

House Martins Care Limited

House Martins Care Limited Number One

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

We carried out a comprehensive inspection of this service on 25 and 26 January 2016. We last inspected this location on 23 September 2013 and found the service to be compliant with all regulations we assessed at that time.

House Martins Care Limited provides specialist residential care and support to people who are deaf and living with a learning disability. Accommodation and support at House Martins Number One is provided from a residential house which is well integrated within the local community. At the time of our inspection visit, five people who used the service were living at House Martins Number One. People who used the service also benefited from being in close proximity to the services other residential home, House Martins Number Two. This enabled the service to provide a wide range of activities from both locations. Deployment of staff was also flexible between both locations which meant the service was well equipped to respond to people's individual needs.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The service had systems and procedures in place which sought to protect people who used the service from abuse. This included an appropriate safeguarding policy and associated procedures. Staff we spoke with demonstrated a good understanding of local safeguarding procedures and how to raise a concern. However, we found safeguarding information was not available in a format which would help people who used the service to understand how to raise a safeguarding concern. We spoke with the registered manager about this and immediate positive action was taken by obtaining information from the local authority website and then clearly displaying this information within the service.

We looked at recruitment and selection procedures and found safe recruitment practices were in place. This was evidenced through our examination of employment application forms, job descriptions, people's proof of identity, written references, and Disclosure and Barring Service (DBS) checks. These helped to ensure potential employees were suitable to work with vulnerable people.

Accidents and incidents were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of such events occurring in the future.

Information was readily available which detailed how people's individual support needs should be managed in the event of an emergency evacuation from the premises.

Medicines were stored, administered, recorded and disposed of safely. This included a sample signature list of staff responsible for administering medicines being available. A photograph of each person who used the

service receiving medication was displayed on their file to reduce the risk of medication errors. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Health and safety records relating to buildings and premises were complete and up to date. Fire equipment was maintained and checked. Emergency lighting was checked and a first aid kit was readily available. Gas and electrical safety certificates were up to date. Emergency contact information was also readily available in case of a domestic emergency such as; flood, fire or loss of power.

People's care plans included a wide range of up to date and relevant personal and health information. Risk assessments were completed and up to date. We found holistic assessments in place for each person who used the service which included comprehensive information detailing: 'about me', 'my circle of support', and 'my daily routine'. Health action plans were also included in each file, which contained health and other relevant information to help provide consistency of care.

We found the staff induction programme for new starters was robust. The service followed nationally recognised 'Common Induction Standards' through the Skills for Care Framework.

Staff supervision was conducted consistently with a wide variety of issues being discussed, which included identifying training needs, personal development and person-centred care planning.

Opportunities for staff to access training and development were on-going throughout the year. Staff we spoke with told us they were able to access training courses relating to specific subjects as well as more generalised training.

We looked at the how service supported people with their nutritional and hydration needs and found that staff demonstrated a good understanding of people's likes and dislikes, dietary preferences and personal requirements.

People who used the service told us staff were kind and caring. A number of people had lived at House Martins for many years and knew their support workers well. Three people who used the service were very happy to show us their rooms and told us they had been involved with choosing the decorations and furnishings.

People told us they enjoyed a variety of activities and were well supported in accessing the local community. We saw a 'daily plan' for each day of the week which detailed a wide range of activities that people who used the service were supported to participate in. This included football, dance, swimming, drama and crafts. Additionally, two people who used the service were supported to access part-time employment.

The service had effective systems in place for quality assurance and audit. Quarterly quality assurance checks were completed covering a variety of areas; including the environment and first impressions; policies and procedures; medicines management; finances; person-centred support; and, general risk assessments.

People who used the service, their relatives, staff and other professionals we spoke with, all agreed the service was well-led and the management team was knowledgeable, friendly and approachable.

The service had an appropriate complaints policy which clearly described how to make a complaint. We also looked at the comments and compliments book which included a variety of thank you cards and notes, in addition to a number of complimentary emails sent from an appreciative relative.

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.

The service had systems and procedures in place which sought to keep people safe and protect them from harm.

Recruitment and selection of staff was robust and the service followed safe recruitment practices.

