

HF Trust Limited

HF Trust - The Elms

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

HF Trust The Elms is registered to provide accommodation and personal care for up to eight adults with a learning disability. The home is situated in Sheffield on the outskirts of Dore village. Communal living space and single bedrooms are provided.

The manager for the service was registered with CQC. 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 and associated regulations about how the service is run. The

registered manager was based at the HF Trust office in the S8 area of Sheffield, and is also registered manager for HF Trust - Sheffield & Derbyshire DCA. The registered manager regularly visited HF Trust The Elms. There was a service manager based at the location who was responsible for the day to day running of the home.

Our last inspection at HF Trust The Elms took place on 23 September 2013. The service was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 12 October 2015 and short notice was given. We told the registered manager one

Summary of findings

working day before our visit that we would be coming. We did this because the registered manager is not always present at HF Trust The Elms and people living there may have been out. We needed to be sure the registered manager, service manager and some people living at HF Trust The Elms would be available for us to speak with. On the day of our inspection there were eight people living at the home.

People living at HF Trust The Elms and their relatives spoken with made positive comments about the support provided. People said “I love it here” and “I have a good life, I am happy. I will be here a long time.” People had a good rapport with staff.

Relative’s comments included, “The staff there are wonderful” and “We have no worries at all, my [relative] is happy there.”

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people’s safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for

their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and proud to work at the service. Staff were confident in the way the service was managed. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

The support provided was person centred and flexible to suit the needs of the person supported.

People supported and relatives spoken with said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

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.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Good



Is the service effective?

The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Staff understood their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet and access relevant health professionals to meet their health needs. Where people had specific health needs, staff sought advice from specialists where required.

Good



Is the service caring?

The service was caring.

People said staff were kind.

We saw that staff were respectful and knew people's preferences well.

Staff were positive and caring in their approach and interactions with people.

The service provided opportunities for people to share their views and inform practice.

Good



Is the service responsive?

The service was responsive.

People's support plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's support needs.

People were supported to work and have access to a range of activities which were meaningful and promoted independence.

People said staff would listen to them if they had any worries.

Good



Is the service well-led?

The service was well led.

Staff said the managers were approachable and communication was good within the service.

Good



Summary of findings

There were quality assurance and audit processes in place to make sure the service was running well.
The service had a full range of policies and procedures available to staff.

HF Trust - The Elms

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 registered provider was 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 2015 and short notice was given. We told the registered manager one working day before our visit that we would be coming. We did this because the registered manager is not always present at HF Trust The Elms and people living there may have been out. We needed to be sure the registered manager, service manager and some people living at HF Trust The Elms would be available for us to speak with. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted

by the service. We asked the provider to complete 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. The PIR was returned as requested.

We contacted Sheffield local authority and Healthwatch for any feedback they were able to share about the registered service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from commissioners and this information was reviewed and used to assist with our inspection.

During our inspection we spoke in person with six people living at the home, the registered manager, service manager and three support staff. We spoke on the telephone with four relatives of people living at HF Trust The Elms.

We spent time observing daily life in the home including the care and support being offered to people.

We spent time looking at records, which included three people's support plans, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

People living at HF Trust The Elms told us they felt safe, comments included, “I am very safe,” “I love everybody here. I am a softy. The people and all the staff are really nice to me” and “If something wasn’t right I would tell staff, tell my key worker.” When asked about their medicines, people commented, “I use medication. The staff have always done a good job with this and never made a mistake.

Relatives spoken with had no worries about their relative’s safety. Their comments included, “We have no worries, none whatsoever,” “Medicine is kept in a locked cupboard in [name of person] room and it’s regularly checked by a doctor that this is okay” and “There seems enough staff to us when we turn up, and we turn up at any time and often too. Medicines are well managed and I have confidence in the scheme (to manage a person’s money.)

We found three staff were on duty during our inspection. The registered manager told us a minimum of three staff were provided each day, and one staff was provided each night. Staff spoken with confirmed that these numbers of staff were provided. We looked at the home’s staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so that people’s needs could be met. Staff spoken with said enough staff were provided to meet people’s needs.

All of the people spoken with said there were enough staff and told us, “There are plenty of staff here, at evenings and weekends too. Most of the staff have been here a long time” and “There is always enough staff.”

