

Debdale Specialist Care Limited

Dahlia 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Dahlia House provides accommodation and personal care for up to five people with mental health needs. People who used the service had access to a rehabilitation programme to support their recovery and promote their independence. At the time of our inspection two people were living at the service.

A registered manager was in post and was available throughout the 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.

People told us they felt safe living at Dahlia House. Staff were aware of their responsibilities to protect people from avoidable harm. Staff had received adult safeguarding training and had information available of the action required to respond to any safeguarding concerns.

People told us they had no undue restrictions placed upon them and they had freedom to access the community independently when they chose to. Risks associated to people's needs had been assessed and planned for and were regularly reviewed. The internal and external environment was safe. Health and safety checks were regularly completed and staff had information available of the action required if there was an incident that affected the safe running of the service.

People were supported by sufficient numbers of staff that were competent and knowledgeable about their needs. Staff had a lone working policy and an on-call service to support them. Safe staff recruitment practices were in place and followed.

People were supported to be independent with their medicines as fully as possible. Staff supported and monitored people's medicines and ensured they were ordered, stored and managed appropriately following best practice guidance.

People were supported by staff that received a planned and structured induction, ongoing training and opportunities to review their work and development needs. Systems were in place to assess staff's competency and understanding.

The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS) when required. People were involved as fully as possible in decisions and asked for their consent before support was provided and this was respected.

People told us they received opportunities to choose their meals and were fully involved in the shopping and cooking of meals and snacks. The menu supported people's nutritional needs and encouraged healthy eating.

People's healthcare needs had been assessed and were regularly monitored. The staff worked with healthcare professionals to ensure they provided an effective and responsive service.

People were positive about the staff that supported them. Staff were kind, caring and respectful and had a person centred approach. Staff had a clear understanding of people's individual needs, routines and what was important to them.

People were involved as fully as possible in their care and support. Regular meetings were had with people to discuss their care and support and the activities they wanted to participate in. This included an annual holiday of their choice. People had information to inform them of independent advocacy services and had been supported to access these services when required.

People were supported to participate in activities, interests and hobbies of their choice. People had access to a rehabilitation programme to support their recovery. Staff promoted people's independence and people were active citizens of their local community and had grown in confidence and were proud of their achievements.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits. The registered manager, provider's clinical team and rehabilitation support workers, were positive and committed to drive the service forward to deliver a personalised high standard service to the people they supported. The ethos and philosophy of providing rehabilitation was based on evidence based practice, people who used the service were continually at the focus of any new developments providing an open, inclusive and transparent service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were clear about their role and responsibility in protecting people from the risk of avoidable harm. They had received appropriate adult safeguarding training.

There was a positive approach to managing any associated risks to people's needs and these were monitored and reviewed regularly.

Sufficient, competent and skilled staff were on duty to meet people's individual needs and staff were recruited through safe recruitment practices.

People were supported with their prescribed medicines appropriately and these were managed and stored safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had received an induction and ongoing training and support to meet their needs effectively.

People were supported to make choices and decisions for themselves. People's mental capacity to make decisions was assessed where required in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly when required.

People were fully involved in menu planning and independence with cooking meals was promoted and supported.

People's healthcare needs were assessed and monitored and staff worked with external healthcare professionals to meet people's needs effectively.

Is the service caring?

Good ●

The service was caring.

People had developed positive relationships with the staff who clearly understood their needs, routines and preferences.

People received opportunities to participate in discussions and decisions about their care and independence was promoted. People were supported to access independent advocacy services when required.

People's dignity and privacy were maintained by the staff and relatives were able to visit whenever they wanted to.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received individualised support that was effective and responsive to their diverse needs, and future hopes and aspirations. People had developed their confidence and had purposeful and meaningful lives.

People's individual needs, routines, preferences and what was important to them was recorded and understood by staff.

People received opportunities to raise any concerns or complaints and staff were aware of the importance of clear and accessible information for people.

Is the service well-led?

Good ●

The service was well-led.

Staff were clear about the vision and values of the service and practiced this in their day to day work. Staff were positive and confident with the leadership of the service.

A registered manager was in post with substantial experience, knowledge and skills. They used this effectively to manage and drive forward improvements and achieve good outcomes for people.

The registration and regulatory requirements were understood and met by the provider and registered manager. Quality assurance processes were in place that ensured people received a service based on quality and safety.

