

Chartwell Care Services Limited

Milligan Road

Inspection report

244 Milligan Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit took place on 24 May and 26 May 2017. The visit was unannounced.

244 Milligan Road is a residential home which provides care to people with learning difficulties who also have mental health needs. It is registered to provide care for up to 10 people. At the time of our inspection there were 10 people living at the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People using the service and relatives we spoke with said they thought the home was safe. Staffing levels were sufficient to ensure people's safety. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

Staff were subject to checks to ensure they were appropriate to work with the people who used the service, but these had not been comprehensively followed up when issues of possible concern had been noted. People's risk assessments provided staff with information on how to support people safely, though some assessments were not in place.

People using the service told us they thought their medicines were given safely and on time.

Staff had been trained, in the main, to ensure they had the skills and knowledge to meet people's needs. Staff understood their main responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives.

People had plenty to eat and drink and everyone told us they liked the food served. People's health care needs were met by referrals to health care professionals when necessary.

People told us they liked the staff and got on well with them. We saw many examples of staff working with people in a friendly and caring way. People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs. Activities were organised to provide stimulation for people and they took part in activities in the community if they chose.

People and their relatives told us they would tell staff if they had any concerns and were confident these

would be followed up.

People, staff and most relatives we spoke with were satisfied with how the home was run by the registered manager. Management carried out audits and checks to ensure the home was running properly to meet people's needs, though not all essential areas had been audited.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not comprehensively safe.

Staff recruitment checks were not fully in place to evidence that people were protected from unsuitable staff. People had risk assessments in place to protect their safety. People and their relatives told us they thought people were safe. Staff knew how to report any suspected abuse to their management, and how to contact safeguarding agencies if abuse occurred. Staffing levels were in place to protect people's safety. Medication had been supplied to people as prescribed.

Is the service effective?

Good 

The service was effective.

People and their relatives told us that staff support to meet needs was effective. Staff were trained and supported to enable them to meet people's needs, though there was an absence of training about people specific health conditions. People's consent to care and treatment was sought in line with legislation and guidance. People had sufficient quantities of food to eat and drink and told us they liked the food served. There was positive working relationship with, and referral to, health services

Is the service caring?

Good 

The service was caring.

People and relatives told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy, independence and dignity. People's religious and cultural issues were not comprehensively met.

Is the service responsive?

Good 

The service was responsive.

Care plans contained information for staff on how to respond to people's needs and this care had been provided. Activities based

on people's preferences and choices were available to them. People told us that management listened to and acted on their comments and concerns.

Is the service well-led?

Good ●

The service was well led.

People and their relatives told us that management listened to them and put things right if necessary. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. A system of audit was in place although not all areas of the service were included.

Milligan Road

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 24 and 26 May 2017. The inspection was unannounced. The inspection team consisted of one inspector and one expert by experience who spoke with people to get their views about the service they received. The expert-by-experience had personal experience of caring for people with learning disabilities.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

Before the site visit, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The PIR was returned to us and set out how it aimed to provide quality care to the people it supported.

During the inspection we spoke with six people who used the service, three relatives, the registered manager, a social care professional, a team leader and four staff.

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Is the service safe?

Our findings

People who used the service said that they felt safe. One person said, "Yes, [I] feel safe." Relatives also said they had no concerns over the safety of their family members. One relative said that they had never seen anything of concern when visiting and commented, "She [my family member] is safe." Another relative told us, "Definitely safe, very happy, no problems."

Relatives said that they were kept informed of any incidents or changes by the registered manager.

We spoke with a social care professional who said that the person she had arranged to be admitted to the home recently had improved their behaviour. We looked at a care plan for one person assessed as having behaviour that challenged the service. The risk assessment included relevant information such as how to manage the behaviour if the person became distressed. Staff told us of the steps they needed to take to manage this behaviour and to keep people safe. They were aware of the trigger points of the behaviour and how to try to distract people if they occurred.

