Care Quality Commission

Prime Life Limited

The Fieldings

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 1 and 5 June 2017 and was unannounced. The Fieldings is situated in Sutton in Ashfield in Nottinghamshire and is registered with the Care Quality Commission to provide accommodation for up to 47 people. The focus of the service is to allow people to receive care and support in regard to their mental health needs. On the day of our inspection there were 26 people using the service.

The service had a registered manager at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who were aware of the risk of abuse and knew what action to take in response to concerns about possible abuse. Risks to people's health and safety were assessed and if required measures identified and used to help keep people safe. People were supported by sufficient numbers of staff who had been recruited safely. People were supported to take their medicines as prescribed and these were managed and stored safely.

People were supported by staff who had received or were in the process of completing an induction and training specific to their role. People were asked for their consent before care was provided however improvements were required to ensure that people were being supported in their best interests if they lacked capacity to make a decision themselves. People were supported to maintain their healthcare needs and to eat and drink enough.

People were supported by staff who were kind and compassionate. People were involved in planning their own care and encouraged to maintain their independence. Staff were knowledgeable about the likes and dislikes of the people they supported, respected their privacy and upheld their dignity.

People received support in line with their preferences. People's needs were assessed before they moved to the service and people had care plans which informed staff about their needs. People were supported to maintain their interests and could be assured that any complaints would be responded to appropriately.

People were supported in a friendly and open environment. People and staff felt able to discuss any

concerns or issues with the management team. People, relatives and staff were complimentary of the registered manager who understood their responsibilities and sought people's feedback regarding the running of the service. Quality monitoring systems were in place and effective in maintaining oversight of 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 were supported by staff who were aware of the risk of abuse and knew what action to take in response to concerns about possible abuse.

Risks to people's health and safety were assessed and if required measures identified and used to help keep people safe.

People were supported by sufficient numbers of staff who had been recruited safely.

People were supported to take their medicines as prescribed and these were managed and stored safely.

Is the service effective?

Requires Improvement

The service was not entirely effective.

People were supported by staff who had received or were in the process of completing an induction and training specific to their role.

People were asked for their consent before care was provided however improvements were required to ensure that people were being supported in their best interests if they lacked capacity to make a decision themselves.

People were supported to maintain their healthcare needs and to eat and drink enough.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate.

People were involved in planning their own care and encouraged to maintain their independence.

Staff were knowledgeable about the likes and dislikes of the people they supported, respected their privacy and upheld their dignity.

Is the service responsive?

Good

The service was responsive.

People received support in line with their preferences.

People's needs were assessed before they moved to the service and people had care plans which informed staff about their needs.

People were supported to maintain their interests and could be assured that any complaints would be responded to appropriately.

Is the service well-led?

Good

The service was well led.

People were supported in a friendly and open environment. People and staff felt able to discuss any concerns or issues with the management team.

People, relatives and staff were complimentary of the registered manager who understood their responsibilities and sought people's feedback regarding the running of the service.

Quality monitoring systems were in place and effective in maintaining oversight of the service.

Care Quality Commission

The Fieldings

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 1 and 5 June 2017 and was unannounced. The inspection team consisted of one 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 the inspection, 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. In addition to reviewing the PIR we also checked the information that we held about the service such as previous inspection reports, information we had received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our visit we spoke with 10 people who used the service and the relatives of three people. We spoke with two care workers, a senior care worker, the registered manager and an area manager. We observed care and support in communal areas. We looked at the care records of four people who used the service, medicines records, staff training and recruitment records, as well as records of safety checks and some quality assurance audits. Following our visit we spoke with two health and social care professionals who had regular contact with the service.

Good

Our findings

During our inspection on 24 and 25 May 2016 we found that people were not always supported in an environment which was clean and hygienic and were not always protected from the risks associated with infection. This meant the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made and the provider was no longer in breach of the regulation.

All of the people we asked about the cleanliness of the service told us it was clean. One person told us, "It is very clean. I have never seen such a clean home" whilst another person commented, "its cleaner nowadays." During our visit we observed that communal areas and the bedrooms we saw were clean. Some people who stayed at the service told us they liked to clean their own bedrooms and were assisted by staff to do so.