Dahlia 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 12 October 2017 by one inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection we contacted the commissioners of the service and Healthwatch to obtain their views and feedback about the care provided at the service.

During the inspection we spoke with two people who used the service. We also spoke with the registered manager, the provider's clinical therapy lead, maintenance staff and two rehabilitation support workers. We looked at the relevant parts of the care records of two people, three staff recruitment files and other records relating to the management of the service. Including medicines management, staff training and the systems in place to monitor quality and safety, meeting minutes and arrangements for managing complaints.

After the inspection we spoke with one relative and received feedback from external healthcare professionals that included a consultant psychiatrist, community psychiatric nurse and a social worker.

Is the service safe?

Our findings

People were protected as far as possible from abuse and avoidable harm because the staff were aware of their role and responsibility. Staff had policies and procedures available and had received safeguarding training. People told us they felt safe and confident that if they had concerns about their safety they could raise this with the staff. One person said, "I feel safe because the staff are always around to talk to." Feedback from a relative and external professionals were positive about how safety issues were managed. A relative said, "I have no concerns, I would know if there was something wrong [name of family member] would say." A professional told us, "There is a good understanding of safeguarding, any issues have been carefully managed and involved others."

Staff demonstrated they were aware of the different categories of abuse and the potential indicators that a person maybe being abused. One staff member said, "I would be alert to any changes in a person's behaviour and would report it to the manager and external agencies if the manager was not available."

Our observations found when people showed signs of anxiety staff were calm, patient and very responsive. This approach had a positive impact on people; they clearly relaxed reducing their anxiety enabling them to refocus on other things and reduced any potential risks.

Records confirmed staff had received appropriate safeguarding training and had access to the provider's safeguarding policy and procedure, including the local multi-agency procedures. This supported staff of the action required if they suspected or a safeguarding concern was identified.

People told us they did not have any undue restrictions placed upon them and they were involved in discussions and decisions about how any risks were managed. One person said, "I can go out independently when I want to; I have my mobile phone and tell the staff what time to expect me to return." Another person told us how their freedom and independence was important to them and that staff understood and respected this. This told us staff had a positive approach to risk taking, fully involving people in decisions that related to their safety.

People's care records confirmed any associated risks to their health and well-being had been assessed and planned for. This information supported staff to understand what potential risks people could be exposed to and how to manage these safely. Staff were positive they had the required information and support to manage any risks. Staff gave some examples of how they supported people to manage risks, clearly demonstrating a great understanding and awareness of people's needs. This told us people could be assured that their individual risks were known, understood and had been planned for.

Personal emergency evacuation plans were in place that informed staff of people's support needs in the event of an emergency evacuation of the building. Additionally, staff had information available of the action to take if an incident affected the safe running of the service. The internal and external environment was assessed and regularly monitored. Any issues were reported to the provider's maintenance team who took swift action to complete any tasks. There was weekly testing of fire alarms and clear signage to tell people

where fire exits were. The environment was found to be clean, tidy and well maintained.

There was sufficient staff deployed appropriately to meet people's individual needs and keep them safe. People were positive about the availability of staff, saying they were always available and responsive. A relative was equally positive and felt there was sufficient staff that were competent, skilled and knowledgeable about their family member's needs.

Staff told about their shift pattern and the support they had from the registered manager and on-call support during the day and out of hour's emergency support. There was a lone working staff policy and staff were positive about the staffing levels. The registered manager told us they called the service daily to ensure staff had no concerns and staff confirmed this to be correct. The registered manager gave examples of how the staffing levels were reviewed and adjusted to respond to people's individual needs. This told us people could be assured their support needs were regularly reviewed and considered.

From our observations and by looking at the staff roster and records, we concluded that people had their individual needs well met. There were sufficient skilled and experienced staff available and we found staff were competent and knowledgeable about people's individual needs. Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitability to work with people. This included criminal records check and employment history.

People received their prescribed medicines safely. A focus of the service was to fully promote people's independence at all levels of their support to facilitate their recovery. This included people being encouraged to self-medicate with oversight and guidance from staff. People told us how they managed their medicines with staff support, indicating this was clearly important to them.

