

PossAbilities C.I.C

Harelands House

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 was an unannounced inspection which took place on 08 July 2015. The service was last inspected on 17 July 2014 when we found it to be meeting all the regulations we reviewed.

Harelands House offers short-term support accommodation to people over the age of 18 who have a learning disability. They provide respite to parents and carers of people who are cared for in their own home. Harelands House is adapted to meet the needs of

profoundly disabled individuals. There are a number of communal areas including a lounge area, a dining room and a garden. There were three people staying for a short break at the service on the day of our inspection.

The service had a registered manager in place at the time of our inspection. 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.

Summary of findings

During this inspection we found that temperature checks of the medicine cupboard were not being undertaken to ensure that medicines were being stored at or below the recommended temperature. The registered manager and senior staff member were not aware these temperature checks were required. We have confidence that the provider would undertake this task.

We found that temperature checks of hot water outlets were not being undertaken to reduce the risk of scalding from hot water. We were informed that the thermometer had recently broken and was being replaced as soon as possible.

Supervisions were not being undertaken within timeframes identified by the senior member of staff. However, the senior member of staff informed us they planned to increase the frequency of supervisions for staff.

Fridge and freezer temperature checks that the service required staff to undertake were not being completed. The senior member of staff told us they would be addressing this with the staff.

We noted that redecoration was required in some parts of the service. This was being addressed by the registered manager and refurbishment plans were underway.

We found the service was in the process of renewing and updating their policies and procedures. On the day of our inspection some of these had been completed and others were work in progress.

Staff had received training in safeguarding and was able to tell us what they would do if they had concerns.

The service had a safeguarding and whistleblowing policy in place. This helped to ensure staff would know how to respond if they had concerns about the safety of people using the service.

There was an easy read leaflet readily available for people who used the service in relation to abuse.

The service had a nominated lead person and two safeguarding champions who were available to support and advise staff members about safeguarding concerns.

Risk assessments were in place throughout the service. These included risk assessments relating to the health and safety of people who used the service and risks in relation to the environment.

Moving and handling equipment was available throughout the service which had been checked on an annual basis by an external contractor and deemed safe. Staff also visually checked this equipment twice daily.

The service had procedures in place for the reporting of incidents, accidents and dangerous occurrences.

Robust recruitment processes were followed by the registered manager to ensure the suitability of people working in the service.

People who used the service were involved in the recruiting of new staff members and were given the opportunity to decide if people were suitable for the role.

People who used the service had personal emergency evacuation plans in place. This would help to ensure that people were safely evacuated in an emergency situation.

Policies and procedures were in place in relation to medicine management and these were accessible to staff members.

We found the service was clean, tidy and free from offensive odours. Staff had received training in relation to infection control and knew their responsibilities in relation to this.

People who used the service and relatives we spoke with told us they were cared for by people who knew them well. Staff told us extra staff were put on duty when someone new came into the service for the first time, until they got to know each other.

Staff completed mandatory training in various areas such as moving and handling and safeguarding. Further training was available in relation to specific needs, such as autism and dementia.

The service had training champions (people with enhanced knowledge in specific areas) such as communication and moving and handling.

People who used the service were supported to access healthcare appointments as and when necessary.

All the care files we looked at included a 'traffic light hospital assessment'. This is a system by which important information is readily available should a person be admitted to hospital.

Summary of findings

The kitchen was accessible to all the people who used the service to access drinks and food when they liked. Menus within the service were pictorial to support all people who used the service to make choices.

People who used the service told us staff were caring. We observed people who used the service were treated with dignity and respect. Care records we looked at showed staff wrote about people in a compassionate and respectful manner.

People who used the service told us that staff respected their privacy and would always knock on their door before entering.

We saw that verbal handovers were undertaken to ensure changes regarding people who used the service were communicated and understood.

We saw people who used the service were offered a variety of activities to choose from throughout the week. People were encouraged to inform staff what activities they would like to undertake on a daily basis.

People who used the service were offered the opportunity to go on holiday. This included caravan holidays and to a centre where they could undertake arts and crafts during their stay.

Prior to using the service people's needs were assessed. This helped to ensure the service could meet their needs prior to them staying.

Care plans we looked at showed people's likes and dislikes were documented and reflected the current needs of people.

Staff has received specific training in relation to the management of behaviours that challenge.

People who used the service told us they were encouraged to make choices about many things including what they wanted eat or how they wanted to spend their day.

