

Family Investment (Five) Limited

Family Investment (Five) Limited

Inspection report

Valley House
Elham Valley Vineyard Breach
Canterbury
Kent
CT4 6LN

Tel: 01227832230

Website: www.familyinvestmenthomes.com

Date of inspection visit:

14 December 2016

15 December 2016

Date of publication:

26 January 2017

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

The inspection took place on 14 and 15 December 2016. Short notice of the inspection was given because the service is small and people are often out with staff support. At the previous inspection in February 2014 there were no breaches of regulation.

Family Investment (Five) Limited provides accommodation with personal care for up to 8 adults with a learning disability. The shareholders and directors of Family Investment (Five) Limited are family members or guardians of the people who live there. The directors hold regular meetings to discuss all aspects of the service and any surplus monies go back into improvements. There were 8 people living at the service at the time of the inspection. Each person has their own en-suite room and shares the lounge, sun room and dining room. The service is situated by the vineyards at Elham Valley. It has its own garden to the rear of the property.

A registered manager was in post. 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.

Staff knew how to identify and report any safeguarding concerns in order to help people keep safe.

A robust recruitment procedure meant checks were carried out on all staff before they supported people, to ensure that they were suitable for their role.

There were enough staff who were sufficiently qualified and competent to support the people at the service. Most staff had worked at the service for a number of years and so helped ensure consistency of care.

There were safe systems in place for the storage, administration and disposal of medicines. Staff received regular training in how to administer medicines safely.

Potential risks of harm in the environment and for people when carrying out their daily lives had been identified and guidance was in place as to how the risk of harm could be reduced.

A schedule of cleaning was in place to ensure the service was clean and practices were in place to minimise the spread of any infection.

Staff felt well supported. They received informal support from the staff team and formal supervision with a senior member of staff. There was a rolling programme of essential training to ensure staff had the skills and knowledge to care for people effectively.

People had their health needs assessed and these were effectively monitored. People were responsible for

planning, shopping and cooking their own food and took this in turns.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The service understood when to make an application, but had not needed to do so.

Staff were kind, caring and compassionate, and genuinely enjoyed spending time with people. The service was run on 'family values' and people were supported to maintain links with people who were important to them such as family and friends. People were actively involved in making decisions that affected their daily lives.

People understood that information about their care, treatment and support needs were contained in their plans of care. This information included what was important to people and their choices and preferences. Staff knew people well which enabled them to support people in a personalised way.

The service prioritised ensuring people had active fulfilling lives. People undertook a variety of educational, creative and work based activities which reflected their interests and abilities.

People's views were sought in a variety of ways and they felt able to raise any concerns with staff. Information was available about how to follow the complaints process, should they need to use it.

The registered manager was approachable and the atmosphere in the service was relaxed and informal. The registered manager was supported by a staff team who understood the aims of the service and were motivated to support people according to their choices and preferences.

Systems were in place to review the quality of the service and any shortfalls identified were addressed. Feedback was sought from people who lived in the home and the results were that people were highly satisfied with the care provided at the 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.

People's medicines were managed appropriately.

People were protected by the service's recruitment practices and there were enough staff available to meet people's needs.

Staff knew how to recognise any potential abuse and this helped keep people safe.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

The service was clean and practices were in place to minimise the spread of any infection.

Is the service effective?

Good ●

The service was effective.

People were provided with care by a staff team that had received the support and training they required to effectively support people.

People's health care needs were assessed and monitored.

Staff understood that people had the capacity to make their own decisions and gained people's consent when supporting them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well, were kind and caring and had developed positive relationships with people whose well-being they were genuinely interested in.

People were involved in making decisions which affected their day to day lives.

Staff supported people to maintain and develop relationships

with family and friends and valued their achievements.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's individual support needs, to enable them to provide personalised care.

People were offered a range of interesting and fulfilling activities according to their interests, which enabled them to develop life and work skills.

People felt able to raise any concerns or worries they had about the service. Information about how to make a complaint was available to people, in a way they could understand.

Is the service well-led?

Good ●

The service was well-led

Quality assurance and monitoring systems were in place and action was taken to address any shortfalls highlighted in the process.

