

Middlesbrough Borough Council

22 Levick Court

Inspection report

Cambridge Road,
Linthorpe
Middlesbrough
TS55JR
Tel: 01642727940

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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

We inspected 22 Levick Court on 28 October and 13 November 2015. This was an unannounced inspection on the first day which meant that the staff and registered provider did not know that we would be visiting. We did announce the second day of inspection.

22 Levick Court can accommodate a maximum number of 16 people who have a learning disability. The service is situated in a residential area of Linthorpe in Middlesbrough. The service is divided into two units, one for people requiring residential care the other for people requiring respite care. There are communal lounges,

dining areas, bathrooms and toilets on both floors. Bedrooms are for single occupancy and contain ensuite facilities which consist of a toilet, sink and shower or a bath.

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.

Summary of findings

The registered manager was on leave on the first day of inspection however an experienced senior residential social worker was able to assist us. The registered manager met with us on the second day of inspection.

People told us they felt safe. There were policies and procedures in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with told us how they keep people safe and were able to explain the whistleblowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

Risk assessments were in place for people and they had been personalised to each individual and covered areas such as going out in the community, use of public transport, choking, health and behaviour that challenged. This helped staff to have the guidance to manage the risks to people and to keep them safe.

We saw that staff had received supervision and appraisal, however this was not on a regular basis.

People told us there were always sufficient staff on duty to meet their needs. Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood and had received training in the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

There were appropriate systems in place for the storage, administration and management of medicines so that people received their medicines safely.

We saw positive and caring interactions between people and staff. We saw that staff treated people with dignity and respect. People told us they felt cared for and were looked after. We spoke to staff who demonstrated that they knew the individual needs of people well. We saw staff being responsive to people's needs.

We saw that people were provided with a good choice of healthy food and drinks which helped to ensure that their nutritional needs were met. Alternatives were offered if people did not like what was on the menu. The menu was displayed daily on a chalkboard in the dining room.

People were supported to maintain good health and had access to a variety of healthcare professionals and services. People were supported and encouraged to have regular health checks. People told us that staff or their relatives accompanied them to these appointments if needed. We saw that people had hospital passports. A hospital passport is a document sent with the person on admission to hospital. The hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health.

We looked at people's care plans and saw they were very person centred and written in a way that we could see the person had been involved in putting them together. They explained the support and care the person needed and also their likes and dislikes and how they liked to spend their day from start to finish. These were regularly reviewed, evaluated, and updated.

People had many and varied hobbies and interests which were individual to them or some were group activities. We saw that there were also outings arranged and that people who used the service went on holidays at home and abroad. We saw and were told that where it was needed staff supported people to access activities within the community.

We saw that the service had a policy and procedure for responding to people's concerns and complaints. However, the complaints procedure was not in easy read format but there was a nominated member of staff working on this. People were regularly asked for feedback verbally, in residents meetings and through questionnaires. We saw there was a keyworker system in place which helped to make sure people's care and welfare needs were looked after by a named individual. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

There were systems in place to monitor and improve the quality of the service provided, however this needed to be developed further. We saw there were audits carried

Summary of findings

out by both the registered manager and senior staff within the service however we did not see a record of provider visits or action plans. We saw that the views of the people using the service were regularly sought and changes made based on their feedback.

People and staff told us that the registered manager had an open door policy and that the culture was open and inclusive. People, staff and relatives spoke very favourably of the registered manager.

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.

Staff we spoke with could explain the different kinds of abuse and the action they would take if they witnessed abuse to ensure people's safety. This meant there were systems in place to protect people from the risk of harm and abuse.

Records of recruitment checks showed that a robust system was in place to ensure suitable staff were recruited to work with people who lived at the service.

Staffing levels were sufficient to meet the needs of the people who used the service.

Medicines were stored and administered in a safe manner.

Good



Is the service effective?

The service was effective.

Although staff received training and development, supervision was not as regular as it should be and in accordance with the registered provider's own policy. However, staff felt supported by the registered manager. This helped to ensure staff were competent and had the knowledge and skills to care for people.

People were supported to make choices in relation to their food and drink. People were weighed and had nutritional assessments.

People had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff knew people well and were able to describe the likes, dislikes and preferences of people who used the service. Support and care was individualised to meet people's needs.

People had access to advocacy service when needed.

Good



Is the service responsive?

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities of their choice inside and outside in the community. People were supported and encouraged with their hobbies and interests.

