Jiva Healthcare Limited

Cornfield House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Cornfield House is registered to provide support and accommodation for up to 19 adults living with or recovering from mental health illness. The service caters for people with low physical dependency who need minimal support and supervision to live safely in the community. Cornfield House is located in residential area within walking distance of Seaford town centre. People living in the service were older adults who had lived with mental health illness for most of their lives.

The service had a registered manager in place. 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.

Cornfield House was inspected in October 2015. We found the provider was in breach of a regulation12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were required to ensure all environmental risks were identified and responded to. That recruitment practices ensured only those staff suitable worked in the service. Staffing levels were set according to people's needs and medicine records supported staff to give medicines safely.

This inspection took place 13 and 19 January 2017 and was unannounced. At the time of this inspection, 14 people were living in the home. This was a full comprehensive inspection to see what improvements the provider had made to ensure they had met regulatory requirements. We found improvements had been made. Recruitment practice was comprehensive and ensured all required checks were completed on new staff. Medicine records were clear and accurate and supported safe administration. The staffing levels had been formally reviewed in conjunction with social care professionals. Risks associated with hot water and legionella had been assessed.

Despite significant improvements the provider had not identified, assessed and responded to all risks in the service. The service was not clean in some areas that could pose a risk for cross infection and the spreading of infections between people. Some risks to safety had not been identified and responded to, including a trip hazard. Although staffing levels had been reviewed staffing at night did not ensure people could be evacuated in case of an emergency. The registered manager was following this safety matter up with the fire and rescue service.

Systems for effective management had not been fully established. Management systems that included quality monitoring did not always ensure safe and best practice was followed. A full health and safety review of the service had not been completed. This would identify all risks or areas for improvement to ensure people's care needs could be met within the service in a safe way. The provider had not established systems to ensure the service's policies and procedures were all up to date and adhered to. For example, the legionella policy and procedure was not followed. .

People were looked after by staff who knew and understood their individual needs well. Staff treated people with kindness and compassion and supported them to maintain their independence and psychological welfare. People's dignity was protected and staff were respectful. All feedback received from people and their relatives was positive about the care, the atmosphere in the service, and the approach of the staff. Visiting professionals were positive about the care and support provided. They told us staff worked with them to improve people's health and emotional well-being.

People's medicines were stored, administered and disposed of safely by staff that were suitably trained. People were protected from the risk of abuse because staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff were trained on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty and knew the correct procedures to follow in order to protect people's rights.

Staff were provided with a training programme which supported them to meet people's needs. . Staff felt well supported and on call arrangements ensured suitable management cover. Staff were motivated and worked well together and were engaged with developing and improving the service.

People had the opportunity to take part in any activity that they wanted to. The provider made sure they took people's choices and preferences into account. Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships.

People had enough to eat and drink and their nutritional needs were well assessed and monitored when needed. People enjoyed a range of nutritious food and drink throughout the day and were able to help themselves to drinks and snacks. Staff related to people as individuals and took an interest in what was important to them.

There was an open culture in the service the registered manager listened to the views of people and staff. There was an open culture in the service with the registered and manager and provider being visible and approachable. Staff enjoyed working at the home and felt supported. Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider had not ensured the service had suitable environmental risk assessments and measures put in place to ensure people's safety in all areas.

Recruitment practices ensured all the required checks on staff had been completed before they worked unsupervised. There were enough staff to meet people's care needs.

Staff were able to recognise different types of abuse and understood the procedures to be followed to report any an allegation or suspicion of abuse to protect people.

Medicines were stored appropriately and there were systems in place to manage medicines safely.

Is the service effective?

Good

The service was effective.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff ensured people had access to healthcare professionals, as and when they needed them.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

People's nutritional needs were met. People were consulted about their food preferences and were given choices to select from.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them

well and treated them as individuals.

People and relatives were positive about the care and support provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People received care and support that was responsive to their needs and staff knew them well.

People were able to make individual and everyday choices and staff supported people to do this.

People had the opportunity to engage in a choice of activity and staff supported people to spend time doing what they liked to do.

People said they would make a complaint if they needed to and complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems that included ensuring the service's policies and procedures were followed and embedded into everyday practice were not in place.

The registered manager and deputy manager were seen as approachable and supportive. The culture in the home was open and relaxed.

People and staff were consulted about the service and information gained was used to improve the service.

Cornfield 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 19 January 2017 and was unannounced. This was undertaken by an 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. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we spoke with the local authority who commissioned care for people living in the service. During the inspection we were able to talk with four people who use the service and six staff members, including the registered manager. After the inspection we spoke with two relatives and received feedback from two visiting health care professionals including a GP and a psychiatrist.

