the service and they had audits in place to measure the quality of the service provision.

**Requires Improvement** 

# Accept Care Limited

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

This inspection took place on 9, 11, 15, 16 and 17 November and was unannounced.

The inspection team consisted of one social care inspector, a specialist advisor in mental health and a CQC specialist in information governance.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

At the time of our inspection there were 55 people using the service across three sites. During the inspection we reviewed the records of 13 people. We carried out observations of people who used the service and their interactions with staff. We spoke with seven people who used the service and carried out observations of people who were unable to speak for themselves. We spoke with staff including the registered manager, the nominated individual, five house managers, and six carers. We also spoke with two relatives before the inspection and one relative during the inspection.

Before the previous inspection we asked the provider to complete a Provider Information Return (PIR). We did not ask the service for a new PIR. A PIR 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 used the information from our last inspection to inform our planning.

# Is the service safe?

## Our findings

We asked if people felt safe when using the service. One person said, "I am safe", another person nodded in agreement. People we spoke with in one house remarked that they felt safe in the house and were satisfied with their care at Accept Care. We carried out observations during our inspection of people who were unable to speak for themselves and saw people were comfortable in the presence of staff and did not display any distress reactions when staff approached them.

We looked at people's medicines. Each person had a locked medication box in their room. We observed the administration of medicines and found this was done in a safe manner. Staff reported to us they felt confident in administering medicines and they had received training in this area.

The registered provider had introduced medicine's audits. We found these audits had been carried out and actions put in place. At the time of the inspection insufficient time had elapsed for the service to review if these actions had been carried out. We reviewed people's topical medicines and found the service recorded topical medicines in different ways. At Station House these were recorded on the MAR charts. At Eshwin Hall and Ashgrove these were recorded on PRN sheets. We found there was clearer guidance given to staff in some parts of the service than in others regarding the application of topical medicines

We looked at people's PRN medicines. These are medicines which people are given on an "as and when required" basis. These included homely remedies purchased over the counter by family members. We saw PRN plans in the service described the type of medicines people required together with the required level of dosage and included the different types of pain for which people were to be offered pain relief. However we found the level of guidance in other parts of the service was less clear, although staff we spoke with understood what actions they were to take. This meant practices in the service for PRN medicines and topical medicines were not all at the same standard.

We recommend the provider reviews people's PRN plans and topical medicines in line with best practice guidance.

We found the provider had a robust recruitment procedure in place. 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 helped employers make safer recruiting decisions and prevented unsuitable people from working with children and vulnerable adults. Before staff were allowed to be employed in the service they had to complete an application form and provide two referees. The provider had taken up the references to check on peoples past employment record or their personal lives.

We saw staff had been trained in safeguarding people. The service maintained a safeguarding log We reviewed this log and found there had been safeguarding incidents referred to the local authority safeguarding teams. This meant staff were aware of their responsibilities in order to keep people safe.

Staff employed by the service were given guidance to prevent accidents in people's care plans. For example

in one person's care plan we read, "You should be aware I have non-slip floor covering in my bathroom and you should ensure my room is kept clean and tidy at all times to reduce any risk of slips and falls." In another person's care plan staff were told to ensure a person's toiletries were safely stored away. . We found the service maintained accident and incident records. These were reviewed by a senior manager and actions were put in place to prevent re-occurrences. This meant the registered provider took action to reduce the risks to people and staff.

The provider had in place staff disciplinary procedures and we found the registered provider had used these procedures to ensure staff behaviour and attendance was in line with the expectations of the registered provider. This meant people were protected from staff misconduct.

We saw staffing levels in the service were in line with those commissioned. The registered manager explained that they were in the middle of recruiting new staff. Their intention was to increase the number of staff available so staff were able to go on training and there would be enough staff to cover people's care needs.

The provider had a whistle-blowing policy in place. The policy described how staff should tell people about any worries they may have had about the service. The registered manager told us there were no current investigations into staff whistleblowing issues.

People who used the service lived in premises owned by a housing provider and they had in place tenancy agreements. We saw the service had arrangements in place for ensuring people were kept safe in their own homes, these including health and safety assessments and fire checks.

We looked at people's human rights and found the service promoted the rights of people who used the service. For example we saw the service supported people to have contact with their family. This meant the service promoted Article 8 of the European Convention on Human Rights – the right to family life.

## Is the service effective?

### Our findings

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. We checked whether the service was working within the principles of the MCA.

