Deafway

Brockholes Brow - Preston

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

The inspection took place on 19 July and 7 August 2018 and was unannounced.

The last inspection of this service took place in August 2016 when we found the provider was not meeting the requirements of Regulation 9 : Person-centred care of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people and their representatives were not always involved in reviews of their care. The service had also failed to notify us of the events as required by law. The service had been rated as Requires Improvement and submitted an action plan to demonstrate how they would address these shortfalls.

Brockholes Brow - Preston (Brockholes Brow) provides accommodation for up to 34 people who are deaf and have a range of learning disabilities, physical disabilities, and/or mental health problems. There are four separate houses, one being for people needing intensive one to one care. All rooms are of single occupancy and there is a communal lounge, kitchen and dining room in each of the four houses.

The home had a newly appointed manager who had applied for registration with CQC to be the 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.

We checked the action plan sent in after the last inspection and found that the service was now meeting the regulations.

Plans of care were based around the individual preferences of people as well as their medical needs. We saw how people and their representatives were involved in reviews of their care, to ensure it was of a good standard and meeting the person's needs.

Staff were kind and caring and treated people with respect. We observed many positive and caring interactions throughout the inspection. Staff knew people's likes and dislikes which helped them provide individualised care for people.

The provider used a robust recruitment procedure which ensured people received support from staff vetted as suitable to work with vulnerable people. People were involved and contributed to the recruitment process of potential staff. All staff used British Sign Language (BSL) and deaf staff were recruited as much as possible to act as positive role models. This had included the recent appointment of the new manager. Staff were skilled in communications including BSL, to maximise engagement with people.

A number of new staff had recently started work and the senior management team had under gone a restructure. Staff and people in the home told us they were feeling very positive about these changes.

People were safe living at the home because they were supported by a sufficient number of staff who had the right skills and knowledge to meet their needs. Staff understood their responsibilities with regard to reporting suspected abuse, in order to safeguard people.

The service had ensured risks to individuals had been assessed and measures put in place to minimise such risks. A comprehensive plan was in place in case of emergencies which included detail about how each person should be supported in the event of an evacuation.

Staff received induction and on-going training to enable them to meet the needs of people they supported effectively. Staff were supported by way of regular supervision, appraisal and access to management.

Effective systems were in place to ensure people's medicines were managed safely. Only trained staff were allowed to administer medicines.

We have made a recommendation that the provider ensures that the records for administration of 'as and when' medications (PRN) include written protocols for their use.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were well managed by the service. Staff worked as part of multi-disciplinary teams to support people with a range of complex healthcare needs. People were very well supported to access external healthcare services as they required. The new manager was very focused on ensuring equal access to health services.

People had access to a wide range of activities which were provided seven days a week and were well supported by staff to access the community and activities further afield.

The service was being well-led and run by the new manager, senior staff and executive team who had a clear vision about promoting deaf people to have opportunities to achieve and engage fully in society.

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 and the rating for this domain had improved to Good

Prescribed medicines were managed safely and stored safely. We recommended instructions for the use of PRN medications should be clarified.

All the required checks of suitability had been completed when staff had been employed.

People were kept safe and there were sufficient staff to meet people's needs.

Risk to people and the environment were well managed.

Is the service effective?

Good

The service was effective.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

The manager was knowledgeable about how to ensure individuals' rights were protected.

Staff had received training suitable to their role and responsibility.

People said they enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Is the service caring?

Good

The service was Caring.

Staff treated people kindly and provided support sensitively. Being able to communicate with people had a high priority in the

service.

People were supported in a way that promoted their welfare and wellbeing.

People made choices about their lives and their independence and dignity were protected and actively promoted by staff in the home. People therefore received support that made a positive difference to their lives.

Is the service responsive?

Good

The service was responsive and the rating for this domain had improved to Good

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences. People were involved in the development and review of their care plans.

Staff understood the concept of person-centred care and put this into practice when supporting people.

There was a wide range of individualised activities on offer at the home. People were also encouraged to pursue their own hobbies or interests, within the home and in the wider community.

We saw that accessible information was available to show people how to raise complaints.

Is the service well-led?

Good

The service was well-led and the rating for this domain had improved to Good.

The service was being well-led by the new manager. Staff morale had improved and staff and people in the home were positive about the new senior team.

We found a positive, caring culture at the home and staff knew the requirements of their roles and responsibilities.

