

Heathcotes Care Limited

Heathcotes (Woodborough)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 7 June 2016 and was unannounced.

Heathcotes Woodborough provides accommodation for up to five people living with mental health needs. Five people were living at the service at the time of the inspection.

Heathcotes Woodborough is required to have a registered manager. 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. A registered manager was in place.

People who used the service were protected from abuse and avoidable harm. Staff were aware of their role and responsibilities in protecting people and had received adult safeguarding training. Information was available for staff, people who used the service and visitors about the procedure to report any safeguarding concerns.

Risks associated to people's individual needs had been assessed and planned for. Staff had the required information to know how to support people to reduce known risks. Risk plans were monitored and amended when required. Risks associated to the environment and premises had also been assessed and safety checks had been completed.

Safe staff recruitment checks were in place that ensured as far as possible, people were cared for by suitable staff. Staffing levels were sufficient and flexible in meeting people's individual needs and safety. People who used the service received their medicines as prescribed and these were managed correctly.

Staff were appropriately supported to enable them to effectively carry out their duties and responsibilities. This included receiving a structured and detailed induction. Ongoing training was provided to keep staff's skills and knowledge up to date, and regular face to face meetings to review their work and development needs.

The registered manager understood their role and responsibility in ensuring the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation was fully adhered to. Some staff were more knowledgeable about this legislation than others. Staff involved people as fully as possible in discussions and decisions and gained consent before care and support was provided.

People who used the service were involved in the menu planning, food shopping and meal preparation. People received sufficient to eat and drink and staff encouraged and provided healthy menu choices. Staff supported people to maintain their health, this included accessing both routine and specialist healthcare services. The service involved external health and social care professionals appropriately in meeting

people's individual needs.

Staff were found to be kind, caring and compassionate and had a good understanding of people's needs and what was important to them. Staff supported people to participate in activities, interests and hobbies of their choice. People who used the service were supported in achieving goals and aspirations that they had identified. People's privacy, dignity and independence was respected and promoted.

People's care records showed a person centred approach was used by staff. Information was based on people's individual choices, routines and what was important to them. A complaints policy was in place and people who used the service knew how to make a complaint and staff were aware of how to respond to any complaints or concerns made. People had access to information that was presented in an appropriate format for their communication needs. This included information about advocacy services and health information.

People, their relatives or representatives received opportunities to share their views about the service. Where people had requested changes or improvements these had been responded to.

Staff felt valued and supported and were positive about the leadership of the service. The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits. In addition the provider had further systems in place that provided robust monitoring of the service that enabled the service to continually improve.

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.

Staff had received adult safeguarding training and were aware of their role and responsibility in keeping people safe. Risks associated to people's needs had been assessed and planned for.

Staff had undergone appropriate and safe recruitment checks before they started their employment. Staffing levels were sufficient and flexible in meeting people's needs and safety.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good 

The service was effective.

Staff had completed a detailed induction before they provided care and support to people. Staff received appropriate and ongoing training to keep their skills and knowledge up to date and were appropriately supported.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received a choice of what to eat and drink and healthy eating was promoted. People were supported to access health services to maintain their health.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were caring, kind and compassionate. Staff knew people's individual wishes, routines and what was important to them.

People were supported to be involved as fully as possible in their care and support. People had access to information about an independent advocacy service.

People's privacy, dignity and independence were respected and promoted by staff.

Is the service responsive?

The service was responsive.

Care and support was personalised and responsive to people's individual needs. Staff supported people to pursue activities based on their individual interests and hobbies.

People and their relatives or representatives were involved in the pre-assessment and ongoing reviews about the care and support provided.

People's views were listened to and there was a system in place to respond to any complaints.

Good ●

Is the service well-led?

The service was well-led.

Staff were clear about their roles and responsibilities and understood the provider's values and vision of the service.

People and their relatives or representatives, were encouraged to contribute to decisions to improve and develop the service.

The provider was aware of their regulatory responsibilities. There were robust quality assurance systems in place that monitored the quality and safety of the service.

Good ●

Heathcotes (Woodborough)

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 7 June 2016 and was unannounced. The inspection team consisted of one inspector.

Before our inspection, we reviewed information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottingham to obtain their views about the service provided.