People benefitted from a service with an open culture, and from staff who were motivated to put the aims of the service into practice.

People were regularly asked for their views about the service and they were acted on.

Family Investment (Five) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 14 and 15 December and short notice was given as it is a small service and people are often out with staff support. The inspection was carried out by one inspector.

Before the inspection 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. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to everyone who lived at the service and observed how staff interacted with them. We spoke to the registered manager, deputy manager and two care staff. We received feedback from three care managers from the local authority.

During the inspection two people gave the inspector a tour of their home and five people proudly showed them their bedrooms. Three people showed us their care plans and we spoke to them and staff to track how their care was planned and delivered. We also looked at a number of other records including the recruitment records of three staff, including the last staff member employed at the service; the staff training programme; administration and storage of medicines; residents meetings; staff meetings; health and safety; directors reports and visits, quality surveys and audits; menu; and the safeguarding and medicines policies.

Is the service safe?

Our findings

People had confidence and trust in the staff team who supported them. They communicated with staff in a relaxed manner and were clearly at ease in their home and in staff's company. During our inspection there was a calm atmosphere at the service. People said staff were always available if they required any assistance. One person told us, "If I want help to have a bath, then I just ask staff". Another person told us, "At night, if I need to, I can knock on the office door where staff sleep. But I have not needed to".

People's support needs centred around enabling people to do as much as they could for themselves and required staff to prompt and give them verbal guidance, rather than physical support. Some people enjoyed travelling independently when they went out, but other people felt safer with staff accompanying them. There were two staff available to support people and a sleep-in member of staff at night. During the week each person spent a day in their home and received one to one support to carry out their domestic responsibilities and undertake activities. Two days a week there was only one person at the service so the staffing levels were reduced to one member of staff accordingly. The staff rota was set in advance and if special events were planned the staffing rota was adjusted accordingly to ensure there were sufficient staff to meet people's needs.

The service's safeguarding policy set out the definition of different types of abuse, staff's responsibilities and how to report any concerns. It included the contact details of external organisations so there would be no delay in reporting any serious concerns. Staff received training in safeguarding. They understood that any changes in a person's behaviour could indicate that something was not right with a person and this should be reported to a more senior member of staff. Staff felt confident their concerns would be listened by the management team. However, if they were not taken seriously they knew to contact the director of the service, the local authority or the Care Quality Commission. Staff said if they saw a staff member acting in a bullying or abusive manner, they would immediately tell them to stop and report the event to the registered manager. This is called "blowing the whistle", where staff are protected if they report the poor practice of another person employed at the service.

Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Disciplinary procedures were set out in the service's policy. Staff signed to confirm they understood the expected standards of their performance and behaviours and what performance and behaviour may lead to disciplinary action. The registered manager knew how to follow these procedures if it became necessary. Risk assessments had been undertaken for each person to ensure that people received safe and appropriate care. This included potential risks when undertaking daily activities such as cooking, cleaning and when going out and taking part in activities. Guidance was in place for staff as to what action they should take to minimise any potential risks. Assessments of risk took into consideration people's skills and abilities and this ensured that people were able to undertake some tasks with no or minimal staff intervention. For example, some people were able to test the appropriate temperature of the water so they could shower without the

need for any support. Other people had a good understanding of personal safety so were able to travel independently. Staff guidance was in place to check that people had charged their mobile phone and had enough credit so they could call for assistance if it was needed. Social care professionals told us that the service managed and responded to risks appropriately. Staff were knowledgeable about these guidelines which were reviewed to ensure they contained up to date information.

A range of environmental assessments were in place to minimise the risk of slips, trips and falls. A member of staff walked around the service each week and any concerns were reported to a staff member responsible for maintenance to action. Checks were made of the service's equipment and utilities at the appropriate intervals to ensure they were safe and adequately maintained. This included checks of the electric supply and fire alarm and equipment. A fire risk assessment had been undertaken which had identified fire risks and the action taken by the service to reduce them to as low as reasonably practicable. Each person had been assessed as to their knowledge and understanding of what to do if a fire occurred. This included understanding when the fire alarm sounded, knowing where escape routes were situated and evacuation procedures. There was a programme of fire drills in place, using different scenarios, to make sure people and staff were competent to evacuate the service safely.