The service had a compliments and complaints policy in place. Forms were readily available in communal areas should anyone have wanted to give a compliment or make a complaint.

People who used the service, relatives and staff members told us the registered manager was approachable and they were able to talk to them.

Robust quality assurance systems were in place within the service to identify where improvements were required.

The service sent out feedback forms to relatives annually in order to improve the service.

We saw thank you cards the service had received from people who used the service and/or their relatives.

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.

People who used the service told us they felt safe and staff we spoke with told us they had received training in safeguarding and knew how to report any concerns.

The service had risk assessments in place in relation to the health and well-being of people who used the service as well as environmental risks to keep people safe.

The service had robust recruitment procedures in place for the employment of staff within the service.

Good



Is the service effective?

The service was effective.

People we spoke with told us they felt they were cared for by staff who knew them well.

Staff completed an induction when commencing work at Harelands House.

Staff told us and records showed that staff had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

We saw that staff treated people who used the service with dignity and respect.

Staff we spoke with showed a good understanding of the needs of people staying in the service.

People's personal information was stored confidentially.

Good



Is the service responsive?

The service was responsive.

We saw that people who used the service were able to enjoy a variety of activities.

People's needs were assessed prior to them staying at Harelands House. This ensured the service was able to meet the needs of people.

People who used the service told us they were able to make choices.

Good



Is the service well-led?

The service was well-led.

People who used the service told us they felt the manager was approachable and they were able to talk to them.

Quality assurance systems in place within the service were sufficiently robust to identify areas for improvement.

Good



Summary of findings

Feedback forms were sent out to relatives on an annual basis to gain feedback on how well the service was doing or if there was a need for improvement.

Harelands House

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 took place on 08 July 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had not requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The local commissioning team and local authority safeguarding team informed us they had no concerns. We did not receive a response from Healthwatch.

We spoke with two people who used the service and four relatives. We also spoke with two staff members, a senior staff member and the registered manager.

We looked at the care records for three people who used the service and the personnel files for two staff members. We also looked at a range of records relating to how the service was managed, these included training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us if they did not feel safe they would approach the registered manager or one of the staff members and felt confident that they would “Sort it out”.

All the relatives we spoke with told us they felt their relative was safe. Comments we received included “I feel my [relative] is safe and secure” and “It is an amazing facility for people”.

All the staff we spoke with told us they had received safeguarding training and were able to tell us what they would do if they had concerns about the safety of people who used the service.

The service had a safeguarding and whistleblowing policy in place. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on and advised staff to contact the registered manager or person on call if they had any concerns. The policy also included forms for staff to use in order to whistle blow on any poor practice, which allowed the person to remain anonymous. The service also had a safeguarding mission statement in place within the staff handbook and details on whistleblowing were also contained in this.

We saw that the service had developed an easy read leaflet for people who used the service in regards to abuse. This detailed the different types of abuse and where people could go to report abuse.

The service had a nominated lead person and two safeguarding champions for all issues relating to safeguarding that staff members could contact. These people had received enhanced training in this area. It was their role to encourage staff to think about the safety of all the people who lived in the home. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

We examined three care plans during our inspection. We saw that risk assessments had been completed for health related issues or accessing community activities such as swimming and travelling or completing life skills such as using the kitchen. The risk assessments were completed to keep people safe and not restrict what they wanted to do. People who used the service or where necessary a family member were involved in any decisions that were made.

We also saw risk assessments had been completed for the environment such as fire safety, moving and handling and slips, trips or falls. This showed the service had considered the health and safety of people using the service.

We saw equipment was available throughout the service to support people who had limited or no mobility. Mechanical hoists were in place and were inspected on a regular basis by an external company and deemed appropriate and safe for use.

The service had a moving and handling file in place which detailed all hoists and slings used in the service. This included photographs of the equipment and the make and model. This equipment was checked twice daily by staff members and any faults were to be reported to the registered manager and documented. Training records also showed that staff had undertaken training in the safe use of equipment.

The service had a procedure in place for the reporting of incidents, accidents and dangerous occurrences. We saw that accident and incident forms were in place within the service. We found these were reviewed by senior care staff and advice or actions were documented to show how these had been dealt with.

One person who used the service told us they felt there was enough staff on duty to meet their needs.

We spoke with staff members regarding the staffing levels within the service. Comments we received included, “Sometimes we could do with more staff, it depends on sickness and annual leave” and “Staffing levels usually match the needs of the service users”.