On the day of the inspection we spoke with three people who used the service for their feedback about the service provided. Due to people's communication and mental health needs their feedback about all aspects of the service was limited in parts. We also used observation to help us understand people's experience of the care and support they received. We spoke with the registered manager, regional manager, a team leader and two support workers. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted relatives for their feedback. We also contacted health and social care professionals for their feedback about the service.

Is the service safe?

Our findings

People who used the service told us that they felt safe living at Heathcotes Woodborough. One person told us, "I feel safe living here, I can lock my door if I want to." Another person said, "I feel safer living here than where I've lived before. If I'm angry, upset or don't like the noise I go to my bedroom."

Relatives were positive that staff supported their family member to keep safe. One relative said, "Oh yes, I'm very pleased how [name of family member] is cared for safely. The staff manage their behaviour very well."

Staff told us that people who lived at the service generally got on well and whilst there were minor disagreements no person was at risk of abuse. One staff member said, "Sometimes it can get noisy but people are safe. Relationships and friendships between people have developed and are more positive." Another staff member told us that staff had received adult safeguarding training and they demonstrated they were aware of their role and responsibility in keeping people safe.

Due to people's mental health they required one to one staff support at times throughout the day to keep them safe. We observed this support was provided and staff were attentive to people's needs offering explanation and reassurance when required.

Safeguarding incidents were minimal and where there had been any concerns these had been responded to appropriately. Records confirmed staff had received adult safeguarding training and we found they were clear about the different categories of abuse and action required of them to keep people safe.

Risks associated to people's needs had been assessed and planned for. One person told us that they had no restrictions placed upon them and they accessed the community independently. Another person said they were aware why they did have restrictions placed upon them and that this had been discussed with them. Relatives told us that staff managed people's risks associated with their mental health or physical health conditions well.

Staff said that they had detailed information available to them about people's individual risks. They told us that the registered manager reviewed people's risk plans regularly, and they contributed if they became aware of any changes. Staff said that fire drills were carried out and risks associated with the environment and premises such as security were reviewed.

We found people's care records included risk plans that advised staff of how to manage and reduce any risk to people's safety as far as possible. This included risks associated to people's mental health needs, health conditions such as diabetes and asthma and community activities. These were regularly reviewed for changes and updated as required. We saw an example where a staff member had identified a new risk when a person was on a community activity. This was reported to the registered manager and the risk plan was in the process of being updated.

Personal emergency evacuation plans were in place in people's care records. This information is used to

inform staff of people's support needs in the event of an emergency evacuation of the building. We found this information was limited, for example it did not include any needs associated to people's communication or anxiety. We discussed this with the registered manager who agreed that the information needed reviewing. Staff also had information available to them of the action to take should there have been an incident that affected the safe running of the service.

The internal and external of the building was maintained to ensure people were safe. For example, weekly testing of fire alarms were completed, and records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals.

Staffing levels were sufficient and were provided flexibly dependent on people's needs. People told us and relatives agreed, that there were enough staff available to meet people's individual needs and keep them safe.

The registered manager told us how they assessed what staffing levels were required. They said that they had listened to staff who had identified additional staffing was required on a Friday evening and during the weekends. Staff confirmed this to be correct and records viewed showed staffing levels were sufficient and as described to us. Staff told us that they felt confident there were sufficient staff available and explained that the staff team or bank staff employed within the organisation, picked up any shortfalls such as sickness and holiday.

From our observations we concluded that people had their individual needs met and were safe. There were sufficient skilled and experienced staff available and we found staff were competent and knowledgeable about people's individual needs.

The provider had safe staff recruitment processes in place. Staff told us they had supplied references and had undergone checks before they started work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff began work. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

People told us that they received their prescribed medicines safely and at the same time each day. One person told us, "They [staff] ask if I'm ready, I get them when I need them and I know what my medicines are for." Relatives were confident that staff supported their family member with their medicines safely.

We spoke with the team leader about how medicines were ordered, stored, administered and how any unused medicines were returned to the pharmacy. Our checks on the safe management of medicines found that the policy, staff training and competency assessments reflected current professional guidance. We found the team leader was knowledgeable about people's different medicines giving an explanation of what they were required for.