People told us that they would tell the registered manager and staff if they had any concerns.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager had an open door policy and that the culture within the service was inclusive. Staff said that they got the support they needed to care for people.

People were regularly asked for their views and suggestions and these were acted upon. Some quality assurance systems were in place however we did not see evidence of registered provider visits.

22 Levick Court

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 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.

We inspected the service on 28 October and 13 November 2015. The first day of inspection was unannounced and the second day was announced. This meant that the staff and registered provider did not know we would be visiting on the first day. The inspection team consisted of one social care inspection manager.

The registered provider was not asked 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.

Before the inspection we reviewed all the information we held about the service.

We asked the local contracts and commissioning authority for feedback about the service. Following the inspection visit we spoke to two relatives of people who used the service.

At the time of our inspection visit there were nine people who used the service. We spent time with seven people on the residential unit, two people on the respite unit had complex needs and needed to be alone in a quiet environment. Four people were going out to day services but returned in the afternoon. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some people showed us their bedrooms.

During the first visit we spoke with the assistant manager, a senior support worker and four support workers. On the second visit we spoke to the registered manager.

During the inspection visit we reviewed a range of records. This included two people's care records, and medication records. We also looked at three staff files, staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "Yes I am safe." Another person said, "I feel safe I just do." One relative we spoke to said, "I do know [name of person] is safe, if I didn't know they were I wouldn't send them there."

The registered manager had an open culture whereby people and staff told us they were comfortable to share any concerns in relation to safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained and they were able to describe to us the different types of abuse and what they would do if they witnessed abuse. One member of staff said, "I have never had to but if I needed to I would go straight to the manager." A recent safeguarding incident had been appropriately reported and was still in the process of being dealt with.

We looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. The service had a complaints and whistleblowing policy. Staff we spoke with told us that they felt they were listened to and that they felt able to raise issues or concerns with the registered manager.

Staff told us that they had completed safeguarding training within the last 12 months. We saw records to confirm that this was the case.

We looked at the care records of two people. We saw that risk assessments were in place to protect people and to reduce the risk whilst still enabling people to enjoy their independence and protect their rights. Risk assessments were personalised for the individual. For example, people had risk assessments for going out into the community, road awareness, using public transport. Risk assessments were reviewed on a monthly basis. This meant that staff had the guidance they needed to help keep people safe.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits. We looked at records which confirmed that checks of

the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We saw that fire alarms were tested weekly. We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service and were held in both the individuals file and in a central file which would be given to emergency services in the case of a fire. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency.

We looked at accidents and incidents records. We saw that records were available on the appropriate documentation and where action was needed this was recorded thereby preventing the risk of reoccurrence.

The majority of staff including the registered manager had worked in the service a number of years. We saw that one new member of care staff were due to start working at the service. We saw on the staff rota that this person had been added for one month as supernumerary so that they could shadow more experienced staff on a variety of shifts including night duty. We looked at the file for this staff member and saw that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We looked at how the service ensured they had safe staffing levels. During our visit we saw the staff rota for four weeks. This showed that generally during the day and evening there were at least four staff on duty but sometimes this could be up to six if dependency was higher. Overnight there were two members of staff on duty. The assistant manager told us that staffing levels were flexible, and could be altered according to need. We saw the dependency tool that was a tool used to determine a score for each person depending on what their needs were.

Is the service safe?

This would then be considered when determining how many staff were needed. Staffing levels were also determined based on how many people were expected to visit the home for respite care in any given week.

People who used the service confirmed that staff were available should they need them through the night. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. One person we spoke to said, "We go all over staff take us to the shops, to Middlesbrough and Coulby Newham." Four people who used the service were out at day centres during our visit which left two people on the respite unit and three people on the residential unit. There were four staff on duty on the morning of our visit. Staff told us that staffing levels were sufficient to meet the needs of the people using the service. Staff told us that the staff team worked well and that there were arrangements for cover if needed in the event of sickness or emergency. The service also employed a laundry assistant, two cooks, a kitchen assistant and two domestic staff.

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

The service had a medication policy in place, which staff understood and followed. We checked peoples' Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. One person told us, "The staff make sure I take my pills and they are always on time." We saw there were regular management checks to audit safe practices in relation to medicines. We were told that it is usually the senior staff that administer medication, but more junior staff who had completed the training are often taken on a medication round to shadow and keep up their competency. Staff responsible for administering medication had all received medication training. This showed us there were systems in place to ensure medicines were managed safely.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff looked after them well and knew what they were doing. One relative said, “The staff are great couldn’t ask for better.”