Incidents and notifiable events had been reported to CQC.

There were systems in place to monitor the quality of the service, which included regular audits, meetings and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

Brockholes Brow - Preston

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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.

The inspection took place on 19 July and 7 August 2018 and was unannounced. The inspection was undertaken by two adult social care inspectors who were supported by a British Sign Language (BSL) interpreter.

We asked a BSL interpreter to work with us at the home, because the majority of people who lived there used BSL to communicate between themselves and with staff. We were supported to speak with twelve people who lived at the home. We observed how people were supported to maintain their independence and preferred lifestyle.

We spoke with nine staff members, the two team leaders, the manager, finance officer and the chief executive officer. We also spoke with a relative of a person using the service after the inspection. We looked at records including six care records, training files, staff supervision records, medication records, audits and complaints.

We contacted the local Healthwatch team, service commissioners and other healthcare professionals such as social workers and community mental health nurses to gather their views about the service.

Before the inspection, we reviewed all the information available to us. This included notifications from the provider about significant events, information we had received from members of the public and from other professionals, such as the local authority and clinical commissioning groups. The provider also submitted a Provider Information Return (PIR). A PIR is a document in which the provider can tell us what they think the service does well and how they plan to improve the service further. We collated all of this information into a planning tool to inform the inspection.

Good

Is the service safe?

Our findings

People we spoke with through our interpreter expressed that they felt safe and secure with the service provided. They had confidence in the staff's ability to care for them safely. Relatives that we spoke with had no concerns about the safety of their family members. People told us, "Yes I am safe. I'm not frightened." Another said, "Yes I'm alright, I feel safe here." And "No one has bullied me but I know what to do as I will tell the staff."

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. All staff attended safeguarding training as part of their induction to the service and then had regular updates. It was clear from talking with staff that they knew how to identify different types of abuse and how they would report any concerns. A support worker told us, "Safeguarding and keeping people safe has a high priority here. We keep it current through training updates and it's raised in supervisions and staff meetings." Another said, "We use our roles as keyworkers to spend time with people one to one so we can talk about any issues worrying a person." Safeguarding posters were on display in the staff offices to notify staff of who to contact if they had concerns. We found there were policies and procedures in place to guide staff on how to help keep people safe.

Medication was managed safely and records were robust. We found the provider operated safe systems with regard to ordering, receipt, storage, administration and disposal of medicines. Staff followed the home's policy and procedure when administering medicines. We looked at staff training records and saw that staff had received medication training. One staff member said, "We sometimes have spot checks by the manager or team leader." We did find that that improvements could be made to how medicines were transported around the service. The manager told us that the service was addressing this by carrying out risk assessments and adapting their practice accordingly. We also found that the written care plans for people who may challenge the service could be made clearer on the use of as required medicines (PRN). We found that the use of PRN medicines to calm agitation were not written into the overall care plan and did not tell staff what to do if this did not work.

We recommend that the provider refers to national best practice in the use of PRN medicines and their use as part of managing behaviours that may challenge the service.

We looked at how the provider recruited staff to make sure only suitable candidates, of good character, were employed to work at the home. The provider operated robust processes, in line with their recruitment policy. We saw checks had been undertaken to verify candidates' identification, skills and qualifications, performance in previous jobs and also with the Disclosure and Barring Service (DBS) - formerly the Criminal Records Bureau (CRB). These checks helped to make sure candidates were suitable to work with people who lived at the home. A record of checks, along with interview questions and application forms was kept on staff personnel files. People living at the home were involved and contributed to the recruitment process of potential new staff. This helped to ensure only staff with the right attributes and checks were employed in the service.

At the last inspection we made a recommendation to review staffing levels so that they meet all the needs of people in the service, including going out on activities.

On this inspection we found that there was enough staff to meet the needs of the people being cared, and that these were flexible according to people's changing needs and to allow for community engagement. We saw the staffing rota reflected this. There had been a recent recruitment drive and several new staff had commenced work. Staff we spoke with also confirmed that there were enough staff on duty to meet people's needs. Our observations identified people's needs were met in a timely way and staff were present in communal areas. Relatives we spoke with told us the staffing levels were always maintained. One relative said, "The staffing is adapted to meet [my relative's] needs. The staff are very flexible, it is very person centred."