The registered manager told us the service currently employs sixteen permanent members of staff and they have access to ten bank staff. The service did not use agency staff and in the event of sickness or annual leave the service used bank staff to cover shifts.

We looked at the rota’s covering a four week period and found that sufficient numbers of staff were available to meet the needs of people that would be using the service during those times. The registered manager informed us they completed the rota dependent upon the needs of the people coming to stay in the service. People’s needs were assessed and staffing was pre-arranged to meet those needs.

Is the service safe?

We found robust recruitment processes were followed by the registered manager when recruiting new staff. We saw the provider had a policy and procedure to guide them on the relevant information and checks to be gathered prior to new staff commencing; ensuring their suitability to work at the service.

We examined the files for two staff members. The files contained two written references and an application form (where any gaps in employment could be investigated). The service undertook a criminal records check called a disclosure and barring service check prior to anyone commencing employment in the service. This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults.

People who used the service were also involved in the interviewing of potential staff members. This consisted of the applicant attending a session where the service users were undertaking activities. The applicant would be expected to take part in the activities with people. The service users had been trained in what to look for in potential new staff members and they completed a feedback form about how they felt the applicant interacted with them. We were told that the service users play a large part in the decision whether to employ an applicant or not.

We looked at all the records relating to fire safety. We found that people who used the service had a Personal Emergency Evacuation Plan (PEEP) in place. These detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation.

We saw that fire equipment, fire extinguishers and fire blankets, had been maintained in March 2015 where they were deemed safe and appropriate. We also saw weekly inspections were undertaken of means of escape, emergency lighting, fire alarm, automatic door closers and a visual check of firefighting equipment. There was also a record of fire drills that had been undertaken which occurred every eight weeks.

A fire evacuation plan was also available in communal areas to instruct people where to exit and the meeting point. The service also had a business continuity plan for how the service would function in an emergency situation such as fire.

People who used the service told us they always got their medicines on time. Relatives we spoke with told us they were confident that their relative received their medication as prescribed.

The registered manager told us only staff that had been trained in medicines were permitted to administer these. We saw that every day a trained staff member was allocated the responsibility for medicines for the day. This included responsibility for the keys to the medicine cupboard. Staff also had their competency checked on a regular basis and records we looked at showed this was completed by a senior member of staff.

The service had guidelines for staff members on the administering of medicines that was available on the medicine cupboard. This prompted staff in relation to allowing sufficient time to administer, concentration and eliminating distractions, as well as washing hands and the process of administration. We also saw that written consent had been obtained from people who used the service so that staff could administer their medicines.

The service undertook regular audits of medicines. We looked at the medicine administration record (MAR) for one person. This showed that each time a medicine was administered, staff members counted the remaining tablets. This should ensure that any errors or discrepancies are highlighted immediately.

We looked at the storage of medicines and saw each person's medicines were stored separately and in a secure cupboard. We asked to see the temperature checks for the medicine's cupboard and were informed that the service did not undertake these checks. This meant the service was unaware if medicines were being stored at the recommended temperature. We have confidence that the provider will undertake this task.

We saw that policies and procedures were in place for medicine management and these were readily accessible. We noted the policy was dated from 2012, however the registered manager told us the service was currently in the process of updating all the policies and procedures and a new one would be put in place soon.

One person who used the service told us they felt the service was clean. We saw the service was clean, tidy and free from offensive odours.

Is the service safe?

Staff we spoke with told us they had completed training on infection control and knew their responsibilities in relation to this, such as hand hygiene and wearing personal protective equipment (PPE).

We saw there were policies and procedures in place for the prevention and control of infection. We saw from the training matrix that staff had undertaken training in infection control. Staff had access to PPE such as gloves and aprons should they be required. We noted coloured mops were available for the cleaning of different areas throughout the service, such as toilets and kitchen areas.

The service had a separate utility room with laundry equipment. Soiled linen was placed in red alginate bags in order to prevent the spread of infection.

Best practice guidance was available for all staff to read and refer to in relation to the prevention and control of infections within the service.

We saw that water temperature checks were not being undertaken to prevent scalding from hot water outlets. We spoke with the registered manager regarding this who informed us that the thermometer had recently broken and they would be replacing this as a matter of urgency.

The service also had a water hygiene file in place. This contained a policy in relation to legionella and copies of reports from external contractors who had undertaken regular checks for the prevention of legionella. This included monthly service visits and de-scaling of shower heads.

Is the service effective?

Our findings

We asked people who used the service if they felt they were supported by staff members who knew them well. One person told us “All the staff are down to earth and know what they are talking about”.