Relatives told us they thought enough staff were provided. They said, “Whenever we visit now there seems to be enough staff to us, and we can turn up at any time and often do” and “The staff have all been there a long time, which is great. [Name of relative] really benefits from this.”

Staff confirmed they had been provided with safeguarding training so that they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their

manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the most senior person on duty and they felt confident that management for the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw a policy on safeguarding people was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew that these policies were available to them. Information gathered from the local authority and from notifications received showed that safeguarding protocols were followed to keep people safe.

The service had a policy and procedure on safeguarding people’s finances. The service manager explained that each person had an individual amount of money kept securely in their rooms that they could access. We checked the financial records and receipts for three people. We found that each person’s wallet had a numbered security tab that had to be removed and renewed each time the wallet was opened. The transaction sheets kept a record of the security tab number that was checked at each transaction. The transaction sheets were fully completed, the monies held tallied with the record and receipts were kept. The transaction sheets showed regular ‘wallet checks’ had been undertaken to make sure the money held corresponded with the record. We spoke with three people who had support with their money and they could explain the security tab to us and were aware that these kept their money safe. They showed us their money was kept securely. We saw the service manager checked financial transactions to make sure procedures were adhered to. The registered manager told us that finance systems were audited by a national team to make sure that the systems were safe. Additionally the organisation was subject to an annual independent financial audit.

We saw that the service had a staff recruitment policy so that important information was provided to managers. We looked at three staff files. They all contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The files checked showed that full employment history had

Is the service safe?

been obtained. We saw that one file had been identified as having a gap in employment history and information to explain the gap had been requested and provided. These showed full and safe procedures had been followed. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We looked at three people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person's activity and included road safety, community presence, travel, emergency evacuation (fire) and daily routines. We found risk assessments had been updated as needed to make sure they were relevant to the individual.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This

showed that staff had understood their training and could help keep people safe. The three staff files checked held records of observations in medicines administration undertaken by the service manager to check staff were following full and safe procedures and were deemed competent to administer medicines.

We found that some people had chosen to have their medicines stored securely in their room. The service managers spoken with said that Medication Administration Records (MAR) were completed for each administration. We checked three people's MAR and found they had been fully completed. The medicines kept corresponded with the details on the MAR. We saw that people had signed consent forms to show that they agreed to staff supporting them with their medicines. This showed that safe procedures were followed.

We found that a policy and procedure was in place for infection control so that the home was kept safe. Training records seen showed that all staff were provided with training in infection control and the staff spoken with confirmed they had been provided with this training. We found staff undertook cleaning, with support from people living at the home with some relevant tasks. We found the home was clean.

Is the service effective?

Our findings

People told us they liked living at HF Trust The Elms. Comments included, “I really like it here” and “I love it.” People told us they liked the food and told us, “I go to the shops with staff, I help choose what to eat and I always eat what I like,” “The food is lovely here. There is always enough to eat and it’s my choice. I can drink coffee whenever I want, I have a kettle in my room” and “I eat healthy food because I am looking after my weight. The food is good and I always choose.” People also told us they had access to a range of health care professionals. One person told us, “I see a lady doctor now and again. I also see the dentist regularly.”

Relatives spoken with made positive comments about HFT The Elms. These included, “Absolutely brilliant. They do a good job,” “Healthcare is good. The meals and drinks are fine. [My relative] helps plan the menu and do the shopping,” “[Our relative] has been on a special diet and they are doing a good job with this, “The food menu looks great. Staff eat the same food prepared by people and staff together” and “We chose The Elms. We think it gives [name of person] more independence.”

People had a good relationship with the support workers and we saw staff included people in conversations. People freely communicated with staff and had a good rapport with them. Where people were unable to verbally communicate, staff were seen to understand how a person communicated and could respond to them in a way they understood. People were animated and smiled when speaking of the support workers.