We saw staff doing this in practice during the inspection visit. We checked the person's care plan. It stated that staff should use diversion tactics, though these were not specified. The registered manager said this information would be put into place. Staff would then have all relevant information they needed available to staff, to ensure they knew how to keep people safe. The registered manager explained that specialist assistance was available to staff at any time from an outside specialist team if they needed support to talk through how to manage any behaviour that challenged the service. This helped to ensure that people were protected from risks to their safety.

We saw other instances where staff kept people safe. For example, a person who had been identified as at risk of developing pressure sores, was on regular checks from staff to ensure they were repositioned regularly. However, the care plan stated they needed 30 minute checks when records showed they were checked on an hourly basis. Also, it was not clear whether they needed a pressure cushion to protect their skin when they were sitting. The registered manager said these issues would be followed up.

We saw that, in the main, people's care and support had been planned to ensure their safety and welfare. Care records contained individual risk assessments which staff completed and regularly updated for risks. The staff we spoke with were aware of their responsibility to report any changes to people's needs and act on them.

We saw that a staff member encouraged a person to drink more slowly. This ensured their safety by protected them from choking. We found that a staff member was also aware of foods that could cause a person to choke, so these were avoided. Care plans contained relevant information to keep people safe such as the type of texture of food and fluids they needed. We observed that staff followed these guidelines when assisting a person being assisted to eat which kept them safe.

Staff gave us other examples of how they would keep people safe. For example, they monitored water

temperatures so people did not scald themselves on hot water. They also checked floors to make sure they were dry to prevent people from slipping on them. Also, staff made sure that people who did not have capacity to protect their own safety, could not walk out of the home on their own. We saw evidence that the registered manager had discussed safety issues with staff.

Health and safety audits checks showed that equipment had been checked, and fire records showed that there had been regular testing of equipment and fire alarms. Sharp knives were securely locked away, so they were not accessible to anyone who could pose a risk to people's safety. We saw proper equipment was in place to keep people safe such as a crash mat by a person's bed to cushion them from falls. However, we also saw people sitting outside in the sun on a hot day. There was no parasol or other barrier to protect them from the sun. When this issue was raised, the registered manager immediately took steps to put this equipment in place to protect people from sunburn.

Regular fire drills had taken place and, fire equipment, for example fire extinguishers and fire bells had been regularly checked and serviced, and systems had been regularly checked, such as fire extinguishers and fire bells. A health and safety check was in place covering relevant areas such as first aid, water hygiene and control of hazardous substances. During the visit we saw laundry baskets in the dining room by a table which could be a tripping hazard. The registered manager said these would be moved.

Robust staff recruitment practices, in the main, were in place. Staff records showed that before new members of staff were allowed to start work at the home, checks were made had been made with and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, a reference received for one staff member stated there were issues of concern in their last employment. There was no information this had been followed up with the employer concerned. The record of another staff member also showed there had been had issues of concern in their past. There was no risk assessment in place to assess whether any risk was currently posed to people's safety related to this information. The registered manager acknowledged this information should have been in place and said that it would be followed up.

People thought they were enough staff on duty if they needed help. One person said, "Felt there is enough staff." Relatives told us they thought there had been enough staff on duty to meet the safety needs of people living in the service. One relative told us there were, "Always staff available." Staff we spoke with also thought there were sufficient staff on duty to ensure that people were protected from any safety risks. The social care professional we spoke with also confirmed that there appeared to be enough staff to support people in the home. We saw staff always being available when people needed them throughout the inspection visit.

If a safeguarding (protecting people from abuse) incident occurred staff followed the provider's procedure. A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals had been made to the local authority and other relevant agencies and with CQC being notified, as legally required. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said that if nothing was done at the service, "I would go further to someone like CQC or social services." The provider's safeguarding (protecting people from abuse) policy properly set out the role of the local authority in safeguarding investigations so staff knew who to contact to keep people safe.

The whistleblowing procedure set out information for staff to follow if they did not feel confident that the management of the service would act appropriately to keep people safe. However it did not state they could then contact relevant agencies directly such as the local authority or CQC. The registered manager said this would be amended. After the inspection visit, she sent us an amended procedure which included relevant information. This meant staff had the information they needed about what action to take if they were concerned about action that needed to be taken to ensure people's safety.