The registered manager shared with us a PowerPoint presentation they used to train staff in the Mental Capacity Act and explained the training was intended to alert staff to the possibility that some people in their care may lack capacity. We looked at people's care files and found there were no mental capacity assessments or decisions taken in people's best interests. Staff told us one person with limited communication was able to tell them when they were unwell, other people using the service were restrained by bed rails or locked doors and we found one person who required constant supervision. Under these circumstances we would have expected the provider to have carried out capacity assessments in place. Following the inspection we guided the registered manager to the Mental Capacity Act Code of Practice. We found the provider was not meeting the requirements of the Mental Capacity Act.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff had received an induction and staff confirmed to us they had been supported to learn about their role in the service. One member of staff told us their induction was, "Comprehensive." During the first six months of a staff member working at Accept Care we saw they were supervised on a monthly basis by the training manager. They explained to us this meant staff continued to build up relationships and discuss issues with the person who trained them. At the end of six months staff supervision was taken over by the house managers. We looked at supervision records for staff who had been in the service for longer than six months and found supervision for longer serving staff did not always occur at regular intervals. However it was clear from the staff we spoke with that there was an established system of support and supervision with staff describing their formal and informal support and supervision sessions with senior staff, and stating they received an annual appraisal.

We looked at staff training. The registered manager told us staff were expected to complete the Care Certificate before they completed their probationary period. The Care Certificate is a nationally recognised qualification with a set of standards that social care and health workers should adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. This meant the service was ensuring new staff received learning according to national standards.

Staff had completed training in safeguarding, food hygiene, manual handling, health and safety and emergency first aid. We found the registered provider kept staff training under review and had highlighted where training required updating. We saw the registered provider had put in place dates for new training

courses.

All staff had been trained in MAYBO which is training designed to enable staff to deal with conflict management. Staff told us they use MAYBO techniques rather than use restraint on people. In people's plans we found guidance to staff on how to manage people's behaviour which challenged the service. For example in one person's care plans we found staff were expected to make clear to the person what was unacceptable behaviour. In another person's care plan staff were required to prompt the person to go to their room until they became calm and staff were to remain vigilant to check if the person was removing items from other people.

The service had in place a diploma tracker which showed the stage staff were at in completing their NVQ learning. We saw that most staff were in the process of completing or had completed either level two or level three in NVQ training. All staff had completed the in-house medicines training whilst most staff had completed an external Safe Handling of Medicines Training. We saw in people's care plans staff were required to be fully trained in medicines administration before they could give people their medicines.

We saw staff supported people to do their own food shopping and prepare their meals. People had weekly menus in place. One person told us, "I can cook all my own meals." Staff told us about the information and guidance they had received from family members about people's preferences. We observed staff supporting people in their kitchens to cook their meals. We saw staff had used laminated pictures to help one person choose their meals, and guidance was given to staff if for example they needed to supervise people when eating to reduce the risk of choking. This meant people were supported to eat and drink and actions put in place to maintain safe eating and drinking.

Each person who used the service had a tenancy agreement in place with the respective property owners. We saw staff supported people to maintain their tenancies and carried out tasks which enabled people to live in their own homes. For example staff supported people to keep their premises clean and tidy, keep their garden areas clear and put their dustbins out for collection. This meant people were able to continue to live in their own homes.

Communication with people who used the service varied. In one person's plan we saw precise information had been given to staff about using singular words to support people and we saw how staff followed the guidance. In another person's plan we saw staff were to encourage a person to communicate using Makaton, however we did not see this used during our inspection. We spoke with the staff member supporting the person and they advised the person tended to use verbal communication. We observed the staff members verbally communicating with the person and understanding the person's oral communication style.

We were given copies of newsletters sent to staff and people who used the service. One staff member explained it was a way of communicating to keep staff up to date. We saw the newsletters included what actions were to be taken in response to the last CQC inspection report.

We looked in the diaries used by staff to record people's appointments and found staff also used handover books to assist with communication between staff. We saw in the handover books staff recorded reminders to each other of particular tasks which required doing or requests for support from people who used the service. This included where people had been prescribed new medicines. Notes on people's daily activities were also included. This meant the provider had in place systems for ensuring staff were able to communicate with each other to meet people's support needs.

We found staff supported people to attend their medical appointments or they liaised with family members to ensure people were accompanied to attend. We also found people were supported to either attend their GP surgery, or have their GP visit their home if they became unwell. Similarly appointments were made for dentists and chiropodists. The service had introduced a new health care plan, although these had yet to be completed for everyone using the service. The plans listed people's health care needs and what was required to meet each need. This meant the service addressed people's health care needs

## Is the service caring?

### Our findings

One person said, "Some staff are lovely." When asked if staff were kind one person said, "Sometimes." During the inspection we saw staff going about their daily tasks and duties in a caring manner. Staff were seen helping residents to cook their meals, administer prescribed medicines and take residents out on planned activities. One relative spoken with commented that, "(Name) gets well cared for here, the staff do their utmost to help. I can't grumble about the level of care, the staff do everything they can".

We found staff appeared warm and friendly with people and the relationships between staff on duty and people who used the service were easy and comfortable.