We spoke to staff about how the cleanliness of the environment was maintained. All of the staff we spoke with told us improvements had been made and they were aware of their role in helping to ensure the service was kept clean. One member of staff told us, "Attitudes (towards cleanliness) have changed. Staff members felt it was not their job (previously). It is more structured and documented and has had a positive effect." The registered manager told us of systems they had in place to ensure that the service was kept clean and how they monitored this. They told us that cleaning rotas were in place and all rooms were checked on a daily basis for any health and safety issues. Records confirmed this to be the case.

People told us they felt safe with the staff at The Fieldings and able to approach them with any concerns they had. Two of the people we spoke with told us they did not always feel safe due to the actions of other people who lived at the service. We spoke to one person about how staff responded to these situations and they told us that staff did respond appropriately which made them feel safer. People's relatives also felt their relation was kept safe by staff. One person's relative told us, "It is the safest, has been for years. They [staff] provide the appropriate level of protection."

People were helped to keep safe by systems which were effective in responding to safeguarding concerns. The staff we spoke with told us they had received training in safeguarding adults from abuse and records confirmed that the majority of staff had completed this training within the last year. Staff were able to describe the different types of abuse people could be exposed to and what action they would take in response to any allegations or concerns. One member of staff told us, "I would report it [allegations or incidents of abuse] to my senior or manager or the area manager if needed. I would go to the head office or outside the organisation is necessary." Staff were confident that any concerns they raised about people's

safety would be dealt with by the management. Records confirmed the registered manager had taken appropriate action in response to safeguarding concerns and made referrals to the local safeguarding adult's team as required.

Risks to people's safety were recognised and measures identified which would reduce risks to people. One person told us about a risk they had identified from uneven paving slabs in the garden area. We spoke to the registered manager about this risk. They told us a person that used the service would move the paving slabs on a regular basis. They were aware of the potential risk and we received confirmation following our visit that the paving slabs would be re-laid. We observed staff responding to potential risks on the day of our visit such as mopping up spillages as they occurred to avoid people slipping.

We spoke to staff about some of the risks people may be exposed to and how these were managed. For example, a number of people who used the service smoked and would on occasion smoke in areas that were not designated for smoking. One staff member described that people had fire risk management plans in place. They told us if they saw someone smoking in a non-designated area they would remind them to use designated areas. Records from a social afternoon at the service showed that the issue of smoking in non-designated areas had been discussed with people.

People's care records contained information about risks arising from their mental and physical health needs. We found that one person's care plan required more detail about the measures required to reduce the risk to the person. For example, risks were associated with the person's alcohol intake and the guidance given to staff was to monitor alcohol intake and check the person regularly. It was not clear how staff should monitor intake or recorded how often the person was being checked when under the influence of alcohol. A recording sheet was introduced following our feedback and staff confirmed they checked the person every hour when they were under the influence of alcohol.

Records showed that the registered manager had oversight of other risks to people. For example a record was kept of people's weight which showed that appropriate action had been taken when changes in people's weight had been identified. In addition, the provider told us in their PIR that they had a system for recording, reporting and auditing accidents and incidents in place with subsequent care plan review and update if necessary. We found that a record was maintained of accidents and incidents which had occurred in the service and the action that had been taken to prevent a reoccurrence. Some people were at risk of leaving the service for prolonged periods which could impact on their health. We found that information was available in their care records about the action staff should take in these circumstances to help support people to stay safe. Records showed that staff had acted in accordance with this information when required.

People had emergency evacuation plans in place which identified what support they would need to leave the building in the event of an emergency. Equipment and safety checks were in place to reduce the risk of harm to people in the event of a fire. In addition, we found that regular water safety checks were carried out to reduce the risk of legionella and scalding.

People told us there were enough staff on duty to support them with their needs and they did not have to wait long for support. One person told us they "never" had to wait for support. We observed this to be the case during our visits. We observed that people's requests for support were often responded to immediately by staff.

