

RNIB Charity

RNIB The Stan Bell Centre

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 ●

Summary of findings

Overall summary

We inspected the service on 27 October 2016 and the visit was unannounced.

RNIB The Stan Bell Centre is a specialist college service. It provides accommodation for people who require personal care and a domiciliary care service. At the time of our inspection there were six people who used the service.

At the time of our inspection there was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and their relatives told us that they felt safe living at The Stan Bell Centre. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. There were procedures in place to manage incidents and accidents.

Risks associated with people's support had been assessed and reviewed. Where risks had been identified control measures were in place to protect people's health and welfare.

There were enough staff to meet people's needs. They were recruited following the provider's procedures which made sure people were supported by staff with the right skills and attributes. Staff received appropriate support through an induction and regular supervision. There was training available for staff to provide and update them on safe ways of working.

People received their prescribed medicines from trained staff who were assessed for their competency with this task. Guidance was available to staff on the safe handling of people's medicines. We found that not all medicines had been recorded correctly on people's medicine administration records. The registered manager changed this on the day of the inspection and sought further guidance from a health professional.

People were supported to follow a balanced diet. Guidance from health professionals in relation to eating and drinking was followed. We saw that people chose their own meals and were involved in making them.

People were supported to make their own decisions. Staff and the registered manager had an understanding of the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards. Staff told us that they sought people's consent before they provided support. People were supported to maintain their health and well-being. This included having access to healthcare services such as to their GP.

People were involved in decisions about their support. They told us that staff treated them with dignity and respect. Staff showed kindness and compassion. We saw that people's records were stored safely and staff

discussed people's support requirements in a confidential manner. People's families could visit without undue restriction which ensured they maintained relationships that were important to them.

People were supported to develop skills to maintain their independence. People undertook activities that they were interested in. The support people received was responsive to their needs. Staff made changes as each person developed new skills. Support plans contained information about people, their likes, dislikes and preferences.

People and their relatives knew how to make a complaint. The complaints procedure was available, including in an easier to read format, so that people knew the procedure to follow should they want to make a complaint.

People and staff felt the service was well managed. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. Staff felt supported by the registered manager. They were knowledgeable about their responsibilities including how to report their concerns about the unsafe or inappropriate practice of their colleagues should they need to.

People and their relatives had opportunities to give feedback about the quality of the service. The registered manager told us that if improvements were suggested, they would take action.

Systems and processes were in place so that checks were carried out on the quality of the service that was delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities to support them to keep safe.

There were sufficient numbers of staff to meet people's support requirements. They were checked for their suitability prior to starting work.

People received their prescribed medicines from staff who were trained to administer these.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

Staff asked people were asked for their consent before offering support.

People were encouraged to follow a balanced diet. They had access to healthcare services when they required them.

Is the service caring?

Good ●

The service was caring.

People received support in a kind and compassionate manner.

People were involved in making decisions about how their support was delivered.

People's relatives were able to visit and were made welcome at all times.

Is the service responsive?

Good ●

The service was responsive.

People were supported to develop skills to maintain their independence.

People took part in activities and interests that they enjoyed.

People and their relatives knew how to make a complaint. Complaints were responded to within the timescales agreed by the provider.

Is the service well-led?

Good ●

The service was well led.

Staff were supported by the registered manager and knew their responsibilities.

People, their relatives and staff had opportunities to give suggestions about how the service could improve.

The registered manager was aware of their responsibilities and checks were in place to monitor the quality of the service.

RNIB The Stan Bell Centre

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.

The inspection visit took place on 27 October 2016 and was unannounced. The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with two people who used the service. We also spoke with three relatives of people who used the service. We spoke with the registered manager, the quality administrator, a lead support worker and two support workers.

We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at four staff files to look at how the provider had recruited and supported staff members.

Is the service safe?