We observed conversations between staff and people who used the service. The conversations were chatty and friendly and people responded well to the conversations taking place. Some of the conversations which took place involved giving people directions as described in their care plan using language they understood. Other conversations included giving people information and explanations about what was happening now and next which promoted people's well-being.

Staff were observed treating people with privacy and dignity, knocking on doors before entering rooms and speaking to people in a respectful manner. We observed staff sitting outside a person's room and checking on them at regular intervals. They explained to us the person wished to remain in bed. We saw the staff respected the person's decision but still carried out checks to ensure they were safe.

Following one person's discharge from hospital we found them to be in an agitated state. Staff remained calm with the person and gently encouraged and supported them to make decisions. As the day progressed we observed the person was becoming less agitated. This meant staff were able to use their interpersonal skills and support the person to become calmer.

Although none of people's case files we looked at appeared to have an advocate to represent their views and wishes the registered manager was able to list to us a number of people who had advocates appointed for them. The registered manager stated they would add this detail to the front of people's files to make it more obvious to staff reading the file. We spoke with staff about advocacy arrangements for people and staff understood the role of an advocate. We found relatives of people who used the service had advocated on their behalf. Staff had listened to relatives and incorporated those wishes into people's care planning.

Accept Care provided support to people in their own tenancies. Some people had their own kitchens and staff supported people to be as independent as possible, enabling them to choose their own meals, supporting them to cook their meals or having discussions with people about what they were cooking themselves. We found that where possible people's routines included doing things for themselves. This included getting dressed or putting crockery in a dishwasher. Staff were given guidance in people's care plans about how to promote people's independence. This included, "I can dress myself but may need verbal prompts as to which item of clothing in appropriate order."

Some people had buddy alarms in place which were a tracking device. People with buddy alarms were able to be independent and go out on their own but were tracked by an electronic system should they deviate from their preferred area. One house manager told us staff were then able to find the person and check to see if they were lost or confused. This meant people were still able to choose to be independent but the registered provider operated a system to ensure people were safe.

People were involved in the service and able to contribute to its provision. For example we saw people in Eshwin Hall were invited to attend meetings. The minutes of the meetings showed whilst some people did not wish to attend they wanted to learn later what was said at the meeting. Discussions at these meetings included issues raised by people who used the service about improvements they would like in place. Some of these improvements were about trips out and people being noisy.

Staff were aware of the need for confidentiality and the storage of people's records in a safe place. We found staff kept people's records in locked cabinets and cupboards.

At the time of our inspection there was no one receiving end of life care. There were people using the service with serious health conditions and the registered provider had engaged with appropriate health care professionals.

## Is the service responsive?

### Our findings

We found seniors members of the management team had carried out an assessment of people who were referred to the services needs using a pre-admission document. We looked at the pre-admission assessments of two people new to the service and could not identify their 'voice' in the assessment information being gathered. We discussed this with the registered manager who advised us they would do this in the future. House managers told us they received a care plan from the senior managers, and began to know more about their care needs through contact with each person and their relatives.

During our last inspection we found a number of concerns in people's care planning. Managers had begun to rewrite people's care plans. This had been achieved at Station House and Eshwin Hall. The registered manager told us at Ash Grove they had rewritten approximately three quarters of people's plans. We saw the new care plans were person centred and the registered provider had made improvements following our last inspection. Each person had a service user profile in place which gave staff information about each person at a glance. This included their likes, dislikes and their family contacts

We found the care plans for people living at Station House described people's needs in detail and were person centred. Staff were given detailed guidance on how to meet people's care needs. We found people's plans were informed by staff who understood people's needs and who had sought guidance from specialist teams to inform their practice. This meant people at Station House were cared for by staff who were well advised and given accurate information about people's needs. Similarly care plans at Eshwin Hall had been revised. One manager told us the care plans were a work in progress and further developments were needed to ensure the plans were maintained to the same standard.

During our last inspection we were concerned that people who experienced mental health difficulties did not have their mental health diagnosis described in their plans with explanations and guidance given to staff about people's conditions. During this inspection we found care plans had improved. Staff had been given information about people's diagnosed mental health conditions. However we found in some plans staff were guided to recognise triggers or warning signs without an explanation about what they might be.