Staff had the required information they needed about how to safely administer people's medicines, including their preferences of how they liked to receive their medicines. Protocols were in place for medicines which had been prescribed to be given only as required. These provided information for staff on the reasons the medicines should be administered. Records confirmed people had received their medicines as prescribed. We did a sample stock check of boxed medicines and these were found to be correct.

We were aware that the clinical commissioning group pharmacy service had visited the service in March

2016 to audit the management of medicines. The service scored well in the audit and no concerns were identified.

Is the service effective?

Our findings

People who used the service told us that they thought staff understood their needs. One person said, "On the whole staff are good but some are more understanding than others." Relatives said that they were aware that new staff had started and needed time to get to know people but said all staff, "Tried really hard."

We spoke with a member of staff that had recently started work at the service. They told us, "I found the induction and training really helpful. Even the interview I was impressed with, the questions were good and checked out your understanding of mental health awareness."

The provider had an induction programme for new staff that included the Skills for Care Care Certificate. This is a recognised workforce development body for adult social care in England. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff spoke positively about the training opportunities they received and said that training was often specific related to a person's individual needs. One staff member said, "The training I've had has been fantastic, the teaching style and approach was really good."

The registered manager showed us the staff training record and plan that detailed what training staff had received, what was planned and how this was monitored. We saw examples of training certificates that confirmed training staff had received. Staff had received training in a variety of topics including, mental health awareness, and epilepsy and diabetes awareness.

Staff told us that the registered manager arranged regular face to face meetings with them to discuss their work and training needs. One staff member told us, "We have regular meetings with the manager, and we're asked if we are happy with everything and have any concerns." They added, "The meetings are beneficial, we get feedback and told when we're doing well."

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 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

A person who used the service told us that they were required to have staff with them when they went into the community. They also said they had no choice about living at the service and was aware that this had been decided for them in their best interest. Records confirmed that this person had an authorisation

granted by the supervisory body to restrict them of their freedom and liberty. Care records advised staff of this. The registered manager understood their role and responsibility with regard to the MCA and DoLS.

We found some staff were more knowledgeable about the principles of the MCA and DoLS than others. One staff member said, "If people do not have capacity the law protects them. Best interest decisions have to be made on their behalf and involve relatives and professionals in the person's care." Another staff member was unable to explain to us what the MCA and DoLS meant for people. We discussed the difference in staff's understanding with the registered manager; they told us that as a way of improving understanding they would add MCA and DoLS as a standard agenda item to staff meetings.

The staff training records showed that some staff required refresher training on MCA and DoLS. The registered manager told us they were aware of this and had plans in place for staff to receive this training. We saw examples of where some people did not have mental capacity to make some decisions about the care and support they received. Appropriate assessments and best interest decisions had been made, and support plans included this information to direct staff to act in people's best interests.

Some people who used the service had anxieties, and behaviours associated to their mental health that meant they could present with behaviours that challenged the service. One person told us how their behaviour had improved to the extent that they did not require medicine prescribed as and when required (PRN) to manage their anxiety. They were very proud of this and told us, "I don't need PRN now my behaviour is better." Relatives told us that they were aware that their family member could become anxious and this could result in behaviours that were challenging to manage. They were positive that staff managed these situations effectively.

Staff had been specially trained to ensure they used restraint in a controlled way and only as a last resort. This training was a well-recognised accredited method of restraint. Staff said that other interventions should be used such as distraction techniques before restraint was considered. They said that distraction was effective and physical restraint was very rarely used. We found people's care records included behavioural support plans that clearly advised staff of the strategies to be used to support a person when their anxiety was heightened. Staff spoke with us about people's different coping strategies, demonstrating they were knowledgeable about how to support people effectively.

People who used the service told us that they received a choice of meals and that staff supported them with healthy eating. People said they could make themselves drinks and snacks with staff support. One person said, "We're asked what meals we want for the week, the menu is on the board and we help the staff shop and cook meals." Another person told us, "If you want something different that's not on the menu you can."

Relatives were positive that staff were supporting people with healthy eating. One relative said, "They [family member] get three good meals a day there's a lot of variety." Another relative raised some concerns about their family member's weight gain. They said that in the recent past, people ate a lot of fast food that was unhealthy. Whilst they acknowledged staff could only promote healthy eating they were pleased improvements had been made.