Any accidents were recorded with details of what had occurred and the immediate action taken in response to the situation. For example, one person had trapped their finger in the kitchen door. They were upset and advised to run it under cold water to relieve the pain and the potential for any swelling, but the person chose not to. A body chart was used to record which finger was affected and staff monitored their well-being throughout the day. All accidents and incident reports were given to the registered manager for review to establish if there were any patterns or trends which required further action.

The service's medication policy included guidance on the administration and disposal of medicines, what to do if there was a medicine error and for people who self-administered. An assessment of risk had been undertaken for people who administered their own medicines to ensure they were competent and safe to do so. People's independence was promoted and some people had been assessed as competent to administer some of the medicines, such as medicinal creams. There was a clear audit trail of all medicines entering and leaving the service. Medication administration records (MAR) contained no gaps indicating that people had received their medicines as prescribed by their doctor. Each person had a medicines profile which stated if they had any allergies, what each medicine was for, whether it was internal or external and if they were able to self-administer or required staff support. Clear guidance was in place and followed for non-prescription medicines available over the counter in community pharmacies. Guidance was also in place for people who took medicines prescribed as 'when required' (PRN) so they were safely administered according to people's individual needs.

Staff that administered medicines had received training in the last few months from a new training provider. Staff reported they found the training programme had further developed their understanding of the management of medicines. The training package included a framework to assess each staff member's competency in administering medicines each year. The registered and deputy manager planned to assess staff and were looking at additional training available to ensure they had the knowledge and skills to do so.

The service was kept clean by people who lived at the service and staff. People understood their roles and responsibilities and followed a schedule of cleaning to ensure the service remained clean in all areas. Staff had received infection control training to ensure they had the knowledge and skills to minimise the risk of the spread of an infection. People told us they were responsible for washing and ironing their own clothes, which they did separately from other people. They showed us the laundry room where they had their own basket to store their clean clothes. These actions undertaken by staff and people helped to avoid cross

contamination to minimise the spread of any infection.

Is the service effective?

Our findings

People told us staff had the skills they needed to support them. Comments included, "Staff are very good", and, "Staff support us. There is nothing they could do better I don't think". An exception to this was one person who told us that staff were not good at cooking and burned the food! Other people told us this did not happen and complemented staff on the help they received from staff when cooking meals. A member of staff joined in the conversation in a light hearted way. They joked with the person who said staff burned the food that they had not noticed the fire alarm going off every day. Everyone agreed and laughed. This demonstrated that staff had the skills to communicate with people in an effective and appropriate way.

People told us they were responsible for choosing what to eat, shopping for groceries and cooking the main meal. One person, who was looking at a cookery book, told us they were doing so to get some ideas about what to cook next week. Another person went out with a member of staff to buy the weekly shopping. The menu was displayed in the kitchen and a record was kept of what people ate each day. No one had any specific needs in relation to eating and drinking, but staff were aware of people's likes and dislikes. Staff told us that meal times were seen as a social occasion where people and staff sat together to talk about things that were important to them.

People received care and support from staff that had the skills and knowledge to support them. Staff said they had received the training they needed to enable them to carry out their roles. A new training programme was in place by which staff's knowledge in each area was tested and sent to an external examiner for marking. Topic areas included all essential areas in social care such as safeguarding, health and safety, fire, infection control and food handling. The registered manager kept a record of staff training which highlighted when staff training required to be refreshed in each area. Staff had received specialist training in epilepsy awareness and the care of people living with dementia care. Most staff had been trained in Asperger's and autism and end of life care.