Medicines were administered, stored, ordered and disposed of safely with clear guidance provided.

Is the service effective?

Good ●

The service was effective.

New members of staff received a comprehensive induction.

Access to training and opportunities for continuous professional development was good.

Supervision was effective and completed on a regular basis.

People were supported to ensure their nutritional and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us they thought the service was caring.

We found the atmosphere within the service to be calm, welcoming and very homely. People who used the service had been involved in choosing the decorations and furnishings for their own room.

Staff demonstrated a genuine caring ethos and people who used the service clearly responded well to this.

Is the service responsive?

Good ●

The service was responsive.

Support plans were person-centred and individualised with information about what was important to people, what they liked to do and important people in their lives.

People who used the service were supported to access both paid and unpaid employment opportunities.

The service provided a comprehensive range of daily activities which enabled people to maintain links with the local community.

Is the service well-led?

Good ●

The service was well-led.

The service benefited from a well-established management team who knew the service well. This was reflected in the positive feedback we received when we asked people if they thought the service was well-led.

Staff told us they felt valued, respected and involved in wider decisions about how services should be delivered.

We saw how the service had recently forged links with the provider of a similar service elsewhere within the North West and would be seeking to benchmark itself against this and other services in the future.

House Martins Care Limited Number One

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.

A comprehensive inspection of this service was carried out on 25 and 26 January 2016. We gave the service 48 hours' notice of our inspection visit. This was because people living at the locations we wanted to visit are often out during the day; therefore we needed to be sure they would be in.

The inspection team consisted of one adult social care inspector from the Care Quality Commission. We also used an independent British Sign Language (BSL) interpreter who helped us to speak with people who used the service, and with members of staff who were deaf.

As part of inspection process, we reviewed all the information we held about the service including statutory notifications. We contacted external professionals from the local authority and local NHS community services.

Because of the services joined-up approach to delivering care and support across both of their locations, throughout this inspection report there will be similarities in the content to that of the inspection report for House Martins Number Two, which we also inspected alongside House Martins Number One.

As part of our overall inspection of both locations, spoke with:

- ☐ Six people who used the service
- ☐ Four support workers
- ☐ Three managers
- ☐ Four relatives

- ☐ Three external professionals.

We looked in detail at:

- ☐ 10 care and support plans and associated documentation
- ☐ Seven staff files including recruitment and selection records
- ☐ Training and development records
- ☐ Audit and quality assurance records
- ☐ A variety of policies and procedures
- ☐ Building safety and maintenance records.

Is the service safe?

Our findings

Without exception, each person we spoke with told us they felt safe at House Martins. One person who used the service told us, "I feel very safe here". Another person commented, "[Member of staff] keeps me safe and I'm happy." A third person who used the service told us, "I'm very safe here." One relative told us, "[My relative] has been living at House Martins for a number of years. The staff keep in regular contact with me by telephone and give me regular updates. I feel very reassured knowing [My relative] is safe and well looked after." Another relative commented, "Without doubt [My relative] is safe at House Martins. The staff do a great job keeping people safe and supported. I have no worries."

The service had systems and procedures in place which sought to protect people who used the service from abuse. This included an appropriate safeguarding policy and associated procedures. Staff we spoke with demonstrated a good understanding of local safeguarding procedures and how to raise a concern. However, we found safeguarding information was not available in a format which would help people who used the service to understand how to raise a safeguarding concern. We spoke with the registered manager about this and immediate positive action was taken by obtaining information from the local authority website and then clearly displaying this information within the service.

We looked at the care and support records of each person who used the service at House Martins Number Two and found there was a range of risk assessments in place to keep people safe from harm. These included assessments and strategies for managing behaviours that challenge, emotional and mental health, physical health and moving and handling. Staff were aware of the risks to people and what action was required to keep people safe from harm. For example, one person who used the service was identified as being at a high risk of choking when eating and drinking. We found the service had thoroughly risk assessed this issue and implemented a number of strategies that sought to keep this person safe when eating and drinking. We could also see that information had been cascaded to all staff involved in this person's care and support.

We saw that staff had attended an emergency first aid course organised by the NHS ambulance service which equipped them with the skills to deal with medical emergencies that might occur within the home.