Staff told us that the weekly menu was planned on a Sunday with the involvement of people who used the service. One staff member said, "We're aware of providing a well-balanced menu. The manager will look at the menu and tell us if it's not appropriate." The registered manager told us that they had made improvements to the menu choices to promote healthy eating as this had been identified as a concern.

We saw the menu was on display for people and that it provided people with a choice of meals and was

nutritionally well balanced. Staff were aware of people's nutritional needs, likes and dislikes. We observed how staff promoted choices. One person wanted something different to eat to what was on the menu. The ingredients were provided and the person with the support of a member of staff made their own lunch.

We found from people's care records that dietary and nutritional needs had been assessed and planned for. These plans showed us that consideration of people's cultural and religious needs was also given in menu planning. People were weighed on a regular basis and food and fluid intake was recorded. This enabled staff to monitor if people received sufficient to eat and drink. If concerns were identified with weight gain or weight loss referrals to the GP or dietician were made. A member of staff gave an example of how the service had worked with a dietician to support a person with their weight.

People told us that staff supported them to attend health appointments. Relatives were positive that their family member was supported appropriately to maintain their health. One relative said, "I know the staff support [name of family member] with all their health appointments. I've no concerns."

Staff told us how they supported people with their healthcare needs such as attending the GP for health checks, the dentist and opticians.

We found care records showed people's health needs had been assessed and they received support to maintain their health and well-being. People had a 'Health Action Plan', this recorded information about the person's health needs, the professionals who supported those needs, and their various appointments. In addition people had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This demonstrated people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

Is the service caring?

Our findings

People spoke positively about the staff that supported them. One person said, "The staff are fantastic, they are kind and lovely, they look after me great, I like them all." Relatives told us that they found the staff to be caring. One relative said, "There's a lot of new staff, [name of family member] tells me about them, I think they are caring." Another relative described staff as, "Friendly, [name of family member]'s behaviour can be unpredictable and the staff try really hard with them."

We found staff spoke about people they cared for with kindness and compassion. An example of this included the support a person received from staff with a family bereavement. Staff clearly knew people's personal histories and what was important to them. A staff member said, "[Name of person] likes to have their hair in a certain style and colour, another person is particular about their clothing, we know and respect this and ensure they are supported with their preferences."

Due to people's mental health needs they sometimes were rigid in their thinking, lacked motivation to participate in activities and stuck to daily routines. Staff showed a good understanding of people's individual needs and the different approaches required to support them. This told us that staff had a person centred approach that showed people they mattered and were respected and understood.

People's care records included information for staff of people's preferred way they wished to be supported by staff. We observed staff supported people as described in their care and support plans. This showed that people were supported in a meaningful way that was important to them.

We observed how staff supported people respectfully with regard to their age and identity. For example, one person enjoyed colouring in activity books. Staff had acknowledged this and provided age appropriate art books to complete. This person showed us these books and it was clear they were happy with their work. Another person liked to frequently change their appearance during the day; staff acknowledged this and complimented the person on the way they looked.

On display was a variety of photographs of activities that people had been supported by staff to participate in. Both people who used the service and staff looked relaxed and happy, everyone was seen joining in and enjoying each other's company. Staff gave examples of these activities. They told us that people had said that they wanted to do more exercise. In response staff arranged an exercise workout session and invited other people from the provider's other services to join in. Pampering sessions were arranged that included beauty treatments such as facials and manicures and pedicures. Birthday parties and other celebrations such as religious festivals were arranged.

We observed that people were relaxed within the company of staff who engaged positively with people, including them in discussions and decisions. People who used the service also initiated conversations and contact with staff who responded respectfully and appropriately.

People received opportunities to express their views in making decisions about the care and support they

received. One person told us, "The manager is lovely; they explain things to me and ask my opinion." People told us that they had a keyworker who they met with to talk about the support that was provided. A keyworker is a member of staff that has additional responsibility for a named person who uses the service. People also told us there were meetings where they discussed things such as activities and holidays and anything affecting the service.