All of the staff we spoke with told us there were enough staff to meet people's needs. One staff member told us, "There is enough staff to do jobs for clients. We plan one to one support for people and people get this support." We spoke to the registered manager about staffing levels. They told us that the service has one

staff vacancy at present which is being recruited for and is currently being covered by other staff members. We looked at the staff rota which showed that the staffing levels the registered manager had identified were mostly maintained.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

People told us they received their medicines as required. We observed medicines being administered at the service and saw that staff followed safe administration procedures. For example, staff checked medicines against medication administration records (MARS) and waited with people until they had taken their medicines.

We checked some people's medicines administration records. We found these contained necessary information to ensure people received their medicines safely. For example, each person's MAR contained a photo of the person, information about how they liked to take their medicine and a record of any allergies. Detailed information was available for staff about medicines which were prescribed to be taken as required (known as PRN). This meant that staff were provided with guidance about under which circumstances it was appropriate to administer these medicines.

Medicines were stored securely and regular temperature checks were carried out to ensure medicines remained effective to use. A senior member of staff confirmed the action taken when temperature ranges had exceeded recommended storage limits. Records also confirmed the action taken by the staff member such as contacting the pharmacy for advice. Liquid medicines and creams were dated upon opening. We found one cream that had been opened over three months which was contrary to the advice on the label. Immediate action was taken by the senior staff member following our feedback.

Staff who were responsible for the administration of medicines told us they had completed medicines training and had their competency assessed to ensure they were safe to do so. Records confirmed this to be the case.

Requires Improvement

Our findings

During our inspection on 24 and 25 May 2016 we found that there were gaps in staff knowledge and training. This meant the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made and the provider was no longer in breach of the regulation.

People were complimentary of the support they received from staff. We observed that staff responded appropriately to people when they expressed distress or required reassurance.

The staff we spoke with told us they had received an induction when they began working at the service and felt this effectively prepared them to undertake their role. Records showed staff had completed or were in the process of completing an induction. The registered manager confirmed all staff compelted an induction which consisted of health and safety aspects of the service and two full days of shadowing more experienced staff. Staff were also expected to complete common induction standards and were provided with support to do so.

Staff received training which was relevant to their role. One staff member told us about the range of training which was provided and described the training as "good" and told us they were encouraged to complete training. They told us that training was "100% better" than it had been at our last comprehensive inspection. Another staff member described the training as "brilliant". They told us that a lot of training was provided in booklet format but they had recently benefitted from more "face to face" training and "60 second learning sessions" to help ensure that information was sinking in. We saw examples of 60 second learning sessions contained within staff member's personnel files and evidence that supervision was used by the management team to test staff competency in different areas. The registered manager also showed us records which confirmed that the majority of staff had completed training with the provider had identified as being mandatory. The registered manager told us that those staff who had not yet completed their mandatory training were being supported to do so.

At our last comprehensive inspection we highlighted that some staff had not received training in mental health which meant that people may not be supported by staff who had sufficient knowledge and skills. At this inspection we found the vast majority of staff had completed training in mental health awareness and further dates had been arranged for staff to receive training on mental health and behaviour which can challenge. Staff told us they received regular supervision from the management team and we saw records to support this. They showed that staff supervision was used to discuss any concerns and support staff with

their development.

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.

People told us they were given choices about how they spent their day and their decisions were respected by staff. People gave examples of being able to choose when they got up and went to bed, whether they wished to spend their time in their room and choosing to have a cigarette.

Staff were able to describe the principles of the MCA. For example, one staff member told us that it is always assumed people have the capacity to make their own decisions unless an assessment proves otherwise. Another staff member described how they would support someone to make decisions through their knowledge of the person's likes and dislikes. The registered manager told us they had developed a learning aid which had helped staff knowledge of the MCA. We saw this was displayed within the service. Staff were less knowledgeable about the best interest checklist which is part of the MCA and used to make decisions on behalf of people who lack capacity to do so themselves. Records did not demonstrate that the best interest checklist had been used to made decisions on behalf of people who lacked capacity.