We spent time observing staff providing support to people in areas throughout the home and had lunch with people in the dining room. We reviewed a variety of documents which included three people's care plans and associated risk and individual need assessments. This included 'pathway tracking' three people living at the service. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at three staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People felt they were safe living at Cornfield House. They told us staff were available when needed and provided the care and support they wanted. People trusted the staff and felt relaxed and safe in their company. Relatives told us they knew people were safe and well cared for at Cornfield House. Visiting health professionals were positive about the standard of care provided and said staff communicated well with them which helped to ensure people received safe and timely care. They told us any incidents between people were dealt with appropriately to ensure people were safe.

At our last inspection in October 2015 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured the suitability of all staff working in the service unsupervised. People's medicine records did not make sure safe and best practice was followed when staff administered medicines. The provider had not ensured all environmental risks had been identified and responded to appropriately and staffing levels had not been reviewed and assessed to ensure appropriate levels were maintained.

At this inspection we found significant improvements had been made and the provider was meeting the requirements of Regulation12. Records relating to medicines had improved and recruitment practice now ensured the required checks were undertaken. The staffing provision within the service had been reviewed and checks on hot water were being completed along with an external check on the water supply for Legionella. Despite these improvements we found further improvements were required to ensure safe and best practice was embedded into every day practice and maintained.

Since the last inspection staffing numbers had been reviewed with the local authority taking into account each person's individual need. The staffing levels during the day ensured staff were available to support people. There was one staff member working at night. Although there was an on call arrangement in place to summon additional staff if needed, the lack of staff present in the building meant it would not be possible to evacuate the service quickly and safely. This was identified as an area for review and improvement and the registered manager agreed to contact the local fire and rescue service for further advice and review of fire risk assessments.

During the inspection we found the cleaning in some areas required improvement. For example, the dining room had a dirty floor in one area, the laundry was very dusty and one communal toilet had a dirty floor. Cleaning schedules were not used and care staff were responsible for the cleaning within the service. Daily environmental risk assessments were undertaken by staff and any identified risks and maintenance issues were recorded in order for them to be addressed by the maintenance person. However, the environmental risk assessments completed had not ensured all areas of risk within the service had been assessed. For example we found a trip hazard, extractor fans that did not work and a hot radiator that was not guarded that people could fall against and burn themselves. The poor cleaning and lack of though environmental risk assessment was identified to the registered manager as areas for improvement.

The registered manager was aware that a full environmental risk assessment was needed along with a

review of the facilities. This was to take into account the on-going suitability in meeting people's needs as they increased and ensuring their safety. They had discussed this assessment with the provider and it was documented within management meetings for progression. Other areas of risk management in the service were well managed. Staff assessed risks associated with people's health needs and responded to them. These assessments were completed routinely and in response to identified risks. For example, one person with swallowing problems had been assessed by a speech and language therapist. Associated risks had been recorded within a risk assessment with guidelines for staff to follow on diet and eating.

Staff received training on safeguarding adults and understood clearly their individual responsibilities to safeguard people. Staff were able to talk about the steps they would take to respond to any allegation of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately. Ways of keeping people safe was discussed at meetings and incorporated within individual risk assessment documentation. Staff knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice. The registered manager and deputy manager had worked closely with the local authority over recent months on safeguarding matters. They had responded to allegations of abuse appropriately and had put measures in place to protect people.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. Checks included application forms and interview notes, confirmation of identity, references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. The recruitment process was co-ordinated and reviewed by the registered manager and deputy manager with a focus on recruiting staff that were not only suitable but committed to the identified role.

Medicines were managed safely. People received their medicines when they needed them. Staff gave medicines on an individual basis and completed the medicines administration records (MAR) chart once the medicine had been administered safely. Medicines were stored safely within the office in a designated trolley, the keys to this trolley were held by the staff who had undertaken additional training to administer medicines. Checks were maintained on the temperature of areas where medicines were stored. The supplying pharmacist undertook an audit of the medicine management in the home and provided staff training to support the safe process.

Some people were on variable dose medicines, and medicines that needed to be given at specific times and to certain levels, and these were well managed. For example, some people had medicines that needed to be monitored with blood tests. These were accurately reflected within care records and we found medicines were given in accordance with prescription and any changing requirements.

Good

Is the service effective?