Our findings

People and their relatives told us that they felt safe when they received support from staff and while they were at RNIB The Stan Bell Centre. One person said, "Yes I feel safe." A relative told us, "I feel that [person's name] is safe and secure. I know I can ring at any time." We saw minutes from a residential students meeting where people were asked if they felt safe at The Stan Bell Centre and everyone had answered yes. People were reminded of how to keep safe and what to do if they felt unsafe through notices around the service and through discussions at the 'resident student meetings'. The notices were available in a pictorial format to make them easier for people to understand. They identified people that students could contact if they were worried about anything. We also saw that staff had identified that one person did not understand 'stranger danger'. As a result of this the person had a one to one session around this area with staff to increase their understanding. Information available for students included how to stay safe online. This meant that people were given information about how to stay safe which would enable them to act if they felt they were unsafe or at risk of harm.

Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "I would report it immediately if I had any concerns. We have safeguarding leads who we report to." I could also go to the police or the safeguarding officer if I couldn't report to the safeguarding leads." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. The provider had policies for keeping people safe from avoidable harm and abuse that staff could describe. We saw that staff had received training in protecting vulnerable adults and children from harm and keeping safe online. This meant that staff knew what to do should they have had concerns that people were at risk of harm.

Staff knew how to reduce risks to people's health and well-being. We saw that the provider assessed and reviewed risks associated with people's support. Risk assessments were completed where there were concerns about people's well-being. For example, where people were using kitchen equipment and were at risk while using a sharp knife or a hot cooker. We saw that there were guidelines in place for staff to follow. These included observing the person or supporting them while they were using the identified equipment. This meant that risks associated with people's support were managed to help them to remain safe.

Where people required the use of specialist equipment to support them, for example, an electric wheelchair, assessments were in place regarding the safe use and maintenance of this. Checks were carried out on equipment to make sure that it was safe to use. We saw that there were emergency plans in place to keep people safe should there be an emergency such as a fire. These plans detailed the support each person would require to help them to leave the building should it be necessary to do so. We saw that the provider had identified alternative accommodation to be used in an emergency. This meant that should an emergency occur staff had guidance to follow to keep people safe and to continue to provide the service.

We saw that the checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, window restrictors, as well as the temperature of the hot water to protect people from scald risks. Records showed that fire drills had taken place and that people had been involved so they knew what to do in case of an

emergency.

The registered manager took action when an incident or accident happened. We saw that details of any incidents or accidents were discussed with senior managers every two months including actions that had been taken. We saw that the registered manager notified other organisations to investigate incidents further where this was required such as the local authority. This meant that the provider took action to reduce the likelihood of future accidents and incidents.

Staff told us that they thought there was enough staff to meet people's needs. One staff member said, "There are enough staff. If we needed more staff we only need to ask." The registered manager told us that the rota was developed depending on the assessed needs of people who were using the service. As some people stayed one or two nights a week staffing levels were different each day. The rota showed that each person had been assessed to show how much support that they needed and that enough staff were on duty to support each person based on this assessment. This meant that staffing levels were appropriate to meet the needs of people who used the service.

People were cared for by suitable staff because the provider followed safe recruitment procedures. This included the provider obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We saw within staff records that these checks took place. However, we found that for one staff member only one reference had been received. There was part of a second reference but this was incomplete. We discussed this with the registered manager. They told us that they would follow this up with human resources to try and find the missing part of the reference.

People received their medicines safely. The service had a policy in place which covered the administration and recording of medicines. Staff told us that they were trained in the safe handling of people's medicines and training records confirmed this. One staff member said, "I am very careful with medicines. I check it a lot to make sure it is correct." Some people had prescribed medicines to take as and when required, such as to help with any pain that they had. We saw that there were usually guidelines for staff to follow that detailed when these medicines could be offered to people. However, we found that for some medicines these guidelines were not in place. We discussed this with the registered manager. They told us that these were in the process of being updated and would be included for any medicine that was taken as required.

We found that two people had medicine that was to be taken as required. Records showed that these were recorded on the medication administration records sheets (MARs) as being given at set times on a regular basis as well as if they were needed. We found that the medicine had been given within the agreed limits set by the prescriber. We discussed this with the registered manager. They amended the MARS on the day of the inspection to show that these medicines were as required. Following our visit the registered manager told us that they have reviewed the medicine and asked for updated guidance from the GP.