A person told us that staff gave them their medicine, "All medication [is] on time [with] staff support." Another person said, "Staff dish out [medication]... always at right time." A relative told us, "He is not good with tablets. He is a lot calmer now."

We saw that a system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and administered by staff trained and assessed as being able to do this safely. Staff told us that medicines were delivered in good time by the pharmacist so that people did not run out of their medicine and they were always available for them to take.

We looked at the medicine administration records for people using the service. These showed that medicines had been supplied to people and staff had signed to confirm this. Two staff were involved in this process to ensure people received their medicine at the right time and in the with the right dose. We saw that while one staff member gave the medicine to the person, the other staff member witnessed that they had done this is had been carried out safely. We checked the medicine stock and found this had been supplied to people, as prescribed. Fridge and medicine room temperatures had been tested to ensure that medicine was kept at the proper storage temperature to ensure it remained that it was effective.

Information about people's allergies was recorded to ensure medicine that could be a danger to people's health was not supplied to them. There were protocols in place for as needed medicines so people received these at the right times to people. There were medicine audits undertaken so that any errors could be identified and addressed. These systems ensured that people received their medicines safely and as prescribed.

Is the service effective?

Our findings

People said that staff effectively met their needs effectively. One person said, "Staff are trained to look after us." A relative said "[Staff are] well trained." Relatives we spoke with also said that the service effectively met people's needs. They complimented the staff at 244 Milligan Road and said they were good at their jobs. A relative gave examples of how the staff effectively dealt with their family member's behaviours and anxieties.

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "We have lots of training and refresher training."

Staff training information showed that staff had been trained in relevant issues such as medicines administration, health and safety and dealing with behaviour that challenged the service. There was an absence of evidence that staff had been provided with information about people's health conditions such as epilepsy and autism to ensure they had the proper knowledge to be able to effectively meet people's individual needs. The registered manager said this would be rectified and later supplied evidence of this training information.

Staff had also undertaken general training to support them in their roles as health and social care workers. Some staff we spoke with had undertaken induction training before commencing national vocational qualifications (NVQs) in health and social care.

There was evidence that new staff were expected to complete the Care Certificate induction training, which covers essential personal care issues and is nationally recognised as providing comprehensive entry-level training. To achieve the certificate, care workers must successfully complete 15 training modules by demonstrating that they have the right skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We saw that not all staff had been trained in received training to be aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests and, to keep them safe. However staff we spoke with had been aware of their responsibilities in relation to the MCA and DoLS. The registered manager said formal training in this legislation this would be arranged and later sent us information saying that this had been carried out.

At this inspection we found evidence of people's mental capacity had been formally assessed to and ensure that people's capacity had been taken account of. We saw evidence of proper applications being made to the relevant authority with regard to restricting people's ability to leave the home independently, in order to keep them safe. We asked staff about how they ensured people consented to the care they provided care to

people. They said that they talked with them, and asked for their consent before supplying personal care. We observed this to be the case when staff provided care to people. This showed us that staff understood had an awareness that they needed to check with people as to whether or not they wanted to receive care from staff.

People we spoke with indicated that they liked the food provided to them. A person told us, "Food good. Happy with choices." Another person said, "Can choose food, like spicy." We found that staff were aware of people's food choices. A relative told us, "No problems with food." Another relative said, "Happy with the food."

Staff were aware of what food people liked. One staff member said, "[One person] She likes fruit in the morning, does not eat hot breakfasts and has plenty of drinks." Another staff member said, "[Another person] He has to have a four part breakfast every day in the same order. Typically porridge, cereal, coffee or tea then orange juice."

Food records showed that there were choices at each meal. We saw information in people's care plans about how they wanted to eat their meals. Staff were been aware of specialist guidance to assist people to eat appropriate food.

We observed a person having breakfast. Staff assisted them some people to eat and encouraged them. They also supplied people with drinks during the day and at mealtimes. This helped to keep people hydrated.

People thought their health needs were met. A person told us, "See GP and Dentist regularly." Another person said, "Get support with GP and Dentist. Went to hospital to see Doctor yesterday." A staff member said, "We have started to draw up health action plans for everyone, working with discharge and outreach teams."