Our findings

People told us staff knew how to look after them and were considerate in their approach. People told us, "Staff are all very good." They told us they were not restricted and able to do much as they wanted. People were well cared for and had any health care need responded to quickly and effectively. One person told us how staff had supported them when they had dental problems and praised the staff who they said, "reacted promptly to their health need." Relatives told us staff were skilled and motivated and worked hard to promote people's overall welfare. Visiting professionals were positive about the skills of staff and how they responded to people's individual needs.

Staff understood their roles and responsibilities and had the skills, knowledge and experience to support people. The roles and responsibilities of staff had been reviewed and a clear structure had been established within the care workers team. Senior staff had been given additional responsibilities and key working had been established. This enabled staff to provide more individualised care. These changes had been supported with the recruitment of senior staff with additional skills and further training for staff including person centred care, risk assessment, objective report writing, working with challenging behaviour, autism and mental health awareness. This training was in addition to essential training that was undertaken by staff routinely which included training on fire, health and safety and food hygiene.

New staff undertook an induction programme that included working alongside senior staff in a shadowing role and the completion of essential training and competency assessments. The induction programme covered the 'common induction' standards and staff new to the care sector completed the 'care certificate framework' which were both based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. New staff experienced an effective induction programme and told us "There is always someone to ask and explain things to you. I have been given enough time to understand the individual needs of people."

Staff training was co-ordinated and reviewed by the registered manager and deputy manager who monitored the training schedule to ensure all staff completed relevant training as required. Supervision sessions for staff were held regularly and used to support and review staff training and staff development. Staff told us that they felt very well supported and had the opportunity to develop their knowledge and skills and had senior staff to mentor them. Additional training was available and resourced by the provider. For example, the registered manager was undertaking a management course and one staff member confirmed that the provider was going to support them completing a diploma in health and social care.

Staff had completed training on the Mental Capacity Act (MCA) and Dolls. The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Relevant guidelines were available in the service and had been followed in the past to safeguard people's rights. For example, appropriate representation was made for one person who lacked full understanding/awareness of the implications to

ensure a surgical procedure was only completed in this person's best interest. Staff also understood the principle of gaining consent before any care or support was provided and this practice was embedded into every day practice.

People were supported to have enough to eat and drink. People gave us positive feedback about food and told us they had what they wanted to eat and drink. People said "The food is very good" and "I have no complaints about the food." A relative told us "She loves the food there, she looks forward to it, it's all home cooked." People could eat their meals where they wanted to with most people eating in the dining area. People were able to sit where they wanted in the dining room but normally had a seating area that they preferred. Staff were available and supported people if they needed assistance, but encouraged people to eat independently and at the speed that suited them. For example, checking if people needed any support and offering something different to eat or extra portions. People made themselves drinks and had snacks from the kitchen when they wanted.

A varied and nutritious menu was provided with individual preferences and needs being responded to. Staff were knowledgeable about special diets required by people which included vegetarian and people living with diabetes. Risk assessments were used to provide guidelines to staff when people needed close monitoring or additional support to make sure they ate enough. For example, people who had difficulty swallowing had their meals provided in a consistency recommended by the SALT. This ensured meals eaten were not only nutritious but safe. In addition, staff were available at mealtimes to monitor and assist people who may have a problem with swallowing.

People were supported to maintain good health and received on-going healthcare support. People were supported to either attend health appointments on their own or by staff, depending on their needs and wishes. Staff had regular contact with the community health care professionals including the GP and members of the community mental health team. There was evidence that staff worked in conjunction with health professionals to benefit outcomes for people. One professional told us "They always contact us appropriately and we work together, they respond to all our recommendations."

Good

Is the service caring?

Our findings

People were supported by staff who were kind, compassionate and caring. Feedback from people about staff was very positive. They told us staff understood them, were friendly in their approach and promoted a warm home like environment. People felt they were cared about and told us they had good relationships with staff. One person said, "Staff help me with brushing my hair and tidying my room, they are very nice." Another said, "I really like the staff here." Relatives confirmed a high satisfaction with the staff and their approach. Comments included, "I cannot fault the staff" and "They are always so very friendly." Visiting professionals were positive about the caring and sensitive approach of staff and how they responded to people's individual needs.

Staff were attentive to people and used positive encouragement to promote independence. Maintaining people's independence was important to people and promoted self-control over their own life's. One relative told us "Staff encourage my mother to look after herself." Staff approached people in a friendly and happy way and encouraged conversations asking how people were and what they were going to do. Staff showed a genuine interest in people and what they were saying. For example, when one person returned from lunch with a relative staff greeted them and asked with interest about their lunch and how their relative was.