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. We looked at the staff training records. These showed induction training was provided that covered mandatory subjects which included health and safety, medication and safeguarding. Training in relevant subjects such as the principles of LD (learning disability) support, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), autism, goal planning and mental health were included in a comprehensive list of additional training provided to staff. All of the staff spoken with said they could approach their manager with any additional training needs

or interests and these would be provided. Staff spoken with said they were up to date with all aspects of training. We found a system was in place to identify when refresher training was due so that staff skills were maintained.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member’s performance and improvement over a period of time, usually annually. We checked the supervision and appraisal records for three staff. All had been provided with regular supervisions. Records of supervisions showed that all aspects of a worker role were discussed and actions identified to support staff learning and development. The files checked held records of an annual appraisal. The registered manager told us the frequency of supervision depended on the number of hours a person was employed to undertake each week and varied from six to four each year. Staff spoken with said supervisions were provided regularly and they could talk to their managers’ at any time. Staff were very knowledgeable about their responsibilities and role.

We spoke with the registered manager and service manager about the systems in place to ensure people consented and agreed to the support provided. The registered manager explained that assessments were always undertaken with the person supported and their relatives to ensure their views were obtained. People were also involved in writing their support plan. All of the people supported said they had helped write their support plan and staff talked to them about it.

We looked at three people's support plans. We saw that the plans had been signed by the person where they were able, and also contained signed consent forms evidencing people’s agreement to specific support such as finance, medicines and photographs. The plans clearly showed that people had discussed their support needs and identified the support they wanted. This showed that people had been consulted and agreed to the support provided.

We found that the support plans focussed on meeting people's needs whilst actively encouraging them to make choices and maintain independence. Peoples' preferences, likes and dislikes were documented in the support plans seen.

Is the service effective?

We found that the service had a policy on Making Decisions and Consent and written information on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that staff were provided with important information to uphold people's rights. Staff spoken with had a clear understanding of the MCA and DoLS. Staff spoken with confirmed that they had been provided with combined MCA and DoLS training so that they had the knowledge to uphold and promote people's rights. We looked at the training matrix to confirm this. Staff told us they had access to written information and guidance on the MCA and DoLS to support their understanding. One relative spoken with said that staff had talked to them about the MCA and DoLS and they had been part of best interest meetings to discuss support for their relative.

All of the staff spoken with were very clear that it was the person's right to make decisions. Staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. From interactions observed staff consulted with people and encouraged people to voice their opinion. Staff were heard to obtain a person's permission, for example when asking if the inspector could look at their medication in their room.

The support plans seen showed that people were supported to access health care such as opticians and dentists. Information on specific health conditions was included in people's files, along with the actions required of staff to support the person. We found that where identified

as needed the person had a communication passport that described, in detail, how the person needed to be supported in communication and what was important to them. The passport would inform any health professional and potential hospital visits.

We found that one person had a significant health issue and had spent some time in hospital as a result. Staff told us that the person's key worker and other staff spent time with them each day at the hospital so that they could support the person and work with hospital staff to assist their understanding and communication with the person. We found that frequent and regular visits to the home were made by relevant health professionals to support the person. Staff told us the person had made an 'amazing' recovery.

We found that another person had been diagnosed with a specific health issue and appropriate training had been provided to staff so that they had the skills and knowledge to support the person.

We saw that people were supported to maintain a healthy diet and saw that fresh fruit and vegetables were available. People told us they helped to shop and prepare meals and enjoyed the food provided. We looked at the homes menu which showed that a varied diet and choice was provided. People said they could have different to the menu if they chose. We found that one person was on a special diet for health reasons and saw plentiful stocks of appropriate products available for the person.

Is the service caring?

Our findings

People told us the staff were caring and respectful. Their comments included, “The staff are very nice, they’re good and I love them to bits,” “The staff treat me with dignity and respect. They have time to sit and talk to me,” “Everyone treats me with respect” and “The staff are all nice, really lovely. I am happy here.”

One person introduced the service manager by name to us and said, “This is [name] she is lovely and she is the boss.”

Relatives spoken with also made positive comments about the caring attitude of staff. They told us, “[Name of relative] is extremely happy. We feel lucky to have chosen HFT. We can rest in peace,” “Very caring staff. They ring us a lot to talk about [name of relative’s] care” and “It seems to us that they [staff] always treat [name of relative] with dignity and respect. There is a lovely atmosphere.”