Relatives told us that they felt their family member was involved as fully as possible in decisions about their support and that they too felt involved. Relatives told us how their family member was supported by staff to maintain contact with them. This included both telephone contact and visits where staff stayed for the duration of visit. A relative said this was a support to them and their family member.

People's care records included information in appropriate language advising them about their particular health care needs or health checks. For example, information was available advising about having an eye test, breast screening and explanation about different medicines. This meant that people had information and explanation in an appropriate format about healthcare issues that affected them. The registered manager told us how they were supporting people with the UK's European Union referendum. They showed us the information they had developed to support people with this process. The information was informative, detailed and presented in appropriate language. This meant people had been supported appropriately that enabled them to make an informed choice.

We saw people had access to information on how to access independent advocacy services. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. We spoke with a member of staff who was knowledgeable about the role of an advocate and gave an example of a person who used the service that had this support.

People told us that they felt on the whole staff respected their privacy and dignity but some staff could be better. One person said, "Staff will knock on my bedroom door but they don't all wait for my reply before they enter. I get annoyed as I could be getting dressed, how would you like someone walk in on you when you weren't dressed?" We shared this with the registered manager who said they would discuss this with staff.

People told us how staff supported them with their independence, they gave examples of how they cleaned their bedroom and did their laundry and helped in the kitchen. People spoke positively about the independence they had.

Staff gave examples of how they supported and promoted people's independence. One staff member said, "It's about encouraging people, getting them to think for themselves, remembering people are adults and have the right to make their own choices." Another staff member told us, "We promote independence all the time, people participate in jobs around the house, if we support people in the community we get them to use their own bus pass, pay when purchasing something."

Staff told us how they protected people's privacy and dignity. They said that dignity was referred to a lot in meetings and that the provider and registered manager had clear expectations that dignity and respect was important. We saw information about dignity on display for people who used the service, visitors and staff. This was a constant reminder to staff and advised people what they could expect from staff.

We noted that throughout people's care records staff were directed about promoting people's independence as fully as possible.

Relatives told us that there were no restrictions around them visiting their family member. The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Is the service responsive?

Our findings

People who used the service received care and support that was based on their diverse needs, wishes and routines. People told us about how they chose to spend their time, for some people their routines were very important to them. One person described what their routine was and said that staff understood this and supported them to carry this out.

Relatives were positive that their family member received support that was effective, responsive and based on their family member's individual needs and wishes. One relative told us, "It's the best placement [name of family member] has had. The staff support them with lots of different activities." They added, "They have more of a life than they have had for years and years, I'm so pleased, I know that they are happy and settled." Another relative said, "[Name of family member]'s mental health can change very quickly, they can lack motivation but the staff continue to try all the time with them."

Staff told us that they had sufficient information about people to enable them to provide a personalised and responsive service. One staff member said, "We have a lot of important detailed information about people's needs, this helps us know and understand how to support people."

People's care records showed that detailed pre-assessments were completed before people moved to Heathcotes Woodborough. This is important to ensure the service can meet people's individual needs or if additional resources or staff training are required. Care and support plans were then developed. People told us they were involved in the development of their support plans. One person said, "I've signed my care plans."

People's care records contained information regarding their diverse needs and provided support for how staff could meet those needs. One staff member told us how they supported a person with specific needs associated to their culture and religion. This included offering the person the opportunity to attend church on a Sunday. A staff member said, "[Name of person] doesn't want to go to church every week but we still ask them if they want us to support them to attend." Another example was how staff supported another person to visit their family's grave which was important to them.

People told us that they had been asked about their interests, preferences, routines and what was important to them. This information was recorded and person centred plans developed that identified people's goals and aspirations. We saw examples of how people had been supported with some of their goals and aspirations. For some people these included, developing independence, having more contact with their family and for one person winning at bingo. Information viewed demonstrated how staff supported people to identify what they needed to do to reach their dreams. This told us that people were supported as fully as possible to have control and choices in their life.

People told us about activities of interest they enjoyed doing. This included, going shopping, day trips, going to bingo and attending community social groups. People told us they were supported to go on an annual holiday and this had included holidays to Blackpool and Wales.