Is the service effective?

Our findings

People and their relatives told us that they were supported well and felt that staff team had the skills and knowledge to meet their needs. One person said, "The staff help me to sort things out." A relative commented, "I am always reassured when I contact the staff. They answer any questions for me." Staff members told us they received training to help them to understand how to effectively offer care to people. One staff member told us, "Training is good quality." We saw training records and certificates showing that staff had received training that supported them to meet the needs of people who used the service. For example, we saw that staff completed training in administering a specific medicine in case of an emergency. This was used by one person and a member of staff who had completed this training was on each shift in case this was needed. The registered manager told us that training was arranged in one week at the start and end of each college year with additional sessions run throughout the year for any staff who could not attend the training weeks. This meant that staff were provided with the knowledge and understanding they needed to support people who used the service.

Staff members described their induction into the service positively. One told us, "The induction was useful. They told us about the expectations for the role. I did two whole weeks of shadowing." Another said, "It was good to be able to learn from people in the job. It gave me a good background." The registered manager told us that staff completed an induction so that they understood their responsibilities. They told us that they were using the Care Certificate for new staff. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a support worker.

People were supported by staff who received regular guidance from a manager. One staff member told us, "I have supervision at least once each term." Another staff member said, "I have supervision every ten weeks. I get time to ask if I want any training and to talk about any issues." Supervision provides the staff team with the opportunity to meet with a member of the senior team to discuss their progress within the service. Records we saw confirmed that supervisions had taken place. This meant that staff received guidance and support on how to provide effective support to people.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and found that it was. The registered manager had a good understanding of MCA and DoLS. They were able to demonstrate that

people's capacity had been considered through their support plan and associated records. For example, we saw that each person had a capacity and consent form. This showed what decisions the person felt they could make themselves, what decisions they would like support with and who they would like to support them. We also saw that people had consented to their care. This form identified that people could withdraw their consent at any time. This meant that people's capacity to make specific decisions had been considered.

People had been involved in making day to day decisions about their support. One person told us they could go to bed at whatever time they wanted. Another person told us how they got to choose what activities they did. Staff told us how they involved people in making their own decisions. One staff member said, "I always offer people choice." Another staff member commented, "I give them the information so they can make their own decision. They are adults." Staff told us that they would ask people for consent before supporting them. One staff member said, "I always ask. I ask if I can come into their room, if they are happy with me supporting them and I respect their decision." All staff we spoke with told us that people had the right to refuse if they didn't want support. One staff member said, "I would offer them something else. We all change our minds." This meant that people's human rights were protected by staff.

People told us they were happy with the meals at RNIB The Stan Bell Centre. One person said, "The food is yummy." Another person told us, "The food is very good." We saw that people had planned the menu for the week together and that this included meals that each person liked. Alternative options were available for people if they did not want what was on the menu. People were supported to prepare their own food and drinks and had access to the kitchen when they wanted this. One person told us, "I can have a snack when I want to." We saw that each person had information in their support plan about how to involve them with preparing their own food and drinks. Staff had information about people's dietary needs and supported people with specific diets. Records showed that if staff had concerns about someone while they were eating that they had been referred to a health professional for assessment. Where guidance had been put in place following an assessment this was included in people's support plans and staff were aware of this. Records showed that people were encouraged to follow a healthy diet.

People were supported to maintain their health. A relative told us, "Staff consider any medical issues that [person's name] has." We saw that where people required support to access healthcare appointments this was in place. People had health action plans (HAP). These are documents that record all of people's health needs and any appointments they have had. Outcomes from appointments had been included in each person's HAP. We saw that each person had an emergency grab sheet that contained key information about them and their health in case they needed to go to hospital. Records showed that guidance from healthcare professionals was in place and followed by staff. For example, we saw that one person needed to be positioned in a certain way on their bed. We saw that the physiotherapist had provided pictures to make it clear to staff how this should be done. Staff were aware of this guidance and we saw that it had been communicated to all staff to make sure the guidance was followed. In these ways people's healthcare needs were met.

Is the service caring?