Staff had a good knowledge and understanding of the people they supported. Most had known each other for over five years and new staff were given time to know people as individuals. People chose how they wished to be addressed and this was recorded and known by staff. Staff recognised and understood what could upset people and took action to ensure this risk was reduced. For example, one person did not like being approached by unknown males and this was identified to the inspection team at the beginning of the inspection process.

Each person had a named keyworker. A key worker is a designated member of staff with special responsibilities for making sure that a person has what they need and takes a specific interest in their individual care and support needs. People were matched to a keyworker who knew them well and worked with them in a positive relationship. The keyworker met with people regularly in a private meeting. These were planned with appointments and were held where ever the person wished and felt comfortable. The keyworker system helped promote an individualised person centred approach that took account of people's choices. For example, being able to choose the gender of staff providing support.

People's privacy and dignity was promoted. People's bedrooms were seen as people's own personal area and staff respected this, only entering with permission. Each room had a lock and people used this when wanting to secure their own room when leaving it. People received consultations with professionals in private and visitors were supported to see people where they both wanted to. A consultation process has started on the provision of locked cabinets in each person's room that could hold medicines. This would allow people to be supported with any medicines in the privacy of their own room. People's rooms were individual and reflected people's individual preference. For example one room was decorated in a bright colour that a person had wanted and chosen for themselves.

Staff promoted a relaxed atmosphere where people could feel comfortable and not embarrassed about any disability or need. Staff understood the importance of an individual and caring approach and understood the key principles of dignity. For example, a relative described how staff responded to their relative at night when they had 'accidents'. "They never make them feel uncomfortable or a nuisance". Staff received training on equality and diversity. This helped to make sure staff respected the views, lifestyle choices and cultural needs of people as well as supporting personal choice. Staff put this training into practice and one staff member said, "Staff have total respect for people. They are valued and listened to. Whatever we do, it is done for residents who are treated as a family member."

Peoples views on their care and how the service was run were taken into account and staff used a variety of resources to do this. This included 'house meetings'. These were used to share information and to gain people's views on topics and for people to raise any issue that wanted to. For example, the last meeting advised people of changes in the keyworker system and what they could expect from this. It confirmed a discussion on proposed changes to meal times and people's thoughts on a pet for the service. Staff were committed on ensuring everyone was able to make their views known. For example, during a recent meeting an interpreter was used to ensure one person had their view sought in their first language, which was not English.

Staff understood the importance of maintaining people's confidentiality and to maintain professional boundaries. They received regular training on both and were supported by appropriate policies and procedures. Records were kept securely within locked cabinets and people were able to access them if they wanted to.

Good

Is the service responsive?

Our findings

People experienced care which was focussed on them as an individual and that took account of their choices and preferences. Everyone was treated in a person centred way that promoted their individuality. People said they could do as they wished and were able to spend time where and with whom they wanted. This was important to people who did not want to socialise and preferred to spend time in their own company. Some people chose to start their days later and they were able to have their breakfast when they wanted. The routines in the service were flexible to allow people to have choice. This ensured people retained control over their lives and managed their own time whenever possible.

The care documentation had been reviewed and updated over the last year. The support plans and risk assessments reflected up to date information on each person and focussed on supporting them in an individual way according to their needs and wishes. It addressed not only their health needs but their emotional and well fare as well. People were encouraged to be as involved as possible in their risk assessment and support planning process and with any subsequent reviews completed with staff or social worker. They provided staff with guidelines on supporting people in a safe and person centred way. For example, one person could exhibit emotional distress staff were given clear instruction on what to say to this person to relieve their anxiety. An 'About me' profile for each person was also being written and this provided a snapshot of their likes, dislikes, how they wish to be addressed and a description of their support, care, hobbies and interests.

Staff were updated about people's changing needs and choices at the daily handover between staff when they changed shift. A communication diary and shift schedule was also used to ensure key messages were passed on to all relevant staff. This included any planned appointments so people could be reminded. The focus of Cornfield House was to provide a home to people and for people to treat the service as a home. Staff were very mindful that any potential new admission to the service needed to be compatible with other people already living there. Staff were careful to assess and monitor this during the admission process.

The new key worker system was an integral part of ensuring an individualised approach to care and support and fed directly into the support planning and risk assessment process. During the key worker meetings people and staff talk about on–going support and care and explored opportunities to improve activities that included interests and hobbies that people could undertake. These were then recorded within the support plans as a goal to improve people's overall well-being, sense of achievement and involvement. For example, one person wanted to use public transport more and had identified this as a goal. Once this had been achieved the keyworker had agreed they would both attend a sporting event together using public transport.