Staff explained how people were supported to manage their own medicines with their support. Our checks on medicines management found appropriate risk assessments had been completed to ensure people were safe to self-medicate. Medicines were stored and managed safely following best practice guidance; staff had information about people's medicines and records confirmed people had received their prescribed medicines. Staff told us of the training they had completed in medicines management and records confirmed staff had received appropriate and up to date training. There was a medicines policy and procedure available to support staff and audits and checks were in place that reviewed medicines, these were found to be up to date and effective.

Is the service effective?

Our findings

People received effective support from staff who had completed a structured and detailed induction and received ongoing training and support. People who used the service were positive about the staff team that supported them. One person said, "I like all the staff they listen to me and have a lot of time for you." A relative described the staff as, "Very nice and friendly, they do a good job."

Feedback from external professionals was positive with one professional saying, "The communication from staff is efficient and they have provided regular updates of how [person using the service] is settling." Another professional said, "When I visit staff are helpful, appear knowledgeable and although there is a relaxed ambience in the environment there is a clear structure and processes are organised and efficient."

One member of staff told us about their induction which they said included learning about the organisation, their role and responsibility and they received opportunities to shadow more experienced staff. The registered manager said all new staff employed at the service completed their initial induction and training at the provider's other service, a nursing home situated nearby. Here staff worked alongside the nursing staff and provider's clinical therapies team, to develop their understanding and awareness of the needs of people living with mental health and the provider's rehabilitation programme and approach. The registered manager said, "Only staff with sufficient experience, skills and competency do I identify to work at Dahlia House." This meant people could be assured the staff team that supported them had been carefully selected and considered due to their skills and competency.

Staff were positive about the ongoing training and support they received. One staff member said, "The training is very good with a mix of e-learning (computer base), face to face training and work books. I feel it's (the training) appropriate and supportive and there is work ongoing at developing in-house academy training where we will be involved in workshops about different topics to develop our knowledge and understanding further."

Records confirmed staff received a varied and detailed training programme that included topics such as health and safety, first aid, dignity and respect, communication, person centred approaches, diabetes, food hygiene, equality, diversity and inclusion and mental health matters. Staff also told us they received regular opportunities to discuss their work, training and development needs and records confirmed this. We noted supervision sessions were also taken as an opportunity for the registered manager to check staff's understanding, this was good practice and assured the registered manager of staff's strengths and areas of development. This meant people could be assured that staff received good opportunities to keep their skills and knowledge up to date with best practice guidance, enabling them to provide an effective service.

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. Staff were knowledgeable about MCA principles and were able to confidently tell us how consent is

decision specific, assumed unless proven otherwise and how best interest decisions are made if people lack mental capacity.

People told us how staff included them in discussions and decisions affecting the support they received and said they felt involved, respected and listened to. On the whole people were able to consent to the support they received. We saw examples where people had signed their support plans and other documents as a method to show they had given consent. Where a person lacked mental capacity for a particular decision, this had been appropriately assessed and a best interest decision had been made with the inclusion of other's involved in the person's support.

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 hospitals are called the DoLS. We checked whether the service was working within the principles of the MCA. At the time of our inspection visit no person had an authorisation in place that restricted them of their freedom and liberty. The registered manager told us how one person had in the recent past had an authorisation however; they requested the supervisory body responsible to review and remove the authorisation as it was no longer required. The person who this referred to also told us how their authorisation had been removed, which they were very pleased with. This demonstrated the service was proactive and acted in people's best interest at all times.

People were involved in menu planning, shopping and the cooking of meals. People also had free access to the kitchen and could make themselves snacks and drinks. People were positive about the menu on offer and confirmed this represented their needs and choices. One person told us how they liked their food and needed to maintain a healthy eating plan due to some health related needs. They were positive about the support they received to achieve this.

Staff demonstrated a good understanding of people's nutritional needs; one staff member told us how they were currently exploring how and what foods affected mental health needs. They were aware some research had been completed in this area and was interested to see what the results were about this. This meant staff were proactive and interested in innovative ways of supporting people.

Based on the information we had reviewed about people, we considered the menu to meet people's individual needs and preferences and appeared well balanced and nutritious. Food stocks were good and stored and managed appropriately.

People were supported to maintain good health and accessed both primary and secondary health care services to support them with their health and well-being. People told us how they attended health appointments; sometimes they chose to attend appointments independently and other times they requested support. One person told us they had an appointment the day following our inspection that they had some concerns about and had requested a member of staff to support them. A staff member confirmed this along with records that showed support had been planned and arranged.