We saw in people's records that their health needs were met. Each person had their own health action plan. This contained details about a variety of relevant health appointments people had attended. For example, there was evidence of people having annual medical reviews and specialist medical appointments.

Staff told us that people always had staff support in attending appointments with any health professionals and that the GP would be contacted if a person was not feeling well. We looked at accident records which showed that medical assistance had been sought when agencies had been appropriately referred to when needed.

This showed that people were provided with an effective service to help ensure their health needs were met.

Is the service caring?

Our findings

A person told us "[I am] happy in the home." Another person said, "Staff care for us." Another person said, "Everyone [is] kind and helpful." Relatives also told us that staff were caring and supportive. A relative said, "Staff are friendly and very helpful." Another relative said that staff were, "Definitely friendly and helpful."

Relatives said that their family members were treated with dignity and respect. They also commented that staff were compassionate, kind and caring. We found this to be the case in our observations. We observed staff speaking with people. They showed friendliness to people and spoke to them in a non-patronising manner.

Throughout the inspection visit we noted that staff demonstrated an awareness of people's the likes, dislikes and care needs of the people who used the service. For example, a staff member asked a person if they wanted music to be put on the TV, as they liked music and dancing. Another staff member complimented a person on their shoes. Staff were interested in what people said to them. We saw many positive interactions when staff provided support to people, asking them what they wanted to do and what food they wanted, and having ordinary everyday conversations and joking with people.

People's rights were set out in the literature of the service. This emphasised respect for people, encouraging independence and respecting privacy. This orientated staff to provide a caring service that respected people's views.

We saw evidence in people's care plans that they had been consulted about how they wanted to live their lives. A person told us, "I remember being there when the care plan was talked about and I was able to speak about what I wanted." A relative told us, "I have been involved in setting up the care plan and the risk assessments." Another relative said, "[I was] initially involved when [my family member was] moving in some months ago, [and I] expects to be involved in an annual review."

People told us that staff respected their privacy. One person said, "[Staff] close [the] door, when [I'm] changing." Staff told us that they always knocked on people's doors and waited before entering. They closed blinds in bedrooms for privacy and covered people as needed during personal care.

People told us that staff promoted their independence. One person said, "[I am] as independent as I can be." Another person said, "[I am] independent but staff help with [a college course]."

Staff said that people were able to choose their own lifestyle such as when to get up and when to go to bed, staying up to watch TV, choosing their own clothes, whether they want to take part in activities and being able to go out when they wanted. Bedrooms were organised the way people wanted them and they were able to choose what colours their rooms were decorated in. This information about choices were was also reflected in people's care plans and included other issues such as whether people wanted to have a bath or shower. This showed that that staff respected people's choices of lifestyle.

There was evidence that staff respected people's cultural needs by providing food that people enjoyed and they were also aware of some foods people did they could not eat for cultural reasons. However there was no information on other cultural issues such as religious festivals and religious artefacts. The registered manager stated that staff would be provided with equality and diversity training which would address these issues and information on this issues would also be included in people's care plans.

The evidence we found here se issues showed that staff, overall, were presented as caring, supportive and friendly to people and respected their rights and choices.

Is the service responsive?

Our findings

People told us that staff responded to their needs.

A person told us that they were working towards being more independent and moving out of the home. They said staff helped them make their beds, and helped with budgeting and shopping. Throughout the inspection visit we saw staff responding to people's needs. For example, a staff member put a DVD about dinosaurs on the TV for a person, as they knew the person liked dinosaurs. The person showed satisfaction that this had been done for them. The registered manager noticed that a person did not have their dentures in and encouraged them to do this. She also encouraged the person to have a dental appointment made to check that their dentures fitted properly.

We saw that staff members had a good understanding of people and this helped them to . For example, about how the service dealt with behaviours that challenge the service. They said their approach was successful due to their knowledge of the people's likes and dislikes which they, combined with empowering them to make positive behaviour choices, thus developing their coping skills for difficult situations. Staff described employing distraction tactics to try to avoid situations. We saw an example of this during the inspection visit. Staff followed a person's the care plan and tried to divert their a person's attention and also gave them space, whilst they were distressed. This response enabled staff to manage the situation safely.