We asked staff to tell us about the training they had completed at the service. We spoke with one member of staff who told us they had completed food hygiene, first aid, fire, moving and handling and violence and aggression amongst others.

Other staff we spoke with told us that there was a sufficient supply of training. They told us they had received training in, mental capacity, fire safety, infection control, deprivation of liberty safeguards amongst others. A lot of the training was delivered via e-learning from Gateway however this had now discontinued and the registered manager told us that the council were in the process of setting up their own system. Gateway was a system of e-learning where the person had to achieve a score to pass and if they did not achieve that score then the registered manager told us they would then be directed to complete extra training. This helped to ensure that staff were trained and competent to meet the needs of the people who used the service.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place over the last 12 months however this was not always on a regular basis. We spoke to one member of staff who acknowledged this and said that they were putting steps in place to ensure that staff would receive more regular supervision. A staff member we spoke with said, “We are supported 100 percent everyone works as a team together.”

Staff we spoke with told us that they had completed training in the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any

made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff we spoke with told us that they had completed training in the Mental Capacity Act (MCA) 2005. Staff understood how to gain people’s consent and we saw records in care plans of best interest decisions where the least restrictive option was taken.

At the time of the inspection the service had submitted eight Deprivation of Liberty Safeguards (DOLS) applications to the local authority who are the supervisory body. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had made applications to the appropriate body to seek authorisation and were awaiting the outcomes.

Staff and people who used the service told us that they choices about the food that they ate. One person told us that they were trying to lose weight and had been attending a slimming club, but didn’t like it so stopped. The person told us they are planning their meals with the staff at the service now to try and lose weight and they asked the kitchen assistant to show us their plate for lunch which was chicken and broccoli dinner. Staff told us they were trying to help this person to lose weight but did not want them to be treated differently to other people so tried just smaller portions. Another person told us, “The food is lovely I like pizzas and stir fries we get lots of choice.”

We observed both the lunchtime and teatime meals at the service. The staff had their meals with the people who used the service and this was a very relaxed experience with lots of chatter, laughter and singing going on. We observed one person who approached the kitchen hatch at teatime and told the kitchen assistant they did not like the tea which was homemade macaroni cheese and garlic bread followed by a strawberry mousse. The kitchen assistant offered the person a range of alternatives such as scrambled eggs, spaghetti on toast and they decided on cheese and tomato toastie which was promptly made and served with some crisps.

We looked at the five week menus and saw that a healthy diet was encouraged and provided and an alternative was

Is the service effective?

always available. Examples of meals were, sausage casserole with mash and vegetables, fish and chips with mushy peas and beef dinner. A variety of cakes, tarts, mousses and fruit were available for deserts. People told us they sometimes had a themed evening and enjoyed foods such as chinese, mexican, american. People also told us they sometimes went out to the pub for a meal.

We saw that people were supplied with hot and cold drinks during the inspection.

We saw in care plans that the Malnutrition Universal Screening tool (MUST) was being used to complete nutritional screening for people.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The staff told us that they had

good links with the doctors and district nursing service. They told us that if someone was unwell and they could not get a doctors appointment they would take them to the walk in centre. Relatives we spoke to confirmed this. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital and doctors appointments. We saw people had been supported to make decisions about their health checks. We saw that people had hospital passports. Hospital passports are documents that go to hospital with the person and were designed to give hospital staff information about the person. This included information about the persons health and their likes and dislikes. This meant that hospital staff were able to care for the person in the best way.

Is the service caring?

Our findings

People we spoke with during the inspection told us that they were well cared for by staff. One person said, “Yes they look after us all the time.” Another person said, “They’re all very nice and helpful.” One of the relatives we spoke to said, “Absolutely brilliant staff spot on.” Another relative said, “Fabulous couldn’t be better.”

During the inspection we spent time in the dining area observing staff and people who used the service. On the day of the inspection there was a cheerful, calm and relaxed atmosphere with lots of laughter, singing and interaction. Throughout the day we saw staff interacting with people in a very caring and friendly way. During the day we observed people returning from a coffee morning and they were keen to show staff and inspectors jewellery, videos and books they had purchased. One person returned from a day centre and approached staff to give them a hug and staff responded by hugging them back. Another person told us their pet names for all the staff and spoke fondly of them. Another person told us that they had a relationship with another person who used the service and they were enabled to spend time together and watch movies and enjoy a bottle of wine. This meant that people were encouraged and enabled to have caring relationships with staff and others.