Information was available within the service which detailed how staff could raise information of concern via whistleblowing procedures. Staff we spoke with told us they were confident in raising concerns and felt confident these issues would be taken seriously and acted on.

We found accidents and incidents were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of such events occurring again in the future.

Medicines were stored, administered, recorded and disposed of safely. This included sample signatures of staff responsible for administering medicines and a photograph of each person who used the service alongside their Medicine Administration Record (MAR). Staff were trained in the safe administration of medicines and kept relevant records that were accurate and up to date.

We looked at staffing levels across the service and found sufficient numbers of staff were deployed across both locations in order to keep people safe and meet their individual needs. The service also benefited from a flexible workforce who worked well together across both locations which enabled the service to respond quickly and effectively to people's changing needs.

We looked at recruitment procedures and found robust and safe recruitment practices were in place. This was evidenced through employment application forms, job descriptions, people's proof of identity, written references, and Disclosure and Barring Service (DBS) checks. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

Health and safety records relating to buildings and premises were complete and up to date. Fire equipment was maintained and checked regularly. Emergency lighting was checked and a first aid kit was readily available. Gas and electrical safety certificates were up to date. Portable electrical appliance testing (PAT) was completed on a regular basis along with water temperate checks. Emergency contact information was readily available in case of a domestic emergency such as flood, fire or loss of power. The service did not use any moving and handling lifting devices.

We looked at how well people were protected by procedures for the prevention and control of infection. We saw the service had a robust cleaning schedule in place and found the home to be visibly clean and tidy and maintained to a good standard. House Martins Number One had also achieved the highest rating for food safety and hygiene from the Food Standards Agency.

Is the service effective?

Our findings

One person who used the service told us, "[My support worker] is always here to help me." Another person we spoke with commented, "I love the staff here, they help me to do things I like." One social care professional we spoke with over the telephone told us, "All of the staff at House Martins are excellent in the way they keep professionals updated and informed about changes to peoples' individual support needs. They are doing an excellent job."

We found the staff induction programme for new starters was robust. The service followed nationally recognised 'Common Induction Standards' through the Skills for Care Framework. By following the common induction standards, new starters were provided with key information about their role as a social care worker. This also included topics for personal development, safeguarding and person-centred care planning. New starters also received regular supervision and were expected to pass a six month probationary period.

One member of staff who had been newly appointed to the service told us, "The support I've received since starting work here has been fantastic. I get regular supervision from more experienced staff and I've also had lots of support to help me understand how to complete the day to day paperwork. I'm really happy working here." This member of staff also went on to tell us how before working at House Martins they had never worked in care before. An opportunity to complete a work experience placement was initially organised and after a very successful trial period, they were offered a permanent post. This member of staff further added that this had been "life changing" for them. This was because the staff member was themselves deaf and had previously found it difficult to integrate into other job roles with non-deaf people. We were also told that because every member of staff at House Martins is proficient in British Sign Language, they felt included and involved in all aspects of communication within the service.

We looked at training and development and found the service demonstrated a good ethos around providing opportunities for continuous professional development and further training. Staff were expected to complete mandatory training which included deaf awareness training, disability awareness, first aid and mental health awareness. The service also provided opportunities for staff to access a wide range of online e-learning courses through the Association of Greater Manchester Authorities (AGMA) virtual college.

We found staff supervision was completed quarterly and accurate records were kept to evidence the issues discussed during these sessions. For example, topics discussed during supervision included personal development, access to training and person-centred care planning. We also found that staff were actively encouraged to share their views and opinions. Annual staff appraisal was also built into the supervision programme and appropriate records were kept.

One member of staff we spoke with told us, "We are always supported to complete training. There is never a problem asking to go on courses." Another member of staff commented, "The deaf awareness training I've completed has been really good. I'm growing in confidence when using sign language to communicate with people who use the service and I'm hoping to do more advanced sign language training in the future."

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.

During our inspection, we looked at one example of the service participating in a multi-agency best interest meeting. This was to discuss the health care needs of one person who used the service. It was clear from the documentation that the service had made every effort to ensure decisions were made with as much involvement as possible of the individual and that the decisions made were in the person's best interests.