Relatives we spoke with told us they felt staff had the knowledge and skills to care for their relative. Comments we received from relatives included, “I would trust [registered manager] to know that staff have the skills and knowledge. [Registered manager] put familiar staff on duty when my [relative] stayed there”.

One staff member told us “You need to know the service users. Talk to other staff and read the care files”. Staff also told us that extra staff members are put on duty if someone new comes into the service for the first time until they get to know each other.

The service had a ‘welcome values approach’ in place. This was developed by the provider in order to improve services for people they supported. Twelve staff members from across different services spent four, two hour blocks with a person they were supporting, the aim being to experience whatever people who used the service experienced. From this experience it is reported that changes were made possible for people. This showed the provider was actively looking at ways to improve the lives of people who used the service.

Staff spoken with and records examined showed that an induction was completed when they commenced work at the service. The induction consisted of four days training with workbooks being given to staff members for completion. The induction covered topics such as equality, diversity and inclusion, medication, privacy and dignity and health and safety. One staff member confirmed they had an induction when they started and had ‘shadowed’ experienced staff who had instructed them on what they needed to do. All staff spoken with told us they did not work independently until such time as they felt able to do so and were assessed as being competent.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people staying at Harelands House. We spoke with the service users, registered manager, care staff and examined training records.

The staff handbook detailed training that was mandatory for staff, this included safeguarding, Mental Capacity Act 2005 and health and safety. It was also mandatory for staff to undertake Diploma level two or three in health and social care if they did not already have this qualification.

Training records we looked at showed that staff members had undertaken training in various areas such as, first aid, food hygiene, dignity in care and health and safety. We also noted that a number of staff had completed further training, such as dementia care, epilepsy, autism and positive behaviour management (PBM). The service also had ‘training champions’ (people with enhanced knowledge in specific areas) in areas such as communication, acquired brain injury and moving and handling. This showed the provider was committed to enhancing the knowledge and skills of people who worked in the service.

The service had also signed up to the ‘social care commitment’. This was the services’ promise to continually strive to deliver high quality care and invest in staff to ensure people had confidence in the care and support the service offered.

Staff we spoke with told us they had received supervisions and appraisals. Records we looked at confirmed that staff had received supervision in recent times, however we noted that it had been some time since they had received one previously. We spoke with the senior staff member on duty regarding this and were informed that the service had got behind with supervisions and were aware that they needed to become more frequent. They were planning on ensuring these were undertaken as stated in the policy and procedure. We have confidence that this would be undertaken.

The service had a daily check book in place for staff members to complete. Checks that staff were required to complete included finances, medication and kitchen (including fridge and freezer temperature checks). This daily check book also required staff to sign when they had completed cleaning tasks throughout the home. This would ensure that staff members coming on duty would know what had and had not been completed and was one way of communicating with each other. Staff also had access to a communication diary and personal care files in order to gain information.

Is the service effective?

We saw that contact was made with relatives prior to people using the service to find out if their needs have changed. Also when people who had stayed in the service were returning home, staff would contact relatives to hand over how the stay had been. On relative told us “If I have to ring up they always speak to me, they always let me know if it’s a big thing”.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment the need, where there is no less restrictive way of achieving this.

We saw that staff had received training and policies and procedures were in place in relation to MCA and DoLS. We found these policies were out of date and reference the previous company. However these were in the process of being re-written and updated at the time of our inspection.

The registered manager informed us that they did not currently have anyone who used the service subjected to a DoLS. However they told us that they did have someone coming in the near future who would require an application for a DoLS to be submitted.

The registered manager told us that people who used the service were supported when necessary to attend healthcare appointments, such as their GP, dentist or optician. Should someone become unwell whilst they were staying at Harelands House, staff would arrange for them to be seen by the GP.

All the care files we looked at included a ‘traffic light hospital assessment’. This is a system by which important information is readily available should a person be admitted to hospital. Red symbolises things people must know about the person, amber symbolises things that are important to the person and green symbolises likes and dislikes.

The kitchen within the service was accessible to all the people who used the service. Meal times were flexible and people could access drinks and food when they liked.

We saw the service had pictorial menus in place that covered a two week period and gave people a choice of three main courses and three side dishes. The pictorial menus made it possible for all the people who used the service to make choices of what they wanted for their meals. We also saw that food supplies were well stocked and corresponded with the menu. Staff we spoke with told us that they did not need to adhere to the menu, if people wanted something completely different it could be changed. People’s food and drink met their nutritional needs.