Our findings

People and their relatives told us that the staff team at The Stan Bell Centre were kind and caring. One person said, "All the staff are friendly. Staff care and they listen. They are all nice." Another person commented, "I like the staff. They are friendly. I can talk to [staff's name]." A relative told us, "The staff are always helpful and supportive." We saw staff members talking to people in a kind and caring manner. We found that positive relationships had been established between people and staff. One staff member told us, "We get to know people really well. We care about them." Another staff member commented, "We are here to make sure people are treated as we want to be."

People's dignity and privacy was respected. Staff we spoke with told us how they promoted this. One staff member said, "I make sure I keep people's information private. We have trust." Another staff member told us, "I make sure that I keep information confidential and offer people a quiet place to talk." One staff member said, "I knock before going into someone's room. It is their room." We saw that staff at RNIB The Stan Bell Centre had put privacy glass in place on one of the doorways to a hallway for a number of people's bedrooms. This was to make sure that people felt that their space was private and visitors could not see into their hallway. The registered manager told us that they were committed to providing people with dignity. We saw that there was a dignity tree in a hallway. People had written down what dignity and respect meant to them. These comments were displayed on the tree as a reminder for staff and people who used the service. Eight staff had been trained as dignity champions. Dignity champions promote dignity and equality within the service.

People were given information in ways that was easier for them to understand. For example, we saw that information around The Stan Bell Centre included pictures, simple language and larger font. We also saw that signs were in braille for people who used this. The registered manager told us that information was also available in a spoken format if people needed this. We saw that people's communication needs had been considered in their support plans. For example, we read that one person found it easier to see yellow writing on a black background. The registered manager told us that information was available in this format. This meant received information in ways that were appropriate for them to help them to understand.

Staff knew about the people they supported. One relative told us, "They got to know [person's name] when she moved in. She settled beautifully." Staff told us how they got to know people including things that were important to them. One staff member said, "We work with people regularly so we get to them." A social care professional gave us some feedback on their experiences. They said, "Learners have a good relationship with staff." We saw that people's support plans included details about significant life events for each person. These included their educational background and information about their family relationships. We also saw that people had identified 'gifts' that they had. In one support plan we read that the person can give massages, knows about Vincent Van Gogh and his paintings and can read simple words. This meant that staff had information about each person to enable them to know the person well and encourage them to maintain and develop their gifts and things that were important to them.

People were involved in making their own decisions. We saw from support plans that people were

encouraged to make decisions about what they wanted to eat and what they wanted to do. Records showed that people had been involved in decisions about their support. For example, one person had said they preferred to have a lie in at the weekends. They asked that if they were going on a trip that staff would prompt them to get up one and a half hours before so they had time to get ready. Information about advocates was available for people on noticeboards. The registered manager told us that no one was using an advocate at the time of our visit. An advocate is a trained professional who can support people to speak up for themselves. This meant that the provider was aware of when people may need additional support to make decisions.

People's relatives and staff members told us there were no undue restrictions on visiting. One person told us, "My family can visit me when they want to." A relative said, "I always feel very welcome. Staff we spoke with told us that relatives and friends could visit when people wanted them to. One staff member told us that each person had a key fob to their flat and it was up to them who they let in. We saw that people were encouraged to build relationships with the other students. A relative told us, "[Person's name] missed his friends and the staff during the holidays. They are like a tight knit family. Very close." There were shared kitchen facilities available and people planned, cooked and ate their meals together. We also saw that everyone who lived at The Stan Bell Centre arranged meals together with all other students where people brought food to share. This meant that the provider made sure that people continued to maintain and develop relationships that were important to them.

Staff knew the importance of keeping people's care records secure to protect their right to privacy. This was because the provider had made available to them a policy on confidentiality that they were able to describe. We also saw staff following this. For example, we saw that people's support records were locked away in secure cabinets when not in use. We also heard staff talk about people's support requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

Is the service responsive?