Throughout our inspection we saw examples of a caring and kind approach from staff who obviously knew the people they were supporting very well. Staff spoken with could describe the person’s interests, likes and dislikes, support needs and styles of communication. We saw that staff had a good rapport with people and people enjoyed the company of the support workers. Staff always included people in conversations and took time to discuss plans and check people were happy with the decisions they had made. Staff were seen to have conversations with each other and always made sure people were not excluded. This showed a respectful approach from staff.

We saw people freely approach staff and engage in conversation with them. People appeared comfortable and happy to be with staff. Staff knew people well and took time to talk with them.

Throughout our inspection we saw that people’s independence was promoted and people’s opinion was sought. We saw staff asking people about their choices and explaining in a way the person understood so that their view was obtained and staff could be sure the person was happy with their choice. We saw staff respecting the choices people made and supporting them in their decisions. For example, one person chose to eat their lunch on their own and this was respected.

Staff spoken with had a clear understanding about promoting people’s rights and involving them. They could describe how they promoted dignity and respect and were driven by what was right and important for the individual they supported. Staff were proud of the service and told us, “I love my job.”

The service ran a monthly ‘speak out’ meeting for people supported to be involved and share their views. We saw the minutes from some speak out meetings that were written using pictures and symbols to assist people’s understanding. We saw that a variety of topics were discussed and guest speakers were invited to some meetings. We saw that local politicians had attended a meeting to talk about the elections. This showed the service actively promoted people’s involvement.

Monthly meetings were held at the home and we saw minutes of these. People told us about the meetings and said they could talk about what was important to them, and staff listened to them.

We saw people’s privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity. We found that training on equality and diversity was provided to staff to promote their skills and awareness.

The registered manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf and when they are unable to do so for themselves.

The support plans seen contained information about the person’s preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. The records included information about individuals’ specific needs and we saw records had been reviewed and updated to reflect people’s wishes.

Is the service responsive?

Our findings

People told us that staff supported them in the way they needed and preferred, and they were able to talk to staff about any worries they had. Their comments included, “I do the things I like. I go to [a social club] a lot and visit my mum at home. Staff help me get there. I choose what to do and the staff support me,” “I ring my mum when I want and I go out to work, the staff help me get there, I get up and go to bed when I want,” “I know the staff and they know me. I can decide what to do. I like to go into the village a lot and they come with me,” “If I was worried about anything I can talk to my keyworker or [the service manager], they would sort it out” and “I can talk to staff about anything, they would sort it out for me.”

One person told us of a worry they had in the past. They had shared this worry with staff and said the staff had sorted it out and they no longer had the worry. They were “happy” and “safe.”

Relatives spoken with told us they were involved in the planning and review process and felt able to talk to staff. Their comments included, “[Our relative] has always been happy. We do not live locally. Our relative visits five times a year and is always happy to go back [to HF Trust The Elms],” “We have no worries, none whatsoever. We would speak to the manager or area manager if we needed to. They are approachable,” “We can visit any time we want. We ring several times each week and speak to [name of relative,]” “If anything was not right I would get in touch with the managers’. We have meetings and I can talk to them,” “We are invited to the annual review meeting. It’s our chance to feedback,” “I am attending a review meeting very soon. Everything is fine” and “We go to the PCP (person centred planning) and review meetings. [Name of relative] has lots of choice, more than with us at home.”

One relative gave us an example of how the service had been responsive. They told us, “The house was shabby and we raised this with the managers and the place is much better now. They have redecorated.”

We saw that staff understood how people communicated and saw staff responded to people in an individual and inclusive manner. Staff checked choices with people and gained their approval. For example, staff were seen to check with a person if they still wanted to go out during the

evening of our inspection so that they could support them with this. Another person was heard telling staff they wanted to do a particular activity and we saw staff respond to and support this decision.

We found people were supported to maintain a range of individual interests and activities, according to personal preference. People told us they enjoyed going out to shops and another person said they enjoyed a social club they attended. One relative told us, “There are plenty of daytime activities. [Name of relative] is not watching TV all day and goes out a lot.”

One person told us about an interest they had and we observed staff supporting them to enjoy this. We later heard them talking about this interest with staff. We checked the person’s support plan and found details of this interest were recorded so that a full picture of the person was available.