People's care plans documented that people had consented to their care if they had the capacity to do so. If there was doubt as to whether people had the mental capacity to make specific decisions, for example in relation to medicines, an assessment of their capacity had been carried out. We accessed the care plans of two people who had been assessed as not having the mental capacity to make decisions in relation to their medicines. Both of these people were being supported by staff to take their medicines as prescribed however, it was not documented as to how this decision had been reached. The registered manager provided evidence following our feedback that a new form was being used which clearly documented what the outcome of the best interest decision was.

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. Two people who were living at the service at the time of our inspection were subject to a DoLS authorisation and applications had been made for other people who were at risk of being deprived of their liberty. We checked whether any conditions attached to authorisations were being met and found they were.

People told us they were provided with enough to eat and drink. People's comments about the quality of food they received included "excellent", "nice" and "not bad". We observed that people were provided with a good amount of food at mealtimes and people were able to request alternatives to the prepared meal which were provided.

Staff were aware of who was at risk of choking and told us how they supported people by ensuring their meals were cut up and monitoring them during mealtimes. Staff were also aware of who was diabetic and told us how they supported the person to eat appropriately to maintain their health. People's care records identified if people were at risk of not maintaining their nutrition. We saw that people's weight was monitored and action had been taken when changes in people's weight were identified. We looked at the

records of one person who required encouragement to eat and whose care plan suggested they should be supported to eat with staff and participate in making their own meals. We saw this guidance was followed by staff and as a result the person ate a meal during both our visits. We also observed that another person was supported to take nutritional supplements as prescribed by their GP.

People were supported with their healthcare needs. People told us they got to see their GP when required and in a timely way, they also told us that healthcare professionals, such as the optician, visited the service. People's care plans contained information about their healthcare needs and what action staff should take in the event that a person's health should deteriorate. Records showed that staff monitored a person's healthcare condition if required and had taken appropriate action when necessary. Records showed that people had access to a range of healthcare professionals such as psychiatrists, specialist nurses, the GP, optician and dentist.

We spoke to two health and social care professionals as part of our inspection. They told us that staff appeared to know people well and responded to their healthcare needs. One person's care plan had not been updated following a visit by a specialist nurse and did not reflect the guidance they provided about the management of the person's healthcare condition. We found that the information was contained within the person's MAR chart where a record of health observations was kept. The person's care plan was updated following our feedback.

Good

Our findings

All of the people we spoke with told us staff were kind and caring towards them. One person told us they received an "excellent quality of care" whilst another person commented "you get well looked after." People's relatives also told us that staff were caring towards their relation. The service had sent out a survey prior to our visits and all of the people staying at the service who had responded to the survey had rated the service as being good or outstanding when asked if staff were caring and respectful.

During our visit we observed a good rapport between people who lived at the service and staff. It was clear that people felt comfortable approaching staff with requests for support and information. People were shown respect by staff and their requests were responded to. We saw that staff responded to people's distress. For example, we observed a staff member being very compassionate towards a person who became upset when talking about the loss of a family member. Some people told us they required support to maintain their personal care and that staff would support them with this in accordance with their preferences and at a time which suited them.

People's care plans contained some information about people's likes and dislikes and things that were important to them. The service had also developed a record whereby people's goals for the year had been documented. Whilst it was not recorded whether these goals have been achieved or how the person had been supported to work towards them, we spoke to one person who confirmed they had been supported to achieve their goals for the previous year. The staff we spoke with were knowledgeable about the people they supported and were able to describe people's likes and interests and how they supported people in accordance with these.

People were involved in their care plans if they had capacity and we saw that people had provided their consent to care where they were able. Some of the people we spoke with told us they had been involved in planning their own care. Most of the care plans we looked at had been signed by the person and some contained information which the person had requested be included in the care plan. The registered manager shared a care plan which had been updated following our visit which had detailed information about how staff should provide support and included actions identified by the person as being helpful to them.

People confirmed they were given choices and their preferences were respected by staff. Staff confirmed this. One staff member told us, "People aren't forced to do anything, they always have choices." They told us this included giving people choice about which member of staff supported them. Another member of staff

told us, "People are always able to make their own decisions."