Staff were knowledgeable about people's both physical and mental health needs. Records confirmed people were supported by both internal and external health care professionals appropriately.

Is the service caring?

Our findings

People who used the service spoke positively about the staff that supported them and were happy with the care and support provided. One person said, "I get on well with the staff, it's the best place I've ever lived. I like sharing with [name of person using the service], we get on well together, it's a good place." Another person said, "I like living here, you can do what you want, I like the staff, they are alright."

A relative and external professionals were positive about the approach of staff. A relative said, "The staff are very nice, I know [name of family member] likes the staff and they feel relaxed and comfortable with them." A professional told us, "I feel staff meet people's needs at the home in a professional, caring and nurturing manner, creating a real sense of family cohesion." Another professional said, "The home is a calm, clean and welcoming environment, residents have appeared far more relaxed after only a few days of moving from the main home." (Dahlia House is described by the provider and known by professionals, as a 'step down' from the nursing home people lived at prior to moving to Dahlia House).

Staff were very familiar with the people using the service and had a good knowledge of their preferences, routines, health needs, personal history and what was important to them. When talking to us, staff showed a caring and sensitive approach and manner, they clearly respected people and had a commitment of wanting to provide a high standard of care.

We observed how staff interacted and engaged people in discussions and activities. People who used the service looked very relaxed and comfortable with staff, and jovial exchanges were shared, indicating positive relationships had been developed. Staff were seen to make positive and thoughtful comments about a person's appearance, complimenting them on what they were wearing. One person told us how they had attended a family wedding and showed us photographs. Staff joined in reminiscing on the event and how the person had looked at the time, again praising and complementing them which the person responded to positively.

One person's anxiety increased during the day of our visit impacting on their request for staff attention. They repeatedly spoke with staff about past events that were causing them some concerns requiring constant reassurance. Staff responded very well with an empathic manner, each time showing great patience and kindness, responding positively and reinforcing how well the person was doing. This was seen to have a positive effect on the person who calmed and relaxed.

Staff offered people choices throughout the day of activities and they regularly enquired how they were. One person chose to go out independently whilst another person enjoyed watching the television and later went to the shops with a member of staff to purchase some food items for tea. Staff were polite and respectful and responded positively.

People told us they felt involved in decisions about their care. People's care records showed multi-disciplinary meetings were regularly arranged to review and discuss people's rehabilitation progress. The registered manager said people and their relatives, if appropriate, received opportunities to attend or

contribute to these meetings and if people choose not to attend they were informed of the outcome. The clinical therapy lead explained how they ensured any actions agreed at the meeting were followed up. They also made themselves available to people to discuss any issues or concerns or to have further discussion about meeting decisions. This meant people could be assured there was a process for any actions to be followed up and acted upon. They could also seek additional support for further discussion or clarity on decisions made about their rehabilitation.

People had access to information about independent advocacy services should they have required this support. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There was no person who used the service that was currently being supported by an advocate. However, the registered manager gave an example of how a person had been supported whilst living at Dahlia House by an advocate, which had been an important support to them.

We discussed with the registered manager how they ensured information was provided to people with any sensory needs appropriately and supportively. The registered manager was aware of the new accessible information standard and their responsibilities in meeting this. Whilst there was no person currently using the service with any specific sensory needs, consideration had been given to the use of language in information available, such as the complaints procedure. Signage around the service was also presented clearly and was easy to understand.

People told us they felt staff respected their personal space, advising they knocked on their bedroom door and waited for a response before entering. Staff were aware of the importance of confidentiality and respected and responded sensitively to personal information. Staff told us how dignity and respect was important and how they met these values. One member of staff said, "We have a clear set of values, the inclusion of people and respecting individuality is important." Another staff member told us about how the service had signed up to the ten dignity challenges. This meant the provider had pledged their commitment and people who used the service and visitors knew what to expect from staff. This staff member added, "People are treated equally and we respect their life style choices."

Is the service responsive?

Our findings

People who used the service had previously lived at another service within the provider's organisation. When they had been assessed as being ready for more of an independent lifestyle as part of their rehabilitation programme they moved to Dahlia House. People continued to access the rehabilitation programme at their previous placement. This enabled them to continue to participate in different therapy sessions and they received opportunities of social and leisure activities and support to maintain friendships they had developed. This therefore provided continuity in care and support and was an important factor of the rehabilitation journey for people to achieve their desired outcomes.