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 residential care homes 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. At House Martins Number One we found that no one who used the service was the subject of a DoLS. People who used the service were fully supported as and when they chose to go out and no one who used the service was the subject of any restrictive practice.

We looked at how the service supported people to maintain good health and to access healthcare services. We found that each person who used the service had a comprehensive Health Action Plan which was easily accessible with their individual care and support plan. This gave clear information and appropriate guidance about people's individual health needs and how best to manage their on-going health issues. We also saw that the service completed an holistic assessment of people's wider health needs which included mental and emotional health, family and social relationships, lifestyle and culture, and daily living skills.

We found that people were supported to attend a variety of health related appointments and the outcomes of these appointments were well documented in people's individual care and support record. We saw a number of examples where the service had provided high levels of support when people who used the service were hospitalised. In one example, a person who used the service had unfortunately been taken ill during a holiday. A member of staff remained with this individual throughout their 24 hour stay in hospital to offer support and reassurance. In another example, a person who used the service was in hospital for a period of six weeks. During the first week of this person's hospital admission, staff remained at the person's bedside for 24 hours each day. Additionally, to ensure that this person's needs were met, staff from House Martins developed a pictorial communication aid which the hospital staff could use to communicate. Throughout the remainder of this person's hospital stay, staff consistently visited twice a day. The additional hospital support was provided by House Martins without any extra funding and with the costs absorbed by the service.

We looked at the how the service supported people with their nutritional and hydration needs and found staff demonstrated a good understanding of people's likes and dislikes, dietary preferences and personal requirements. Staff we spoke with also clearly understood the importance of encouraging people who used the service to maintain a healthy balanced nutritious diet whilst acknowledging that individuals were able to make their own choices. For example, we saw one person had recently been diagnosed with diabetes and that the service had fully considered their individual needs when planning menus and providing the right kind of support to ensure appropriate dietary choices were made.

We looked at how well the premises in which House Martins delivers its services are suited to the needs of people who used the service. We found the service had gone to great lengths to ensure that House Martins

Number One was presented to reflect an everyday home; whilst still ensuring that appropriate adaptations were in place to support people to access all areas of the service. This enabled care and support to be provided in such a way that people who used the service felt fully integrated into their home environment.

Is the service caring?

Our findings

Throughout our inspection visit, we found the atmosphere at House Martins Number One was calm, welcoming and homely. Staff demonstrated a genuine caring ethos and people who used the service clearly responded well to this.

People who used the service told us staff were kind and caring. Some people had lived at the service for many years and were familiar and comfortable with the staff and considered the staff as friends. One person who used the service told us, "I love living here." Another person commented, "[My support worker] is great." A third person who used the service told us, "I love living here and enjoy being with my other friends."

During our inspection we contacted people's relatives by telephone. One relative told us, "The care and support the staff provide is just wonderful." A second relative commented, "The staff are so caring. They always seem to go above and beyond to help [My relative]. I couldn't wish for [My relative] to be living at a more caring place. A third relative told us, "The staff are beyond caring, they are wonderful."

We looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through established person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives and meet their individual needs. Involvement of people who used the service was clearly embedded into everyday practice. The views and opinions of people were actively sought and information was always presented in a way that enabled people who used the service to fully participate and make informed changes. Wherever possible, staff employed within the service were actively encouraged to communicate with each other by means of sign language. This meant that people who used the service were not excluded from day to day conversations and were empowered to actively participate in wider discussions.

Staff we spoke with demonstrated a good working knowledge around equality and human rights and its practical application within adult social care. It was evident that equality of opportunity and support of people's individual human rights was acknowledged by staff as an everyday part of their role and not simply as an 'add on.'

Two people who used the service proudly showed us their rooms and told us they had been involved with choosing the decorations and furnishings. Each room was personalised with people's individual items and were homely and welcoming. We observed staff being respectful of people's private space whilst still maintaining a supportive and caring presence within the home.

Regular house meetings were held which enabled people to share their views. However, it was evident that through the open and inclusive nature of the service, people were always encouraged to share their views about day to day issues which may not be expressed in the more formal setting of a traditional house meeting. We found that appropriate records were kept which detailed discussions and decisions made during meetings. For example, we were shown information which detailed discussions that had taken place

about planning for future holidays.