People told us they were supported to maintain their independence. We observed that one person was supported to prepare themselves a meal during one of our visits. Another person told us they had brought all the ingredients they needed to make themselves a meal in the evening and told us that staff would support them with this. Staff told us they encouraged people to maintain their independence by supporting one person to wash their own clothes and other people to clean their rooms. We saw that some people requested to speak with external professionals during our visits and were given the opportunity to do so, including the use of a private space so that they could hold the conversation in confidence.

Information about advocacy was available in the service. At the time of our visit no one who was staying at the service was using an advocate, however, the registered manager was fully aware of the role of advocacy and told us in what circumstances the support of an advocate might be needed. Advocates are trained professionals who support, enable and empower people to speak up. Although information was available, only one person we spoke with was able to describe when they might seek the support of an advocate. The registered manager told us they would use the weekly afternoon social session to talk to people about this.

People's rights to privacy and dignity were respected. People told us the staff treated them with dignity and their rights to privacy were respected. We observed that people who stayed at the service had their own keys to their room to enable them to maintain their privacy. We observed staff knocking on people's doors and waiting to be invited in, saw that people were given their medicines in private and were encouraged to keep personal information confidential.

The staff we spoke with were knowledgeable about how to support people to maintain their privacy and dignity. One staff member described how they would support someone to maintain their personal care by offering privacy when needed and checking what aspects of the task the person required support with. The registered manager told us that some staff members had been appointed as dignity champions within the service. When asked how they used this role to promote dignity at the service, they told us that the behaviours and attitude of staff is monitored and feedback is given if staff are observed as not promoting people's dignity. We saw that information about dignity was displayed around the service to remind staff of the importance of this aspect of care.

Good

Our findings

People told us they received the support they needed in line with their preferences. People gave examples of being supported by staff with their personal care in the way they preferred and being supported to access the community when they wanted to. One person's relative told us that staff provided for their relations, "emotional and social needs in an appropriate, non-confrontational, respectful and approachable way."

The provider told us in their PIR that, 'Pre-admission Assessment commences the person-centred care planning approach'. We looked at some people's care records which showed that a pre-admission assessment had been carried out to determine if the service would be able to meet the person's needs. People who stayed at the service had a range of care plans in place in relation to different health and social care needs. Staff told us they found people's care plans useful and that any changes in a person's health or care needs were clearly communicated.

All of the care plans we looked at had been regularly reviewed and had been updated when changes were required or incidents had occurred at the service. Staff told us they had time to read people's care plans and felt they contained the information they required to respond to people's needs. We did identify that one person's care plan required updating to reflect the guidance of a visiting healthcare professional and received assurances following our visit this had been done.

Some of the care plans we looked at required more detailed information for staff about what action they should take to best respond to a person's care needs. For example, we looked at the care plans of two people who were prescribed medicine to help with their mental health when needed. Medicine administration records showed this had been given frequently. Although information about when medicine should be given was included in a medicine protocol, people's care plans did not always provide sufficient detail about what may help the person with their mental health and when the medicine should be administered. The registered manager updated people's care plans following our feedback and we saw these contained additional, person-centred information about how the person should be supported with their mental health.

Staff maintained daily records to reflect how people had been throughout the day and night. We looked at these records and saw that further information was required on some occasions. For example, for two people who required medicine to be given as required for agitation the daily records did not always reflect they had been agitated when the medicine had been given. The manager told us that the way staff detailed

how the person had been throughout the day had been changed following our feedback so that all staff on the shift could contribute to this.

People were offered the opportunity to take part in social activities and to maintain their interests. People gave us mixed feedback about the activities on offer at the service. One person told us, "there are trips out but apart from that there's not much to do." Another person said, "they (staff) do things now and again."

Staff told us that an activity planner was used to inform people about upcoming activities at the service but they did have the flexibility to change activities to better suit the weather or people's wishes. We saw a copy of the activity planner on display in the service and during our visits we saw that people were supported to spend a day in Nottingham and take part in a quiz. Both of these activities were well attended and people told us they enjoyed them. We were provided with a copy of the service newsletter which informed people about a new gardening club and reminded people that social afternoons were also used to discuss ideas about activities.