People told us about their previous placement and how much they liked living at Dahlia House and what it meant to them to live more of an independent lifestyle. One person was clear about their aspiration to eventually live in the community independently. They felt positive that Dahlia House would be the 'stepping stone' to their goal and an important part of their rehabilitation journey. This person told us about their experience of living in services and how staff at Dahlia House were positive and supportive in helping them achieve their goals. It was clear by spending time with this person, how much they had achieved in their path to live a more independent lifestyle.

A relative told us that their family member had developed greatly in their independence and confidence since transferring to Dahlia House. They said, "[Name of family member] is more motivated, talkative, happier and relaxed. It's amazing a really big improvement that they are doing well, even accessing the community independently, they are doing more than they ever have, I can't believe it." This relative felt strongly that it was the approach and support provided by staff that impacted on their family member's desire and ambition to lead a more fulfilling life.

A person who used the service told us their relative had very recently sent a card to the registered manager and staff thanking them for all their support they had provided to them. We read this message which included, "A big thank you for all you have done for [name of person using the service] it's been fantastic."

We received positive feedback from external professionals that complemented the staff team in providing an effective and responsive service. One professional said, "The communication from this provider is efficient and they have provided regular updates of how the individual is settling." Another professional said, "There is ongoing rehabilitation and opportunities for individual support within the house and in the local community as well as the link with groups and activities still at (name of provider's other service people transferred from)."

The registered manager told us that one of the contributory factors of success for people was the importance of compatibility amongst the people who lived at the service. They told us how other people had been identified to shortly move to the service and how this agreement was made with the involvement of people currently living at the service. This was supported by feedback from an external professional who said, "They [registered manager] consider the dynamics within the home to ensure this service is productive and meeting the desired outcomes of the individuals." We observed both people who used the service

interact with each other. They told us they got on well and felt this was a contributory factor to their success to continue to develop their independence and confidence.

People told us about their interests and activities that were important to them. One person had a voluntary job working in a café. The registered manager told us it was important for the person to be and feel, a part of their community and they wanted to make a contribution to others.

Another person told us about their interest in food and cooking and as a result they were being supported to complete training in catering and had a placement in the kitchen at the provider's other organisation. We spent time with this person talking about their work and training and how their life had changed since moving to Dahlia House. This person was relaxed in our company and spoke positively about living at Dahlia House and the positive impact it had on their life. It was clear the biggest and most important achievement was their freedom and independence which was a new experience. The registered manager who had known the person a long time said the ability of the person to be confident and sit and be relaxed with an unfamiliar person was a great testament to them in how they had grown and developed as a person.

A staff member said, "We really have a person centred approach, for example we've built on [name of person] interest of food and cooking. We are supporting them to build up their skills and confidence to enable them to use these skills in the future. What's important though is that there are no timescales, it will take as long as it takes, this way there is a better chance of success." These examples demonstrated a positive, person centred approach with a focus on social inclusion. Staff were supporting people proactively to be active citizens of their community, whilst being aware of the important factors for success. External professionals were positive in their feedback about how people received, "Constructive, real life activities, such as shopping and cooking for each other."

People told us they had been supported to go on holiday during 2017 and they enjoyed this opportunity which was important to them. Records showed discussions had taken place with people around the places they would like to visit. These were then researched further and gave people the opportunity to make informed choices. People were also encouraged to attend local events; we saw people had access to information of events happening in the local town. People had also been given access to information provided by Framework, a mental health charity, to support them with improving wellbeing through physical activity and improved access to green space. Information was also available about accessing an activities programme during June and July 2017 provided by a local mental health organisation. This demonstrated how people were supported with external community activities and opportunities that promoted health and well-being and the development of new friendships.

People told us how their independence was important and gave examples of the domestic tasks they took responsibility for such as doing their own laundry, cleaning and cooking. During our inspection visit we saw a person cooking the evening meal with oversight from a member of staff. People's activities of daily living was assessed regularly and reviewed by the provider's clinical therapy lead. This then informed support plans of how staff were to provide guidance and support. This example demonstrated how people's journey of rehabilitation was reviewed and measured, and people's desired outcomes achieved.

The location of the service was in close proximity to a variety of retail shops, bus routes and walking distance to the centre of the local town. Something people who used the service were positive about and were important factors for social inclusion and easily promoted independence.