Our findings

People and their relatives were happy with the activities staff offered. One person told us that they were going to the pub that evening and were looking forward to it. A relative said, "[Person's name] has structured days with activities." Staff told us that people participated in a range of activities that they enjoyed. One staff member said, "People can do what activities they want to do." Another staff member commented, "I think that we offer a lot of activities." We saw that there were a range of planned activities available each evening. Staff told us that people could choose to participate in these or ask to do something else if they wanted to. One staff member told us, "If people want to do other activities we can ask for more staff." The registered manager told us that people were sent a list of planned activities at the start of the year to choose what they wanted to do. They explained that people could pick additional activities throughout the year, these included guitar lessons and horse riding. For example, one person had attended a star trek convention as this was something that they enjoyed.

People were supported to increase their independence. A relative told us, "I have noticed that [person's name] has increased their independence." Staff who we spoke with told us it was part of the aims of the college to enable people to develop their independence. One staff member said, "I am there to support people to promote their independence and to promote their skills." One staff member commented, "People are here to be able to move on from here. I have seen people move on. That is what we do." A social work professional gave us feedback. They said, "They offer a supportive caring but practical environment. Learners are closely supported but are encouraged to be as independent as possible." We saw that support plans had been regularly updated as people developed new skills to give staff guidance on how to support people with each task. For example, in one support plan we read that one person required support to brush their hair. This had been updated to say I require verbal prompts to brush my hair. I am trying to brush my hair independently." This meant that staff were given updated guidance to make sure that they offered people support that was based on their current independence abilities.

People were enabled to develop their skills. Staff told us that they supported people with this. One staff member said, "People have come to us and we have developed their skill sets and their self-esteem." We saw that staff had supported people to find ways to do things for themselves. For example, one person had the labels on their light clothing cut in half so that they could distinguish light from dark washing. This meant that they could develop their skills in doing their own washing and not rely on staff for this support. We also saw that the environment had been adapted so that if a person used a wheelchair the height of the cooker and the sink could be adjusted so that they could still participate in these tasks to develop their skills in these areas. Records showed that people were involved as much as possible in all tasks. For example, we read in one care plan that a person was involved in counting their money during finance checks to improve their skills in handling money. This meant that people were encouraged to develop their independence and life skills.

People's support plans had been reviewed at least six monthly however they had been updated whenever a person's needs had changed. One staff member told us, "Support plans are updated all the time. They make sure they tell us whenever there is a change." We saw that staff made sure that other staff were aware when

someone's needs had changed. For example the senior who had been on shift told the staff who were coming on to the next shift that a person had been unwell and required monitoring each hour. Records showed that people had been involved in reviewing their support plan and signing their own documentation. We saw that where people's needs had been assessed these were then reviewed to make sure that support plans were based on their current needs. For example, one person had been assessed for their ability to evacuate the building without staff support. They could do some parts of this but struggled to understand the process fully. We saw that it was agreed that they would practice this once a month and then be re-assessed to review their progress.

People's support plans were centred on them as individuals and contained information about their likes, dislikes and preferences. We read that one person preferred to have a bath at a specific time in the evening and another person liked to sit in a specific seat while on the bus so that they could see. We also saw that people's preferences for male or female staff had been considered and that where a preference had been identified that this was respected. Staff knew about people's support plans and could describe information recorded within them. This meant that people could be sure that they received care centred on their preferences.

People had contributed to the planning and development of their support. We saw that people's support plans contained information about how people preferred to be supported. For example, we read that one person preferred their clothing to be put on in certain way as this was most comfortable for them. The registered manager explained that people's support needs were assessed prior to them moving to The Stan Bell Centre. Records showed that as part of the assessment people's skills in daily living tasks such as cooking and dressing had been assessed. This was important as it gave staff information about what each person's needs were and what they could do for themselves.

People received consistent support when they used different services. We saw that some people lived at The Stan Bell Centre for the whole term and then returned home, and other people visited for one or two nights a week, or Mon to Friday. Records showed that contact details for all professionals involved in each person's care were recorded and where support was required the relevant people were contacted. For example, one person received support from a health professional in the area where they lived. When their needs changed information was sent to the professional where they lived to make sure that all information was shared and up to date. We also saw that as part of people's assessments information was sought from their previous educational provider so that people could continue their education and not cover things they had already done. This meant that people received support that was co-ordinated between all services that were involved.