New staff completed an in-house induction which included gaining knowledge about the needs of the people who lived at the service, policies and procedures, fire safety and records. Staff shadowed senior staff to gain practice experience and knowledge about their role. Staff said this was effective in helping them gain the skills and knowledge they required for their role. In addition, new staff completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. All staff had completed level 2 or above Diploma/Qualification and Credit Framework (QCF). To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

Staff felt well supported by their colleagues and the management team. They said there was good communication in the team which helped to ensure that people were supported effectively. Staff received regular feedback about their performance so they could develop their practice to improve care for people. This was achieved through supervision sessions, an annual appraisal and informal discussions. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

Guidance for staff about people's health was recorded in people's care plans. This included information about people's medicines, foot care, eye care, dental care and allergies. A record was made of all health care appointments, the reason for the visit, the outcome and any recommendations. People were encouraged to take responsibility for their own medical appointments and kept details of these in the information they kept about themselves.

One person showed us the medical alert bracelet they wore which bore the message that they had an important medical condition that might require immediate attention. Information about this condition was contained in their plan of care and staff knew what action to take in relation to their medical condition. Social professionals said the registered manager kept them up to date with information about people's health care and well-being.

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 the best interests and as least restrictive as possible. Staff had received training in mental capacity and there were policies and procedures in place which gave staff further guidance. Staff understood that everyone had the capacity to make their own decisions, but that sometimes they needed to present the information to people in a different way so they could make an informed choice. Mental capacity assessments had been undertaken for people in all aspects of daily living and staff supported people within this framework. They asked for people's consent and their choices when supporting people during the inspection. The registered manager understood that if a person had been assessed as not having the capacity to make a specific decision a meeting should be held with the relevant people so a decision could be made in their best interests. However, they had not needed to hold any best interest meetings as people had been assessed as having the capacity to make their own decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The service had understood the principles of the DoLS, but had not needed to submit any applications.

Is the service caring?

Our findings

Everyone praised the staff team for the individual and caring support they gave them. "Staff care for us", one person told us. People used appropriate physical touch to show their affection for members of staff. One person placed their arm lightly on a member of staff's shoulder when talking to them and another person lightly tickled a staff member when they were sharing a joke. Social care professionals commented on the caring nature of the service. They described the service as having a "Family atmosphere" as people and staff chatted with one another easily and clearly enjoyed being in one another's company.

People were keen to explain how they were involved in all aspects of their care and support. They said they were responsible for food shopping, cooking and keeping their home clean; choosing the activities they undertook at the day centre; deciding what trips and days out to go on; and were familiar with their plans of care. Social care professionals said the service supported people to be as independent as possible. A monthly house meeting was held and the agenda set by staff and people. Each person was asked in turn what they wanted to say. People spoke about days out they had enjoyed and how they wanted to celebrate New Year. Staff shared with people information about their home and discussion also took place around the difficulties of living together with other people.

People were involved in writing a quarterly newsletter about the service. One of the directors of the service met with people and talked with them about what they would like to include. People discussed what they had done and photographs were added so everyone could understand the content. The last newsletter contained information about the grape harvest at The Vineyard, information and a photograph of people's visit to twilight at Hever Castle. There was also a written account of how people had enjoyed being squirted with water on the Halloween train of terror and one person had informed people about a family wedding they attended and the new suit they wore.

Some people had been involved in recruiting new staff. They had discussed with staff what questions they wanted to ask the applicant and then asked them at the interview. Everyone had the opportunity to meet the potential member of staff and give their opinion about their suitability before they were recruited.

Staff valued and respected people and encouraged them to talk about their achievements. People told us about the skills they had gained whilst working and attending the day centre and showed us the certificates and medals they had gained through education and sports. One person displayed a Christmas picture on their bedroom wall. They told us they had drawn it at the day centre and that it had been printed and used as a Christmas card last year. They proudly told us how they had travelled to London by themselves. They said they were able to do this by coach as they knew the route and were familiar with the journey. They added that they did not travel by train by themselves as they were not so good at doing this.

The service had a strong, visible person-centred culture, which focused on family values. People said there were house rules which they had all agreed to follow and these included how to respect and help one another. A staff member explained that a delivery of shopping was due and asked if anyone could help. People volunteered to put the shopping away. Whilst doing so they talked and at one point checked with

one another about how much white and brown bread they needed to leave out of the freezer. Therefore, people understood the values and benefits of working together.

People had decorated their rooms according to their choices and preferences and told us they contained everything they needed. They displayed their favourite pictures and posters on the walls and everyone had their own television so they could watch it in privacy. People told us they had been involved in decorating their home for Christmas including putting up the Christmas tree and wrapping up presents.