We found staff had detailed and informative information and guidance of what people's needs were and the support required of them. These included information about people's mental health needs and what this

meant for the person, including important details of signs of a person becoming unwell. Information also included people's diverse needs and what was important to them such as their routines. Staff were positive about the information they had available to them which they said they found supportive. Support plans were regularly reviewed and discussed with people to ensure they were up to date and reflected their needs.

People had information available to them that informed them of how to make a complaint. People told us they had not had to make a complaint but would feel confident in talking to staff if they had any issues or concerns. People knew who the registered manager was and said they saw them often and they were approachable and supportive. We saw the interaction of the registered manager with both people who used the service; it was clear the registered manager knew people very well, interactions were positive and relaxed.

Staff were clear about the provider's complaint policy and procedure and the action required of them if they received a complaint. The service had not received any complaints since registered on 2 August 2016. Relatives told us that there were no restrictions about them visiting their family member.

Is the service well-led?

Our findings

The service had an open, inclusive and caring culture that focused on the needs of each individual. The vision and values were known and clearly understood by staff who were observed to follow these. Person centred approaches in the delivery of support with a clear focus on rehabilitation, supported people to lead full and active lives and be a part of their community.

People we spoke with told us they were very satisfied with the service they received. Relatives were positive about how their family member was supported. Feedback from external professionals were consistently positive about how people were supported and their needs met. One professional told us, "I have seen clients thrive at Dahlia House and believe it truly offers a further excellent longer-term opportunity to those fortunate enough to be placed (name of provider's other service that people transferred from), which is undoubtedly in my opinion the benchmark in care provision for my clients in my working area."

Staff spoke highly of the leadership of the service describing the registered manager as very approachable, supportive, knowledgeable and committed in providing high standards of care and support. One staff member said, "The leadership of the service is strong, open and transparent. Our (staff) voice and opinions matter and are used to take the service forward."

The approach to rehabilitation and the person centred approach in supporting people with mental health needs were based on clinical evidence based practice. For example, people had access to an activity and therapy programme. These included opportunities such as managing mental health, relaxation, medication awareness and much more, with social and leisure activities and vocational sessions. The clinical therapy lead and life skills team supported people to work and train in areas of interest to achieve goals such as the person we spoke with, who was who was being supported to learn, and update their knowledge and skills to work in catering. Another example was the use of assistive technology such as, smart watches to support people with exercise promoting physical health. We spoke with a person who used a smart watch who said it was beneficial and supportive as part of their weight loss programme. All these opportunities were developed using best practice, such as NICE guidance and known and recognised behavioural approaches. This demonstrated the provider used innovative approaches and well established and recognised methods to support people effectively to reach their desired outcomes.

The registered manager told us how the provider was developing their approach to staff training. In addition to the current training programme, an in house academy was due to provide accredited qualifications. Sessions were based on the values and focus of the service. We looked at the training programme; training opportunities included anxiety, specific mental health conditions such as schizophrenia and bi-polar disorder, physical health and the impact on mental health. Staff we spoke with were positive and enthusiastic about the new training opportunities and felt it would enhance and develop their skills and knowledge further.

People received opportunities to be involved in the service. People who used the service told us they had weekly meetings where they discussed topics such as health and safety, activities and menus. Records of

these meetings confirmed what we were told and included discussions around how to make a complaint and how to evacuate the building in an emergency. The registered manager said they were in the process of sending a feedback questionnaire to people who use the service, relatives and external professionals as an additional method to seek feedback. They advised feedback would be reviewed and an action plan developed to respond to any areas that highlighted areas for improvement.

A whistleblowing policy was in place. A 'whistleblower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and they would not hesitate to act on any concerns.

Staff told us that there were regular staff meetings that they found supportive and informative. Team meetings gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for the team to discuss issues and be involved in the development of the service. Staff received an annual appraisal of their work with the possibility of a financial reward if they exceeded expectations.

The conditions of registration with CQC were met. The service had a registered manager in place who was very experienced in managing services. The registered manager was supported by the provider's clinical team. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received the required notifications in a timely way.

There was a system of audits and processes in place that continually checked on quality and safety. We found these had been completed in areas such as health and safety, staffing, medicines, accidents and support plans to ensure the service complied with legislative requirements and promoted best practice. The provider's representative also completed quarterly reports of the service and regular management meetings were held that enabled continued oversight of the service.