Staff told us that people were given a choice of daily activities that was based on individual preferences. One staff member said, "People are always out and about doing things. Activities include attending a badminton club, a karaoke club and a disco all in the community, day trips and holidays are also provided." Staff also told us how they supported people with developing and maintaining friendship groups with people who lived at other services within the organisation. We saw photographs of joint parties and activities.

During our inspection we observed two staff supported three people on community activities. A member of staff said that all three people wanted to do something different, including having lunch out, a visit to the RSCPA to visit the dogs and to a park. They said, "Whilst people wanted to do different activities we did all three so everyone did what they wanted." Another person was supported to go shopping and showed us their new clothes on their return. We also saw that the service had an activity room that people used to do arts and crafts, board games, a Wii (electronic game) and a collection of DVDs were available. The service had their own transport and was on a bus route.

People told us that they attended meetings where they received opportunities to share their views about the service. We looked at records of these meetings. People were asked about their choice of activities, holidays and anything that affected the service was discussed. People were also asked if they had any complaints. A 'What you said' 'What we did' report was then developed that summarised what people had requested and what action had been taken. We noted that in a meeting dated February 2016 people had requested more indoor activities. The registered manager told us what activities had been purchased in response; we saw these activities were available.

The provider had a complaints policy and procedure and this was presented in an appropriate format for people with communication needs and was on display for people. One person told us, "I know how to make a complaint, you speak with the manager."

Relatives told us that they were aware of how to make a complaint and that they would not hesitate to do so if required. They said they felt confident it would be acted upon appropriately.

The registered manager showed us the complaint log, we saw there were three recorded complaints received in the last 12 months before the current registered manager commenced and these had been acted upon and resolved.

Is the service well-led?

Our findings

People were positive about the care and support they received. One person said, "My independence is important to me, I want to develop my skills so I can leave and go back and live in the community." Another person told us, "I like living here."

Relatives were positive that their family member received an effective service that was based on their needs. They said that communication with the registered manager was good and that they felt involved in their family member's life as much as they wanted to be.

Staff were aware of the whistleblowing policy and said that they would not hesitate to use this if required. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. The provider had a clear vision and set of values that were in the information guide provided for people who used the service. This information explains to people what they can expect from the service. We saw that staff acted in line with those values. One staff member told us, "Choice, independence and safety are the most important things. We encourage people to do things for themselves, we're here to provide support not do everything for people." They added, "This is the only job that I have really liked. I've never thought about leaving, I really enjoy my work."

Staff were positive about the support they received from the registered manager. Staff said that the registered manager had made improvements since they came into post and that the staff team worked better together under new leadership. Comments included, "We have regular staff meetings now, staff feel valued and listened to, the manager encourages us to share ideas to improve the service."

Staff were clear about their role and responsibilities. The team leader was observed to lead the shift and was well organised and calm in their approach. There were good communication systems in place; this included daily verbal and written staff handover meetings and regular staff meetings. Records showed that the registered manager used these meetings to reflect on any areas that required further development or as a method to further enhance staff's understanding and knowledge.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any restrictions placed on people's liberty, allegations and concerns of a safeguarding nature and any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

As part of the provider's internal quality monitoring, annual feedback surveys were sent to people that used the service, relatives, staff and visiting professionals. The registered manager told us that and records confirmed, these surveys had recently been sent out. The registered manager told us the returned surveys would then be analysed and an action plan developed in response to any areas of improvement required.

Accidents and incidents were recorded and action was taken to reduce further risks. Some people had high

anxiety that resulted in behaviours that were challenging. These incidents were recorded to show how the person was before the incident, what occurred and what the outcome was. This was to monitor for any triggers and the action taken by staff. These incidents were reported to the clinical team within the organisation for further review to identify any patterns or trends. This was supportive to the staff team and provided an additional check to ensure appropriate action had been taken.

The provider had robust quality assurance checks in place that monitored quality and safety; these also included how the service could continually improve. The registered manager completed daily, weekly and monthly audits and these were reported to senior managers within the organisation to enable them to be fully aware of how the service was progressing. These audits included checks on all aspects of the service including how people's care records were maintained, the training and support staff received and safeguardings, accidents and incidents. In addition the provider had an internal quality audit team that visited the service and a regional manager that regularly visited the service to conduct audits and checks. We saw the provider's internal audits and saw these were up to date and detailed.