People were able to leave the service and visit the local shops and cafes. People told that they were not bored and had things to do that occupied their day. One person said "When I am bored of my room I just go to living room, watch TV and speak to other people here." Some people preferred company when outside the service and when staff were available they supported people to get out and about. Within the service people followed their own interests and contribute to the household chores. For example, one person liked

to watch the horse racing and people were taking their turn in doing the washing up. The service had and activities person who worked alongside staff to support individual and group activity. This had included an exercise group and a cooking group. Motivating people to engage in different activity was a challenge to staff and the registered manager has recognised this as an area for further development. They had discussed further funding to allow each person to have a specified number of staff hours a day which they were able to utilise in any way that they choose, with the aim of encouraging people use community facilities with staff support on a daily basis. The registered manager had already recruited additional staff who could provide flexible hours to achieve this.

People were supported to maintain contact with family and friends and staff understood this was important to them and their relatives. Visiting was not restricted and visitors told us they were always warmly welcomed by staff who knew who they were. One person said, "My sister and my mum visit me normally on the same day of the week and sometimes I receive a visit as a surprise."

People told us they had no complaints but would raise one if they needed to. They believed complaints would be dealt with appropriately and that they would be listened to. Records confirmed that people were supported to raise complaints and when complaints were raised they were resolved appropriately. For example one person made a complaint about another person living in the service. The registered manager worked with both to resolve the complaint. The service has a complaints and feedback policy and staff encourage people and families to let them know if there are any concerns or complaints.

Requires Improvement

Is the service well-led?

Our findings

People told us they were happy living at Cornfield House and felt the home was well managed. People said they were listened to and could talk to all the staff about anything. They knew who was managing the service and referenced the deputy and registered manager. Relatives were confident in the management of the service and told us they were approachable and available. One relative said, "They make time for you if you want to discuss something." Visiting professionals were also positive about how the service was run. They said people's needs were met within a friendly caring environment.

Whilst all feedback about the management was positive we found the leadership of the service was not consistent in all areas. Management systems that included quality monitoring did not always ensure safe and best practice was followed. The provider had not established systems to help that identify and respond to all risks throughout the service. We found a number of risks to people that had not been identified and responded to. This included a trip hazard and a radiator that had a hot surface accessible for people to fall against. There had not been a full health and safety review of the service to identify all risks or areas for improvement to ensure people's care needs could be met within the service. There had not been an infection control audit completed and infection control risks were identified including unclean surfaces and surfaces that could not be cleaned effectively within the laundry area.

The provider had not established systems to ensure the service's policies and procedures were all up to date and adhered to. For example, the legionella policy and procedure was not adhered to. The water had been tested but other processes that included the cleaning of shower heads and flushing through the water in unused taps was not completed. These areas were raised with the registered manager for improvement and demonstrated quality systems and the service's policies and procedures had not been fully embedded into practice.

There was a clear management structure in place at Cornfield House that staff were familiar with. The registered manger was currently undertaking a diploma in management and leadership to gain additional skills. Staff were aware of the line of accountability and who to contact in the event of any emergency. The on call arrangements included cover from other managers within the same organisation when necessary. However most of the support was provided by the registered and deputy manager who both lived locally and demonstrated a commitment to the service, people who lived there and the staff. They worked effectively together, shared the management tasks and demonstrated the professional approach they expected from staff.

Staff said they felt well supported within their roles and said they could talk to the registered manager and deputy manager at any time. Staff and people were very comfortable and relaxed with them and approached them freely. The registered manager fostered an open, relaxed rapport at all levels and encouraged regular dialogue with staff to promote an inclusive work force. Staff were consulted about the service and how care and support was delivered both formally and informally through group and individual meetings including supervision. Staff knew how to raise concerns and were aware of the whistleblowing procedure and said they would use it if they needed to. Staff were developed through training and the

promotion of a learning environment was supported by the registered manager and provider.

The registered manager was aware that areas of the service needed development and worked with the provider on a programme for improvement. For example, a schedule for general redecoration and furniture replacement was being established. Feedback from external organisations including the CQC, and the local authority were responded to and used to plan improvements. The management had also commenced an external quality management assurance process.

The registered manager encouraged people and their relatives to provide feedback on all aspects of the service and to be involved with the running. This included the use of annual satisfaction surveys to canvass views of people and other stakeholders, complaints, house meetings and informal discussions. The provider visited the service twice a week and met with people and their visitors to gain their views. People had been involved in developing interview questions for new staff recruitment this year and the registered manager planned to build on this with further involvement with the recruitment process in the future.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.