People and their relatives knew how to make a complaint should they have needed to. A relative told us, "We can speak with the manager. I did raise an issue before. They listened, understood my point of view and responded." We saw that the complaint's procedure was displayed within The Stan Bell Centre so that people and their visitor's knew what process to follow should they have wished to make a complaint. The registered manager told us that they had received seven complaints in the last college year. Records we saw showed that these had been responded to within the timescales in the procedure.

Is the service well-led?

Our findings

People and their relative's told us that they were happy with the service they received. One person told us who the registered manager was and explained that they knew how to find them if they needed them. A relative said, "The Stan Bell Centre is fantastic. I rate it very highly." Another relative commented, "It is a wonderful service." Staff we spoke with told us that they felt that the service was well led. One staff member said, "We have a good team and make sure we provide a good service. The management is well structured." Another staff member told us, "I think the service is well led. It is top notch." One staff member commented, "If I had a child I would be happy for them to come here."

We found there were good communication systems at the service. Staff told us that people had the opportunity to provide feedback. One staff member said, "The students have plenty of opportunities to have meetings and put their views across." Meetings were held monthly for people who used the service. These were called Residential Student Meetings. We saw that most people attended these and minutes were made available for people who could not attend. These meetings provided an opportunity for people to meet with the registered manager. They discussed topics such as the support that was received, safeguarding the environment and activities. We saw that actions had been agreed with dates for completion recorded. The registered manager told us that relatives were welcome to visit at any time and to offer their feedback. One relative confirmed this. They told us, "There is an open line of communication for the family." The registered manager explained that they requested feedback from relatives on a formal basis each year through a Parents survey. We saw the most recent survey that had been completed in 2016. The results from this were positive.

Staff members told us that they felt supported by the registered manager and felt able to speak to them if they had any concerns or suggestions. One staff member told us, "My manager is approachable. They listen to me." We saw that the registered manager was available to staff throughout the day and listened and responded to their questions and concerns. This showed effective leadership.

Staff told us that they attended regular team meetings. These provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "We have team meetings every half term. They tell us what is happening and ask for our opinion." We saw minutes from the last three team meetings. Topics discussed included changes in a person's specific needs and how to support them best, training, risk assessments and changes in the environment. We saw that actions were set and reviewed at the next meeting. Staff also told us that they were asked for their feedback through a staff survey. One staff member said, "We do a staff survey and get the results through our email." This meant that the provider made sure that staff knew their responsibilities as well as offering them opportunities to give their feedback.

We saw that the provider had made available to staff policies and procedures that detailed their responsibilities which staff were able to describe. These included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I can report to the police or to CQC if I can't go to our

safeguarding leads."

The provider had aims and objectives that were displayed so that people and their visitors would know what they could expect from the service. The registered manager told us that the ethos is to encourage and develop people's independence. Staff we spoke with could explain what The Stan Bell Centre strove to achieve. One staff member told us, "It is part of our ethos to develop independence. If one person can leave and I have made a difference I am happy. I want to make a difference for all of them." We saw staff working to the provider's aims and objectives when we visited such as supporting people to develop their skills. This meant that staff knew the aims and objectives of the service and offered their support in line with these.

There were systems in place to regularly monitor the quality and safety of the service being provided. The registered manager carried out monthly audits. These included reviewing support plans, daily records, capacity, the environment, staffing and training. We saw that an audit was carried out quarterly to oversee these checks. The reports from the previous two audits set recommendations to try and drive improvement in the service. We saw that actions had been identified to meet the recommendations. The provider had completed an annual self-assessment to review the service that was provided. We saw the results from the most recent assessment. This showed the progress that had been made against the actions that had been set the previous year as a quality improvement plan. We found that internal departments also completed audits on health and safety and infection control throughout the year. The provider had achieved Investors in People status at gold level. This is an assessment that sets standards for people management. This meant that the service had process in place to monitor the quality of the service and drive improvements in the delivery of a quality service.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.