Care files we looked at showed that staff documented all food intake for people who used the service. This was to ensure staff members could monitor their dietary intake and highlight any concerns.

Staff had been trained in the safe handling, preparation and storage of food. We saw that coloured chopping boards were available for the preparation of different food items. This should ensure the preparation of meals were safe.

We found that temperature checks of the fridge and freezer had not been completed in recent times. The senior member of staff informed us they were aware of this and were speaking to the staff to ensure these were completed.

We noted that redecoration was required in parts of the service. We saw that paintwork was chipped, there were holes in walls and some furniture had missing handles. However the registered manager informed us, and we saw evidence that they had recently had a quote for refurbishment, including decoration, upgrading bathrooms and replacing or repairing furniture. This was planned to commence in the very near future.

Although the service did not have anyone staying with a diagnosis of dementia on the day of our inspection, we noted that one bedroom had been adapted to accommodate people with dementia. This included different coloured toilet seat and hand rails.

Is the service caring?

Our findings

People who used the service told us staff were caring. Comments we received included, “Staff are absolutely wonderful”, “All the workers I have met so far are really, really good to me” and “Before I came I was nervous because I did not know anyone, staff are kind”.

People also told us that staff listened to them and asked them if they wanted help with anything. One person told us about the first time they went to the local shop, they told us “Staff came with me the first time to make sure I was okay and knew where it was”.

Relatives we spoke with told us “[relative] is happy, they get to mix with other people” and that staff were “very nice”. One staff member we spoke with told us they would be happy for one of their relatives to use the service.

We observed staff interacting with people. We saw they treated people with dignity and respect and were gentle and patient in their approach. We also observed one person who had become distressed and saw that staff reassured them and they were sensitive and compassionate in their approach to them. Staff we spoke with showed a good understanding of people’s care needs and how to support them.

People we spoke with who used the service told us that care staff were polite and they respected their privacy. One person told us “They always knock on my door and ask if they can come in”. We also saw that people had lockable cabinets in their bedrooms for the safe storage of any valuables they had brought into the service. One bedroom we looked at was open plan with the wet room being on one side of the room. We saw that there was a screen in place to ensure privacy and dignity was always maintained when the person who used the room was bathing.

We looked at various records throughout the service and found that staff wrote about people who used the service in a compassionate and respectful manner.

We saw that ‘verbal handover’ meetings were undertaken on each shift to help ensure that any change in a person’s condition and subsequent alterations to their care plan was properly communicated and understood. Information people and their relatives had given to staff was written into care plans so that staff knew what people liked and disliked.

We saw that care records were stored in the office which was locked and only available to staff who needed to access them. This ensured that people’s personal information was stored confidentially.

Is the service responsive?

Our findings

We saw that people were able to enjoy a variety of activities whilst they were staying at Harelands House. Activities we saw on offer included, ten pin bowling, cinema, meals out and music sessions. People who used the service also had access to the 'Gateway Club', this was a centre that was owned by the provider and was used by many people throughout different services. This gave people staying at Harelands House the opportunity to meet other people and socialise in a different environment. Records we looked at showed people were asked about what activities they liked to undertake and this was documented in their care files.

The service also offered short breaks instead of stays at Harelands House. In order to access this respite costs were converted into short breaks. As well as arranging short breaks in a caravan, the service took people on short breaks to a 15 bedded property in the Cotswolds. Here people could get involved in arts and crafts, namely woodwork and pottery at the onsite learning centre. We also saw that people who used the service who had jobs were supported to continue with these whilst they stayed at Harelands House.

Prior to using the service each person had a needs assessment completed by a member of staff from the service and this was also updated if the person had previously stayed in the service. Social services also supplied details about a person's needs. The assessment covered all aspects of a person's health and social care needs and helped to form the care plans the service put in place. The assessment process ensured that the service could meet the needs of people.

People were invited to visit the service prior to their stay in order to meet the staff and people staying at the service. This process helped to ensure that the transition to receiving occasional or frequent periods of respite care was a positive experience.

One person who used the service told us they were involved in the writing of their care plan and they had signed to confirm they had understood them.

We looked at three care records for people who used the service. We found the care plans in place contained detailed information about the person, including photographs of people and things that were important to

them. We saw people's likes and dislikes were documented and that these were reviewed each time the person used the service to ensure they were up to date and reflected current needs.