We looked at care plans for four people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans designed to ensure that people received the care and support they needed. The social care professional was positive about how staff had worked with her client to improve their relationships with other people and their personal care routines. However, they also stated that a person's care plan had not been updated since the meeting they had recently held. The registered manager acknowledged this and stated the care plan would be updated.

Care plans contained valuable information to enable staff to respond to people's needs. For example, people had communication passports, which set out how the best to communicate with them. We saw that a care plan had pictures that staff could used to help them communicate with the person. However, another care plan we saw stated that staff should use gestures and hand signals too aid communication, but did not state in detail which ones to use. The registered manager said this would be included in the plan. This would then provide staff with relevant information on how to respond to the person's needs.

We saw that care plans had included of details about people and their preferred lifestyles, . For example, about their personal histories, their likes and dislikes (such as instructing staff to give them time so that they could communicate in the way they wanted) and what activities they wanted to do. In a person's care plan, it stated that they wanted to follow their activity schedule , "At my own pace and on my own terms'." These care plans gave staff information about how to support people and to help them to achieve what they wanted.

Staff were familiar with When we spoke with staff about people's needs, they were familiar with them and were able to provide information about people as individuals. There was also information in care plans about meeting people's communication needs in terms of assisting people with getting regular sight and hearing checks..

We saw that care plans were reviewed to ensure they continued to meet people's needs. A person told us that they were involved in reviews of their care. This ensured that staff could properly respond to people's changing needs. Daily records recorded relevant issues into people's lives in detail so this relevant information was available to staff and assisted them to provide responsive care and support to people.

We looked at staff cover. There were eight to nine staff members on duty throughout the daytime and evening for the people accommodated. This was because people had needs that usually meant that they needed a staff member to support them at all times. The staff we spoke with thought that staffing levels were enough to respond to people's needs in good time. The social care professional we spoke with said that there appeared to be enough staff on duty to be able to respond to people's needs.

We also saw evidence that people had key workers and there was regular one-to-one meetings with people to check people were happy in the home, that they had activities of their choice provided and to ask whether there was anything else the person wanted to do. We saw evidence of a key worker conversation with a person. This set out what the person wanted to do. However, there was no action plan in place to facilitate this. The registered manager said this would be followed up. This would then mean a comprehensive system was in place to ensure that people's requests had been responded to.

Staff told us that the registered manager asked them to read care plans and they were able to tell us important information about people's needs. They said information about people's changing needs had always been communicated to them through handovers and recorded in people's care plans. There was evidence in care plans that staff had signed to indicate they had read care plans so they were in a position to respond to people's needs.

People told us they were provided with activities they were interested in. They confirmed there were a good range and frequency of activities. One person said, "[I] had a show yesterday. I sing and dance." Another person said, "[I had a] tea dance, disco and bowling." Another person told us, "[I] go to the park, pub, club, market, car boot, boxing and bowling, and have a play station in my room."

We saw a summary of people's weekly activities. These were individual to the person and included activities such as going to the library, going to college, bowling, and going to discos. People told us they were able to maintain relationships with friends and family. One person said that they were able to see their brother. A staff member pointed out that a person was seeing their family member that afternoon.

Staff had knowledge of people's likes and dislikes so they were able to support them to maintain their hobbies and interests. We found people's bedrooms had been personalised with their things such as displays of family photos and photos of activities such as holidays and trips out. This responded to people's needs of having things around them which were of interest and comfort to them.

People and their relatives told us they felt comfortable raising concerns and complaints with the registered manager. They said that although they had not had cause to complain, they felt "'listened to'" by staff when they brought any issues to them.

People and their relatives also told us they felt confident that they could approach the registered manager

and issues would be dealt with. A person told us, "[If I have a] complaint I tell staff and.. staff listen. I am [the] boss." Relatives also said they knew how to complain. One relative told us, "Yes I would know how to complain and have confidence it would be dealt with." Another relative told us that there were rarely any issues but when they had come up, staff had dealt with them quickly and effectively.