We saw that people were treated with dignity and respect. Staff interacted well with people and were responsive and attentive. We saw people being given reassurance when needed. One person wanted to talk to us but they told staff they were nervous so the member of staff offered to sit with them which they did and eventually the person told the staff member they could leave as they felt comfortable. This showed that staff were caring. Staff told us how they protected people’s privacy and dignity. For example, they told us that they would always knock on a person’s door then pop their head in and let the person know they were there before entering the room. One person told us that they were assisted with showering but once in the shower

safely staff would allow them privacy until they were ready to be assisted to get out again. This meant that staff were respectful and protected people’s dignity whilst still being attentive to their needs.

The registered manager and staff that we spoke with showed compassion for people and demonstrated that they knew people very well. They told us about people’s likes and dislikes and how they manage these. For example, one person who visited the service for respite care in the past was enabled to come into the service and work on the reception helping staff to answer the phones and they told us, “I am on door duty too.”

We saw that people moved freely around the service and could choose where to sit and spend their recreational time. Four people went out to day services on the day of the inspection. The service was spacious and people spent time in the dining area, at the reception area with staff and in their rooms when they wanted to. One person left the dining area and returned to show us some fluffy animals from their room. This meant that people received care and support in the way that they wanted to and were free to decide where they wanted to be and what they wanted to do. One relative we spoke to said that they felt the building was quite clinical and would maybe benefit from being split into four units rather than two to make it more homely.

We saw that people were encouraged and enabled to be as independent as possible. One person liked to help setting the tables at mealtimes and staff encouraged this. People were encouraged and supported to go to the coffee morning that was taking place during the inspection. Staff were aware of the process and action to take should an advocate be needed. An advocate is a person independent of the NHS and social services. They would help a person in getting information or going to meetings in a supportive role and making sure the person had the right support to make decisions about their own lives whilst securing their rights.

Is the service responsive?

Our findings

Staff and people told us that lots of activities and outings/holidays take place at the service. One person said, "I go out to town with staff." Another person said, "I have been on holiday to Jersey, Florida, Blackpool and Butlins."

People told us that they were looking forward to a Halloween party that was arranged that weekend. The dining room was full of Halloween decorations and pictures, inflatables. There was a poster up on the wall advertising the Halloween party to be held on 31st October. The service does not employ an individual as an activities co-ordinator, this element is expected of all care staff we just have one or two who go the extra mile and enjoy this particular aspect of the role so we play to the strengths of those individual staff members. People told us the activities person had decorated the room with them. Another person asked us where the best place was to get a Halloween costume as they wanted to dress as a vampire for the party.

Staff told us that the activities person did a variety of activities with people such as dominoes picture cards and big skittles. They told us and people confirmed that they also did activities on an individual basis such as painting nails and doing hair.

One person told us that they liked to spend time reading comic magazines and the bible. They also said they enjoyed watching Harry Potter movies and had been to London to Harry Potter World. People spoke enthusiastically about the cinema room on the upstairs unit which they used for watching movies and enjoying popcorn, crisps and sweets. We visited this room and we saw there was a large screen television and selection of movies and large leather sofas, which people told us they could relax in while watching movies with the staff. People told us they had themed nights when they would colour in the flags of the country and have a meal to match the country. We were also shown a sensory room on the upstairs unit which had soft cushions and seating and bubble tubes and various lighting. Staff told us that people used this room to relax in and also if people presented with challenging behaviour this was an area that could help to calm the person. We witnessed staff taking a person to this area following a mealtime to relax.

People told us they went on a regular basis to a variety of day services and on an evening people went to social clubs where one person told us they enjoyed line dancing which the staff told us they were very good at. People also participated in quizzes and did activities such as baking.

One person told us how they helped out at the salvation army and a local playgroup serving tea and coffee and cleaning and setting tables. They told us that they went out and used the bus or booked a boro taxi. Another person told us they enjoyed colouring and showed us a book of pictures that they had coloured and were proud of. One person helped at a petrol station and got paid for it.