Staff members we spoke with and records we looked at confirmed that staff had received training in the management of behaviours that challenge. The service had four staff members that were accredited 'positive behaviour management' trainers. These staff members were responsible for the training of all staff members in managing people with dignity and respect, who displayed challenging behaviour. During our inspection, one person who used the service became anxious. We observed staff utilised what they had learned on their training to effectively and respectfully manage the situation.

People who used the service told us they were encouraged to make choices. Comments we received included, "Staff asked me what I wanted to do" and "I had a Chinese take away on Monday and went bowling on Tuesday". People told us they were also given a choice of which bedroom they would like to stay in when they arrived.

One staff member told us that the use of another vehicle would enable staff to give people more choice about what they wanted to do during their stay.

Records we looked at and our observations throughout the inspection showed that people were given plenty of choices, from what they would like to eat to how they would like to spend their day. We also saw people's religious needs were considered when staying at Harelands House.

People who used the service and relatives told us they had never had to make a formal complaint. Comments we received included, "I would tell them, it would be sorted out" and "I have no complaints".

One staff member told us the only complaints they had received was from relatives stating clothes were missing. They told us they would find the items and then call the relative back.

The service had a compliments and complaints policy in place. This detailed timescales for dealing with any complaints that the service received. The service had a compliments and complaints form available on the notice board in the hallway for people who used the service, relatives and visitors to use. This also informed the person

Is the service responsive?

completing the form when they could expect to receive a reply. There were also compliments and complaints postcards available which were quicker for people to fill in should they wish to do so.

We saw that when a person came into the service to stay, they were given a welcome pack. Included in this was a

compliments/comments form. Members of staff were expected to show this to people and inform them that the service welcomed their views, comments or complaints. We also saw there was a 'How to make a complaint' for staff members on view in the staff office, this included how to contact CQC and the registered manager.

Is the service well-led?

Our findings

The service had a manager who registered with the Commission on 17 October 2014. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt the registered manager was approachable and they were able to talk to them.

We spoke with relatives about the registered manager. Comments we received included "They are lovely", "Very open, can call them whenever we want" and "She is lovely is [registered manager], she will do anything, very approachable".

One staff member told us the registered manager was "Great" and that they were approachable.

Another staff member told us the registered manager was "Brilliant".

There was a recognised management system which staff understood and meant there was always someone senior to take charge.

We spoke with the registered manager throughout our inspection and found them to be approachable and helpful. They discussed with us some visions they had for the service, including some wasteland outside the property that they would like to develop into an area that people who used the service could access for gardening and other recreational activities.

We found the service was actively working with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to streamline their records system. This was to colour code every document into the five domains of safe, effective, caring, responsive and well led in order to evidence how they were meeting the regulations in these parts.

We looked at the quality assurance systems in place within the service and found that these were sufficiently robust to identify areas for improvement. We found that the senior

member of staff undertook audits on a monthly basis, this included medication, finances, care plans, cleaning and moving and handling. These audits showed any actions that needed to be taken.

We looked at some policies and procedures that were in place within the service. We found the service was in the process of renewing all their policies and procedures, some of which had been completed and other that required updating. The registered manager informed us that this continued to be work in progress. Those that were in place and renewed were detailed and provided staff with the relevant information they needed in order to undertake their duties.

Records we looked at showed that a staff meeting had been held on the 02 July 2015. This meeting discussed current service users and other topics such as incident and accident reporting, care plans and the general day to day smooth running of the service.

The service sent out feedback forms to relatives on an annual basis in order to gain feedback on how well the service was doing or if there was a need for improvement. The registered manager informed us that the response to these was often poor but they had received some back.

Relatives we spoke with confirmed that they had received a feedback form from the service. One relative told us they got a "feedback form every 12 months to ask how things were going".

The feedback forms we looked at showed that the service sought the views on the service, asked if people had any complaints or comments and if people could suggest ways in which the service could improve. The registered manager told us they audited these forms and responded to feedback in various ways, such as making suggested changes.

We also saw that people who used the service were asked to complete a form to identify what they felt was working and what was not working and there was a monthly service user forum which focussed on how the service could improve.

We saw thank you cards that relatives and people who had stayed at the service had sent. Comments within the cards included, "Just to say thank you for all your help", "Thank you for looking after me" and "Thank you for having me".

Is the service well-led?

We also received comments from relatives including, “It is a great relief for us” and “They helped me out when I needed them, I cannot thank them enough”.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed

about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe. We also saw that a copy of the last CQC report was on display in the entrance of the service or people to read.