Is the service responsive?

Our findings

When considering our judgement as to whether the service was responsive, we have taken into account a number of unique features distinct to House Martins. The service is provided from two locations which are in close proximity to each other. Both House Martins Number One and House Martins Number Two regularly provided activities and support to people who used the service at both locations. This joined up approach promoted good social interaction for people who used the service and instilled a greater sense of shared belonging. Furthermore, staff were deployed flexibly across both locations which meant the service was well equipped to meet peoples' individual needs and to respond rapidly to any changes. For this reason, we have considered House Martins 'whole service' approach to being responsive.

People who used the service told us they enjoyed a wide range of activities. One person who used the service took great delight in telling us about the things they enjoyed doing and spoke in detail about going swimming and about a forthcoming holiday they had been involved in planning. Another person who used the service told us, "I enjoy baking cakes and really like going swimming." A third person told us, "I enjoy going bowling and like to go to the shops." We saw how the service planned activities though 'daily planning' charts and found people were well supported to participate in a full programme of daily activities which included football, dance, swimming, drama and crafts. People also attended a community drop-centre and were supported to learn new computer skills.

One person who used the service was supported to participate in paid part-time employment. This individual attended their place of work four mornings per week. A member of staff from House Martins accompanied this person each day but the emphasis was very much on empowering this individual to be as independent as possible within the workplace. We saw supporting evidence which demonstrated how this individual had flourished over recent years. For example, we saw a record had been maintained by the service which described this person's transition from a previous support provider into House Martins and how the personal outcomes for this individual had greatly improved. Additionally, a photographic record had been taken which clearly demonstrated how engaging and meaningful this part-time employment was for the individual concerned. Through the use of an independent British Sign Language interpreter, we spoke at length with this individual about their experiences of living at House Martins and about going to work each day. This person told us, "I really love going to work. I deliver post around the building, do some filing and I collect the tea and coffee money. I also do lots of other things that I really like to do. I also talk a lot to other people which I enjoy." This person went on to tell us how much they enjoyed living at House Martins; they told us, "I love all of the staff and they help and support me very well each day. I have my own bedroom and a television which I chose myself."

A second person who used the service was also supported to participate in paid part-time employment and to complete voluntary work. This individual attended work once a week at a local supermarket. Staff from House Martins would support this person as and when required whilst at work but the emphasis was once again about empowerment and encouraging independence. At the time of our inspection visit, this person was not available for us to speak with directly as they were out. We did however once again see supporting information which demonstrated the value of this individual participating in both paid and unpaid work.

We also contacted a number of external professionals who had regular contact with House Martins. One social care professional told us, "House Martins are Salford's best kept secret. The service, and the staff working within it, are amazing." A healthcare professional told us, "The outcomes for people living at House Martins are excellent. The service really considers the needs of the individual and adapts to meet their needs. I have nothing but praise for what they do and how well people are supported day to day." Another social care professional told us, "House Martins is such a rare and unique service. The type of service they deliver is in great demand and people enquire about it from all over the country. The staff are very knowledgeable and understand the needs of deaf people exceptionally well."

We looked at how new referrals to the service were assessed. The registered manager told us pre-admission assessments were completed by experienced members of staff to ensure the service could fully meet people's needs. This process included gathering background information from a variety of sources including other health and social care professionals and from those individuals who are important in people's lives. We saw evidence of how the service supported people's transition between services which included opportunities for people to have familiarisation visits or staff from House Martins would visit people individually to get to know them before moving into the service.

We looked at one example which demonstrated how responsive the service had been in ensuring that the transition between services for one individual had been managed well and how the service had been able to support this person to go on to independent living. Prior to being accepted into the service, staff at House Martins ensured this person was fully involved in all aspects of the decision making process and that they could fully meet their needs. Once all parties involved agreed the move was the right thing to do, this individual was fully supported to move into House Martins and a tailored support package was implemented. This included a great deal of work around life skills such as budgeting, cooking and staying safe whilst both at home and whilst out in the community. During this time, the service also supported this person to access paid employment opportunities.