We looked at and reviewed the care records of two people. Individual assessments were completed and care plans drawn up which were person centred. Person centred means that the person is central to planning their own lives with the support they need. The care plans included a pen picture of the person which talked about the person growing up and their family life. It detailed their social life and day centres they attended and talked about their favourite things for example favourite clothes and food. The care plan worked through the persons day from getting up on a morning and how they liked to start their day, personal hygiene needs and how they like to spend their day. The care plan was very thorough and easy to read and talked about any assistance needed throughout the day. Support in making decisions was included and also how the person liked to finish their day, for example, staying up late, hot drinks and reading. The care plans were signed by the person and people told us they knew who their key worker was and they had seen and been involved in their care plan. Care plans were reviewed monthly and signed by the key worker.

During the inspection we spoke with staff who were very knowledgeable about the people who lived at the service and clearly knew their needs. People who used the service told us how staff supported them whenever they needed. This meant that staff were responsive to the needs of people who used the service.

Staff told us that they often held events within the service such as the coffee morning and sale that were taking part during the visit. They told us that they often joined with the elderly residents in the adjoining flats and had activities such as coffee mornings in the dining room.

Is the service responsive?

People told us they knew who to go to if they had any concerns and said they would go to the registered manager, the assistant manager or their key worker if they were worried about anything. One relative we spoke to said, “I have never needed to complain but personally I would phone and speak to X [registered manager] if I needed to.” We saw the complaints procedure on the wall in reception. The procedure gave people timescales for

action and who to contact. The people who used the service did not have an easy read version. The registered manager told us that they had appointed a member of staff to review the complaints procedure and to also create an easy read version for people in the form of a leaflet and poster. There have not been any complaints made in the last 12 months.

Is the service well-led?

Our findings

People who used the service spoke positively of the registered manager. One person said, “X [the registered manager] is absolutely gorgeous and good at her job, she spends time talking to us and she had lunch with me the other day before going on holiday.” A relative we spoke with said, “X [the registered manager] and the management team are absolutely brilliant, approachable and friendly.” Another relative said, “X [the registered manager] is great couldn’t ask for better, always available, professional and lovely demeanour.”

The staff we spoke with said they felt the registered manager was approachable and available and supported them well. They said if they had any concerns or problems they would not hesitate to go to her and they felt confident they would be taken seriously. One staff member said, “She [registered manager] is marvellous, we all work as a team but you just go if there is a problem. She is very open, listens and would deal with it.” Another staff member said, “We are supported definitely by X [registered manager] teamwork is fantastic we all support each other.” Another staff member said, “You can approach her [registered manager] with anything.”

Staff told us the morale was good and that they all worked well together. One person said, “I love the whole friendliness of the service it’s like one big family.” They told us that staff meetings took place regularly and we saw some minutes of these meetings. Topics of discussion included sickness, training, holidays and staff issues/appraisal.

Staff described the registered manager as someone who had an open door policy and was very visible on the floor on a daily basis with people who used the service and staff. We witnessed this when we arrived to meet the registered manager on the second day of inspection and she had just finished assisting one person with showering. This person had requested the registered manager specifically on her arrival at the service.

Staff told us that meetings took place with people who used the service on a regular basis. They told us that people were given the opportunity to share their views and to discuss what they liked about the service and what they would like to do in the future. We were shown the latest meeting agenda on a large piece of paper which had been

put up in the lounge and had big circles on it where people were invited to write on and where people needed assistance to put their ideas on staff assisted. Headings on the poster were, how are you, what do you need, things people would like to do and extra news about people who use the service for example who is leaving or being admitted. This meant that people were involved in how the service was run and in making decisions about their lives.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us checks which were carried out on a monthly basis to ensure that the service was run in the best interest of people. These included checks on medicines, infection control, care plans and accidents amongst other areas. This helped to ensure that the home was run in the best interest of people who used the service.

The registered manager told us a senior manager visited the service on a regular basis, looked around and spoke to people and completed their supervision. There were however no records of these visits. We discussed this with the registered manager and they said they would discuss further with the senior manager.

We saw that a survey had been carried out in 2014 to seek the views of people and the results were 100% positive. People were asked if they felt safe and also if they liked their bedrooms, the food and cinema room amongst others. We were also shown a new questionnaire for people which had a smiley face if you agreed with the question and a sad face if you disagreed. Family members were asked for their opinion on pre-admission visit, information sharing, involvement, respect, staff, care plans and decision making amongst other areas. The family members rated the service as 100% in all areas other than those that were not applicable and one area was 50% for sharing information. We were also shown the new survey for family which was ready to be sent out. A copy of information about a staff survey was also shown to us with a closing date of 27th November 2015. This meant that people, staff and families were involved and asked their views on the service and feedback was used to make improvements.