Staff prioritised developing positive relationships with people and people valued them. They described the service as a "Family home" because it was friendly and relaxed. They said they asked about people's friends and families and people asked about their families too. Staff said they found their role rewarding and enjoyable as they loved to spend time with people and this was evident at the inspection. They chatted with people in an informal and relaxed manner, shared jokes and were genuinely interested in what people had to say. They highlighted people's strengths, rather than focusing on the things that they could not do. Mealtimes were social occasions where people and staff sat and talked together and people told us they enjoyed going out for meal together.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. They kept in regular contact with family members who were able to visit at any time. People often stayed with their relatives and everyone told us they were spending Christmas with family. Each year a "Family Day "was held with a BBQ and people and staff were invited to bring along their family members. At the last family day it was a significant birthday for one person's relative, so this special event was also celebrated. People told us they had friendships with people with whom they lived and also with other people who attended the day centre. When one person watched sports on their television, they invited other people from their home to join them. Another person said they met friends at the weekend. People told us they had all been invited to a birthday party at a friend's house.

Is the service responsive?

Our findings

People proudly told us about their busy lives, how they spent their time and about their achievements. They said they attended a work centre where they took part in activities they had chosen and enjoyed such as photography, pottery and art. People also told us about the work they did such as gardening, delivering logs to people's houses, serving at The Vineyard café, cleaning at the village hall and helping in a charity shop in town. Two people said they played five a side football and enthusiastically showed us the number of medals and trophies they had won. People said they were fully involved in the running of the service. They explained how the rotas worked which informed people when they were responsible for all household tasks such as cooking, cleaning and washing the house car.

People were supported to follow their interests and take part in activities and work opportunities that were meaningful for them. Each person had a timetable of activities from Monday to Friday, which took into consideration their abilities and preferences. People attended a day centre four days a week. The day service, operated by the Fifth Trust, was set up by the family members of people who live in four residential homes, including Family Investment (Five) Limited. The service was situated next to The Vineyard café and garden centre which are open to the public and provided people with work experience. The Vineyard and another centre offered people a variety of opportunities including horticulture, arts and crafts, pottery, woodwork, media skills and cooking.

Social care professionals said there were, "Always" things available for people to do. People told us they saved up their money throughout the year so they had enough to take part in activities and holidays at the times they wanted to. They said staff helped them to budget their money in this way. People discussed where they might like to go at residents meetings and then a poster was put up on the house noticeboard about the event. People were invited to sign their name on the poster if they wanted to take part in the trip. On the first day of our inspection everyone went out to lunch and on the second day they went to the pantomime. People told us about the various places and events they had attended. People had particularly enjoyed a spooky Halloween train ride and were looking forward to attending their works' and then their homes Christmas parties.

There were opportunities for people to develop and progress. People who worked in the café and gardening service who had the potential were able to undertake a national vocational qualification (NVQ's). One person told us they had achieved NVQ level 1 in cooking and horticulture. They used the skills they had learnt in cooking to make meals at home and continued to use their horticultural skills whilst working at The Vineyard.

One day a week people spent time in their home so they could be responsible for undertaking household activities. One person said they had just cleaned their room and bathroom. People explained there were a number of rotas in place to ensure these household tasks were divided fairly. This included hovering, cooking the evening meal, food shopping, stacking the dishwasher, clearing away and cleaning the inside or outside of the house car. People explained a separate rota had been developed for Sundays as in the absence of a rota the same people had volunteered to help out each week. They said a meeting had been

held and everyone had agreed to the Sunday rota being put into place.

People told us that important information about themselves were contained in their plan of care. Care plans contained information about people's health, social and personal care needs including their routines, likes, dislikes and preferences. There was an index at the front of each plan to make it easier for people to find the specific information they wanted. People's care needs were reviewed by staff each month. People explained that if a part of their care needs changed, a red star was written against the relevant section. Their keyworker then discussed the changes with them and they signed the information to show their agreement. One person told us that parts of their support plan in relation to how their medicines were managed had changed. Therefore, people's care needs were updated when needed and people were fully involved in changes in their support needs. Staff demonstrated they knew people's individual support needs.