We looked at the complaints book. The registered manager stated that no complaints had been received for the previous 12 months. There was information in the complaints procedure that if a complaint had been made this would be properly investigated with proper action taken if any issues were identified. This information provided reassurance that the service responded to concerns and complaints. However, it implied that CQC would investigate, if they did not think their complaint had been investigated properly. This is not the legal situation. After the inspection, the registered manager sent us an amended procedure, which directed people to the local authority, the proper complaints authority.

Is the service well-led?

Our findings

People said that they liked living in the home. One person said, "Staff listen and would act on wishes, [I] always get support if [I] have [a] query." Another person said that she felt involved in running the home, "I interview new staff." Another person told us, "[I] would recommend this place."

Relatives also told us that they thought there was a positive culture at the home. One relative said, "[People are] well supported. [I] have every confidence." Another relative said staff were, "Always open and honest. The home is well led and very well managed." Relatives told us that staff showed a genuine understanding of their family member's needs and what was important to them.

A relative said that they felt the registered manager was open and transparent in any dealings they had with her. Staff told us that the registered manager was always available to speak with people at any time to help them in any way. On staff member told us: "There is an open door policy here with the manager." We saw this was the case during the inspection visit. This was an indication of a well led service.

Staff also commented that management had an open door approach to them and that they felt fully supported in carrying out their role. We saw this was the case in practice during the inspection visit. The staff we spoke with told us they could approach the registered manager about any concerns they had. They felt their opinions would be properly listened to and said they had received useful advice on how to deal with situations relating to people's needs.

They said there had been regular staff meetings where issues were discussed as a team to agree a consistent way of providing care to people. Also the registered manager kept the staff notice board up to date in the office with relevant information to help them with their job.

A staff member we spoke with demonstrated the organisation's core values of dignity and respect by stating that people needed, "To be treated as individuals just like you and me, with respect."

During the visit we observed that the registered manager and staff members were knowledgeable about the people that use the service. The registered manager was able to describe the overall culture and attitude of the service as meeting people's needs and promoting their choices and welfare. Staff were kept up to date with people's changing needs by having handovers of information at the beginning of their shifts.

Staff members we spoke with told us that the registered manager always expected people to be treated with dignity and respect. They all told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living there at 244 Milligan Road were always put first. A person told us that they were able to take part in staff recruitment. The registered manager confirmed this was the case and that people had vetoed some staff appointments because they did not think they candidates had friendly attitude. This meant that people had a meaningful role in the decision to have staff working in the home that they approved of.

We saw evidence that regular residents meetings had taken place, which meant people were encouraged to express their views. The issues discussed were relevant to what people thought important, such as activities and where to go on holiday. One person had wanted to see a show or concert. However, there was no detail as to how this and other issues had been taken forward. The registered manager said this would be put into place.

Staff had been supported through staff meetings which contained relevant issues such as staff training, teamwork and any incidents that had happened. Staff confirmed that the registered manager took into account their views and opinions during the sessions. We also saw evidence that the registered manager had taken action in relation to trying to ensure that staff worked together efficiently. However, we did not see what had been learnt by with regard to any incidents. For example, how to, for example, prevent their reoccurrence or manage them in a better way. The registered manager said this would be put into place.

The registered manager understood her legal obligations including the conditions of her registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

There was a system in place to ensure quality was monitored and assessed within the service. There was also a management oversight of the home through having senior management meetings. This included discussions of relevant issues such as staffing issues, incidents and improving the premises.

We looked at a number of quality assurance checks. This included relevant issues such as medicine checks, and health and safety checks which covered relevant issues such as first aid, accident reporting and staff training. Care plans were reviewed to ensure they were still relevant to people's needs. There was a monthly checklist of relevant issues in place completed out by the registered manager. This included issues such as maintenance and infection control, though there was no audit in place to assess whether staffing levels were always sufficient to meet people's needs, or of and on staff training. The registered manager stated that this would be followed up.

By having quality assurance systems fully in place, this protected the welfare of people living in the service.