People’s care records included an individual support plan. These were person centred and unique to the individual. It was evident from the plans that people supported had led discussions and decisions about the support they needed. The support plans seen contained a ‘Listen to Me’ document which was an information gathering tool for the purposes of person centred planning. The documents seen identified what was important to the person and how they wanted to be supported; it included information on routines, likes and dislikes.

The three plans seen contained details of people’s identified needs and the actions required of staff to meet these needs. The plans contained information on people’s life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people were supported to maintain regular contact with relevant health care professionals. This showed people’s support needs had been identified, along with the actions required of staff to meet identified needs. The plans contained clear guidance for staff on people’s communication so that staff could ensure people were consulted. The plans reflected promoting and encouraging independence to support people leading a full life.

Staff spoken with said people’s care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people’s individual needs and could clearly describe the

Is the service responsive?

history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information that reflected the person.

We found the support plans we checked held evidence that reviews had taken place to make sure they remained up to date and reflect changes.

There was a clear complaints procedure in place. Staff told us that they would always pass any complaints to their service manager or registered manager, who would take these seriously. We saw that an easy read version of the complaints procedure had been provided to people in their service user guide. The procedure included pictures and diagrams to help people's understanding. The complaints

procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. An easy read 'Making Things Better' form had been provided for people to complete if they had any worries. This showed that people were provided with important information to promote their rights and choices. The registered manager told us there were no current complaints about the home. They confirmed that any complaints received would be recorded and the complaints record would detail the nature of the complaint, the actions taken in response to a complaint and the outcome of the complaint so that an audit could be maintained. We were aware that electronic records of complaints were kept at the services local office.

Is the service well-led?

Our findings

The manager was registered with CQC. The registered manager was based at HF Trust office in the S8 area of Sheffield, and was also registered manager for HF Trust - Sheffield & Derbyshire DCA. The registered manager regularly visited HF Trust The Elms. There was a service manager based at the home who was responsible for the day to day running of the home.

There was a clear management structure including a registered manager. Staff spoken with were fully aware of the roles and responsibilities of managers' and the lines of accountability. There was evidence of an open and inclusive culture that reflected the values of the service. All staff spoken with said they felt valued by their managers'.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made.

We found the operations managers, including the registered manager, undertook a bi monthly quality assurance compliance visit and we saw records of these. We saw that part of the quality assurance process was based around the five key questions we ask to make sure they covered all relevant areas. The five key areas were rated green, amber or red and detailed actions to be taken to address any areas for improvement identified. For example, one action plan identified the need for supervision meetings to take place at the frequency identified within the policy. We found that this had been actioned. The registered manager told us they audited these and sent them to head office to inform their quality assurance process. A compliance inspection from head office was undertaken on an annual basis. In addition, audits were undertaken by the service manager at the home. These included monthly health and safety checks, support plan, medication and finance audits which we saw.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

We found that surveys had been sent to the relatives and representatives of people supported by the service in September 2015. We looked at the results from these and saw positive comments had been made. These included,

“Staff are very helpful,” “Look after [name of relative] very well” and “The staff work hard.” The registered manager confirmed that all surveys were audited and a report undertaken to make sure the results of the surveys were available to people. We saw reports from previous surveys to evidence this. The registered manager told us that where any issues specific to an individual had been brought to their attention, these were responded to on an individual and private basis.

We saw that staff surveys had been undertaken in 2014 and a report and action plan had been undertaken.

We saw that surveys with people living at the home formed part of the quality assurance visit to ensure people had further opportunities to express their opinion and share their views.

We found that a policy on obtaining feedback from professionals had been completed and the regional manager was in the process of compiling surveys to send out, which we saw. The regional manager confirmed these surveys would also be audited to identify any actions needed to improve the service.

Staff told us communication was good. Staff spoken with said staff meetings and using communication books ensured that information was shared. We looked at the staff meeting minutes and found regular staff meetings had taken place. Staff spoken with said that they felt able to contribute to staff meetings and felt listened to. We saw that staff held handovers when staff changed to make sure relevant information was shared.

All of the staff spoken with said their managers' were approachable and supportive. Staff said they worked well together, supported each other and were “A good team.” All of the staff spoken with showed a strong commitment to their role and told us they enjoyed their jobs.

The home had policies and procedures in place which covered all aspects of the service. We sampled the policies held in the policy and procedure file stored in the office and found these had been updated and reviewed to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.