People who responded better to visual rather than written information kept a folder in their room which contained photographs and pictures of things that were important to them. This included information about their family, birthdays and special events they had attended. One person had photographs of members of their family, certificates of achievement and copies of events they had attended in the last year including cinema trips, ice skating and music events. Visual information was also used to support people with their care. For example some people had clothing charts in the bedroom to help them choose the appropriate clothes to wear each day.

Each year a formal review of people's care needs was held with their care manager. Social care professionals described the reviews as, "Very person centred", as people could choose to lead the review process. People were encouraged to present information about what they had done and achieved in a verbal or written format. Staff from the day centre presented a separate report which reviewed their progress. One person read part a part of their day centre report to us as they were particularly pleased with the positive comments that had been written about them. People knew that staff made a daily record of how they spent their time. Staff read this information when they came on shift and there was also a handover. This was to ensure important information was shared and that people received consistency in how they were supported.

Details about how a person could make a complaint about the service was written in an easy-read format and displayed on the resident's noticeboard. There was a clear procedure in place detailing how to make a complaint, how it would be investigated and the findings fed back to the complainant. The registered manager encouraged open communication with people and their family members, so they could speak to her about any worries or concerns they may have. People were encouraged to bring any worries immediately to the attention of staff or to put them on the agenda at monthly resident meetings. The registered manager also kept in regular communication with people's family members and so was able to iron out any issues as and when they arose.

Is the service well-led?

Our findings

People approached the registered and deputy manager throughout the inspection, chatting, gaining reassurance and sharing jokes. People said the management team were good as they were able to do the things they wanted to. However, they also understood there were house rules they needed to follow because they shared their home with other people. The registered manager was available all week, but was based at the service for half the week as they managed another small service nearby. There was good and regular communication between the registered and deputy manager which ensured the effective management of the service. Social care professionals said the service was well led and one professional said "I cannot fault the service or the way it is managed".

The registered manager was accessible and had an open door policy where people and staff were able to talk to and have access to her throughout the day. She was supported by a deputy manager who had achieved level 5 Diploma/Qualification and Credit Framework which is a management qualification. In addition one member of care spent one day a week in an administrative role. The registered manager had received a number of compliments about their management of the home, including how they supported staff and their thoughtfulness for people and staff.

The views of people were gained via daily conversations and monthly residents meetings. People completed survey questionnaires each month on a different topic. This included their views about the food, laundry, how they were supported with their medicines, the choices they were given and domestic tasks. The results were that most people were satisfied with the current arrangements. If a person made a comment that something could be improved, a note was made of this and it was followed up. For example, one person wanted to go to church with a friend and they were given this opportunity.

Regular meetings were held with staff to share and discuss information in relation to the daily running of the service and people's welfare. Staff understood the aims of the service and were enthusiastic about their roles and responsibilities. They said that the service was a good place to work as they all worked as a team and supported one another to ensure that people received a good quality of life. Staff told us they felt valued by the service directors and each year they thanked them for their roles in supporting people and gave them a bottle of champagne.

The registered manager was supported by a board of directors and attended meetings where issues were discussed which affected the running of the service. They wrote a report about the service for each meeting. The last report updated directors that staff appraisals had been completed and about the Christmas activities that had been arranged. At each meeting an action plan was completed which detailed actions that were required, who was responsible and they were signed off when completed. Board members were made up of family members of people who lived at the service and therefore had a strong commitment to ensuring the service operated to the benefit of the people who used it.

There were systems in place to oversee the quality of the service. Regular audits were made of all aspects of people's care and treatment including fire checks, care plans and associated risk assessments, staff

supervision and training, medicines, first aid boxes, health and safety and infection control. A director of the service visited each month to monitor the quality of the service in the domains of safe, effective, caring, responsive and well-led. This included the safety of the environment, compliance with the Mental Capacity Act, if staff were caring and any complaints. Any shortfalls identified were actioned by the registered manager and checked by the provider. The last visit did not identify any shortfalls, but highlighted some general maintenance of the building that was required.