We found at Ash Grove some care plans had been updated and others still required updating. For example we found one person was at risk of self-harm and in their care plan guidance was given to staff to reduce the risk of self-harming. We found the guidance had not been followed and there was a risk of self-injurious behaviour. We pointed this out to the house manager who immediately changed the care plan as they told us the person had not displayed this behaviour for some time and sent the amended plan without a review with relevant parties to the care manager. This meant we could not be reassured the person was now safe. We looked at how plans were reviewed and found house managers had an audit list in place and were reviewing people's care plans on a monthly basis. However during the inspection we raised concerns about actions not being taken in relation to one person's care plan. The staff told us the person no longer behaved in the way which was described. They immediately changed the plan and sent it to their care manager for an update. We spoke with the care manager who then ensured the issues we identified were included in the local authority plan. This demonstrated that the reviewing process was not always carried out in a

collaborative way to reach decisions and ensure people's plans were appropriate. We found one person was a very low weight. Their weight had increased and then had begun to decrease again. Using the Malnutrition Universal Screening Tool (MUST) we found this person was at risk of malnutrition. One staff member told us the person was unlikely to take alternative foods. However we found the service had not sought advice and help in order to ensure the person was not at risk. These areas were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found choice was a key element of the service. We saw people living in the service carried out a range of activities. Some people were collected by taxi and taken to day centres during our inspection. People were engaged with staff in doing shopping and carrying out tasks in their homes. One person was accompanied by a staff member to buy a birthday present for a family member. We saw staff supported people to visit their family members. This prevented people from becoming socially isolated. The registered manager had recently opened a new facility 'Inspiring Lives' and had a mini bus in place so that people who were supported by Accept Care had access to different activities away from their home.

We saw the provider had a complaints process in place and found since the last inspection staff had carried out investigations into people's complaints. We found each complaint had an outcome and the person who complained was advised of the outcome. This meant the provider took people's complaints seriously and had made improvements since the last inspection.

During our last inspection we were concerned about the quality of people's hospital passports. Hospital passports are documents which provide information to medical staff about a person's needs if they are taken to hospital. We found the service had improved the hospital passports and people had detailed information in place to tell medical staff about people's needs. In addition the service had introduced new health care plans supported by a local professional. We saw whilst some of these plans were under development, other plans described people's health needs in more detail.

## Is the service well-led?

### Our findings

The service had a registered manager in place who was also the registered provider. Staff told us they felt supported by the managers and were able to go them with any concerns or questions they needed answering.

Since the last inspection the registered manager told us they were continuing to update care documents of people who used the service at Ash Grove. We found some people's records had been updated and improved whilst others had yet to be updated and then reviewed by house managers to ensure they were accurate.

The registered manager had a safeguarding log in place. We reviewed the safeguarding log and saw actions had been taken by the managers to keep people safe.

We looked at the storage and retrieval of information in the service and found the registered provider stored information in an electronic storage cloud device. House managers were familiar with the cloud. Staff told us information at the end of each month was removed from people's files and scanned into the cloud device. We worked through the best practice guidelines provided by the Office of the Information Commissioner and found the registered manager had not adhered to the guidelines. For example the device had not been encrypted until this was pointed out to the registered manager and the manager was not aware of this requirement until it was pointed out to them during the inspection.

We recommend the registered provider reviews the use of their cloud storage device in line with the best practice guidelines.

Since our last inspection the registered provider had continued to carry out surveys in relation to the CQC five key questions – Is the service safe?, Is the service effective?, Is the service caring?, Is the service responsive?, and Is the service well led? We looked at the responses to recent surveys carried out on the theme of effective. At the time of our inspection there were 58 people using the service; only 18 surveys had been sent out to people who use the service. It was therefore difficult to ascertain if the resulting eight questionnaires returned to the service by visitors for the effective question gave an accurate picture of the service. However we found the responses to the surveys had been analysed and actions had been put in place to respond to the surveys.

The registered provider had in place a number of audits to monitor the quality of the service. We looked at the care plan audit and found they identified actions to be taken to improve people's care plans. The registered manager told us they had introduced a medicines audit; we looked at the medicines audits which been carried out and found there were actions listed as being required to improve the service.

Whilst we found there was clear partnership working in place with people's GP and teams which supported services for example Speech and Language Therapy Team and the Behaviour Support team, we found there was not integrating working in place with local care managers. As a result people's care plans did not reflect the Recovery Star Model used to define people's mental health needs and identify ways of preventing

relapses. We discussed the culture of the service with the registered manager and another manager. We discussed our findings about Accept Care staff were passive and lacking in confidence in their ability to work with local statutory services. The registered manager agreed with our findings but told us they felt the service was changing and increasing in confidence. They used an example and demonstrated to us how they had identified and alerted statutory services to a particular person's condition. We also found the registered manager described a cultural change in a staff forum where people who used the service were the main people driving the change.

The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service.

We found there were a number of meetings held in the service to engage staff. Staff were invited to attend house meetings where they discussed individual house issues and individual people who used the service. We saw the service had a health champions meeting to discuss people's specific health issues. There was also a staff forum and a union representatives meeting. This meant the registered provider had in place arrangements for staff meetings to address a range of issues.

The service had clear community links in place with local services including the nearby GP surgeries, but people also used the local services including local hairdressers and supermarkets.