After a number of years of being in receipt of such practical support and guidance, this person and those involved in their day to day support, decided steps should be taken to look towards more independent living. House Martins then worked with this person to choose appropriate accommodation and soon after they moved into a property of their own which they had chosen to be near to House Martins. Staff from the service continued to provide community based support but this was gradually reduced to a minimal level. We saw how this person was continuing to do exceptionally well living in the community and how they were maintaining links with House Martins by regularly dropping into the service and by participating in various social activities, including going on holidays. We learnt how maintaining these links with the service was incredibly important for this person as it enabled them to regularly engage with other members of the deaf community.

During our inspection we looked at the care and support plans for each person who used the service at House Martins. We found each one to be well written and organised in such a way that was easy to read. Support plans were person-centred and individualised with information about what was important to people, what they liked to do and important people in their lives. Information about the person's ability to make decisions and support they may need was also included. Each week a 'weekly summary' was completed for each person who used the service which included key aspects of an individual life during that week. For example, information was captured that detailed any family contact, social life and outings, employment, incidents or behaviours that challenged, living skills and details of any specific choices people had made.

We also saw that reviews of peoples' care and support plans were thorough and completed on a regular

basis. Every three months an assistant manager and the support worker of the person who used the service would complete a 'support plan supervision' session. This involved a structured discussion around every aspect of people's individual care and support needs. Information was then documented on the support plan supervision record. People who used the service were also offered every opportunity to participate in such reviews. Information was recorded on the form to indicate whether or not a person who used the serviced had participated in the review.

The service had an appropriate complaints policy which clearly described how to make a complaint. We also looked at a comments and compliments book which included a variety of thank you cards and notes; in addition to a number of complimentary emails sent from an appreciative relative.

Is the service well-led?

Our findings

At the time of our inspection 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 the registered provider, 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.

House Martins benefited from an established registered manager who had been in post since the service was established. The registered manager was also well supported by two assistant managers who themselves had been with the service for many years. Each manager we spoke with was knowledgeable and knew the service well. This was also reflected in the positive feedback we received when we asked people if they thought the service was well-led.

One local authority social care professional told us, "The service is very well managed. The registered manager is a wealth of knowledge in respect of the deaf community and I regularly contact them for help and advice." An NHS professional told us, "House Martins is very well-led by staff who know each person well and who fully understand the needs of people who are deaf and who are living with a learning disability." Another local authority professional commented, "The manager is very longstanding and is well respected within the deaf community. It's a wonderful service all of the team provide at House Martins."

Relatives of people who used the service at House Martins each agreed that the service was well-led. One relative told us, "I really do not know what we'd do if it wasn't for this service. All of the staff and managers are wonderful and they do so much to keep us informed." A second relative commented, "The service is exceptionally well-led and managed. I have absolutely no issues about this."

Staff told us they felt valued, respected and involved in day to day decisions about how service was managed. One staff member said, "The registered manager is great. They are really approachable and always willing to listen. We're also really lucky to have two good assistant managers who both do a great job." Another member of staff commented, "It's been fantastic since I started working here. The manager has been really supportive and given me lots of opportunities to learn which has increased my confidence." A third member of staff told us, "It's a unique and great place to work. I love it here."

We saw that staff meetings were held on a regular basis and appropriate records were maintained. More widely, we found a management philosophy within the service which promoted a culture of openness and honesty. Managers were highly visible and involved in every aspect of the service. Issues that may arise from time to time within the service were often effectively resolved on an informal basis.

The service had effective systems in place for quality assurance and audit. Quarterly quality assurance checks were completed for a variety of topics including the environment and first impressions; policies and procedures; medicines management; finances; person-centred support; and, general risk assessments. Each quality assurance topic included action taken, by whom and when. As a result of the services own quality assurance checks, we were told systems and procedures for day to day financial management of peoples'

money and expenditure had been updated and improved by moving to electronic based records.

We also saw how the service had recently forged links with the provider of a similar service elsewhere within the North West. Whilst still in the early stages of development, we saw that the service would be seeking to benchmark itself against this and other services and would be seeking external quality assurance of its own systems.