People were supported to maintain their interests by staff. One person told us about the support they received from staff to use their sewing machine and staff told us that another person had built a shed in the garden and had a range of tools as they wanted to continue to work with wood. Another person went to a local gym. The registered manager told us they had looked into college courses on behalf of one person who had expressed this interest and they had already completed the course offered. The registered manager told us they planned to further develop activities so that individual staff members could take on responsibility for different activities which reflected the interests of people living at the service.

People told us they were comfortable raising complaints with the registered manager whom they were confident would act on any issues raised. The staff we spoke with were also confident that the registered manager would act on concerns and complaints. One member of staff told us, "[Registered manager's name] is pro-active. You do get an outcome (if a complaint is made). Another staff member commented, "Concerns are dealt with. I go to [Registered manager] or a senior."

People could be assured that complaints would be taken seriously and acted upon. Records showed that complaints and concerns were recorded, investigated and the action taken to address the concern or complaint was recorded. The provider told us in their PIR that the registered manager operated an open door policy and was available to discuss any concerns or complaints with people or their relatives. We observed this to be the case during our inspection. The registered manager was able to respond to any issues or concerns people had quickly.

Good

Our findings

During our inspection on 24 and 25 May 2016 we found that people could not be assured the quality monitoring of the service was robust and effective. This meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made and the provider was no longer in breach of the regulation.

Systems were in place to monitor the quality and safety of the service. A range of audits were carried out within the service by senior members of staff and we found these were effective in identifying and responding to issues. For example, a medication audit was carried out by a senior carer on a monthly basis. The audit carried out prior to our visits had identified that maximum temperatures needed for medicines storage were high. Records showed this issue had been responded to and appropriate action had been taken to ensure medicines remained safe and effective to use. The registered manager also maintained oversight of incidents which occurred in the service. This included incidents which had been reported to the local safeguarding team, accidents and falls. Records detailed the action which had been taken to help prevent a reoccurrence.

During our visits, we observed the atmosphere at The Fieldings to be calm and friendly. Staff and people who stayed at the service were welcoming. One person's relative described the service as "homely" whilst another relative said The Fieldings had a "good atmosphere."

People who stayed at The Fieldings were encouraged to express their opinions about how the service was run and what they would like to see happening at the service. Weekly social afternoons were held at which different issues were raised and activities discussed. We saw these meetings had also been used to discuss different topics which were important to people, such as how they were feeling and their experiences of mental health issues. People had also been given the opportunity to respond to a survey which asked questions about different aspects of the service and the support they received from staff. The majority of responses and comments were positive. The results had been collated and an action plan produced in response. We saw that many of the actions had been addressed by the time of our visit or were in the process of being addressed.

All of the staff we spoke with described a positive working culture. One staff member told us that staff had become more enthusiastic about their role in developing the service and creating a positive atmosphere. They told us the "culture has improved" and described being able to discuss issues in an open and transparent way.

The service had registered manager in place at the time of our visits who was aware of their responsibility to notify us of certain events within the service. Providers are required by law to notify us of certain events in the service. We checked our records and found that we had received notifications as required.

People knew who the registered manager was and told us they were able to approach her with any concerns or questions. During our visit it was evident that people felt comfortable to approach the registered manager who was available and responsive to any issues or concerns. People's relatives were also complimentary of the registered manager and responsiveness of the staff to any issues. One person's relative told us, "It is amazing how she (registered manager) has the knack of getting the best out of people" and was also complimentary of the staff "they are very friendly and always there if you want to talk to them." Both of the health and social care professionals we spoke with were complimentary of perceived changes within the service since the registered manager had been in post.

Staff were passionate about their role in supporting people and told us they received feedback on their performance and were supported to develop their skills and knowledge. One staff member told us, "We get feedback in supervision and meetings. I feel able to make suggestions." Staff were aware of and felt able to raise issues of concern and were aware of different ways of doing this, including the providers dedicated whistleblowing telephone number.

The provider maintained oversight of the service and records showed that monthly work sessions carried out by a representative of the provider were documented. These showed that the provider maintained oversight of the service and checked that audits had been completed and actions and issues addressed. The registered manager told us they were supported in their role by the provider and attended regional meetings with other managers to keep up to date with best practice.