We found that managing risk had a high profile and was a central part of working with people. We saw care was planned and delivered in a way that promoted people's safety and welfare. Records were in place to monitor any specific areas where people were more at risk, and explained to staff what action they needed to take to protect them. People were given opportunities to try out and test out new skills in a stepped approach which allowed them to build confidence whilst also minimising the risks. Risk assessments had been personalised to each individual and covered areas such as using the kitchen, eating and bathing. This ensured staff had all the guidance they needed to help people to remain safe.

Risks relating to the premises, grounds and general operation of the home had been assessed. There were visual alarms in each room, in each area of the home. These warned D/deaf people in the event of an emergency, in the same way as audible alarms would alert hearing people. We saw the provider had implemented a comprehensive business continuity plan. This provided staff with guidance on action they must take in the event of an emergency. Each person who lived at the home had a personal emergency evacuation plan. They also had a one page profile of their needs, which could be shared with emergency services staff. These helped to ensure people's needs could continue to be met safely in the event of an emergency evacuation.

We saw records that showed that the equipment in the home was serviced and maintained regularly to ensure that it was safe to use. The training given to staff and the regular maintenance of equipment ensured that people who lived in the home were protected against the unsafe use of this equipment.

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learnt.

Good

Is the service effective?

Our findings

The people we spoke with, through our interpreter, told us staff supported them in the way they needed to live full lives. One person told us, "I can do what I want and go where I want. I never used to be like this. I would never go anywhere. It's been great coming here. I have done so many new things with staff help." Another said, "I have a keyworker. It's been the same one. He is fantastic. He helped me do up my flat and choose new furniture. I love it here. I've been in care homes that I didn't like but here you get freedom to do things."

People all said they liked having deaf staff and staff who could use BSL to communicate with them. One said, "I feel confident speaking with them, they are patient with me." Another said, "The manager, (Name) takes time with me. We sit down to talk about issues like my finances and what I can and can't afford. He takes his time to talk to me."

We received positive feedback from healthcare and social care professionals about the staff and the care and support given. They reported that staff were skilled, motivated and knew people using the service well. One out of county healthcare professional who gave us feedback reported, "Deafway (Brockholes Brow) provide appropriate and good support and care. There are very few services that are able to meet my client's needs but overall their needs are met according to their care plan."

People were supported by staff who had sufficient skills and knowledge to provide effective care and support for people who lived at the home. Staff told us they had good access to training. They explained most training was sourced from external providers and delivered on site at the home. These included safeguarding, health and safety, equality and diversity, dignity in care, fire safety, infection control and emergency first aid. Staff also received training to enable them to deliver care to meet people's specific needs, such as diabetes, epilepsy, autism and mental health conditions. This showed the service provided a good level of training to staff, which helped to ensure people's needs were met.

The staff team was made up of people who were D/deaf and people who were hearing. All staff received training to enable them to communicate with people who used the service who were D/deaf. Staff told us and records confirmed they had all completed an accredited level 2 British Sign Language (BSL) course. A new drop in session for staff had been set up to improve their BSL skills. This was led by a deaf senior team leader who said, "We have found these sessions work really well. It's informal and gives new staff the chance to try things out with no pressure. They come along have and have a coffee." We observed communication between staff and people who use the service and asked people whether they found it easy to communicate with staff. We saw, and were told by people, that communication was good. Staff clearly understood people and vice versa. Staff knew people well and were skilled in communicating effectively with people who were vulnerable because of their circumstances.

We saw that staff supervision and appraisals had improved since the last inspection. The new manager and senior team had focused on meeting with all staff and had focused on team building. Staff now received regular supervision and support sessions. Staff told us they now felt very well supported. They told us if they

had any concerns or issues the new management team were very approachable and were always there to offer support and guidance. All staff said they also supported each other and worked well as a team. A programme of annual appraisal of individual staff performance identified areas for improvement and training needs.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had made several applications under DoLS for people who had been assessed as lacking capacity to make the decision about where to receive care and treatment. We reviewed cases where applications had been authorised by the local authority. In each case we found conditions stipulated in the authorisations had been incorporated into people's plans of care.

Staff had received training with regard to the MCA and DoLS which equipped them with the skills and knowledge to effectively carry out their responsibilities. Where there were concerns about people's capacity to make decisions, the service sought input from external professionals to assist in assessing the person's capacity. We saw evidence of best interest meetings which had been attended by a range of professionals, the person themselves and their representatives. This process helped to ensure any decisions made about the care a person received were in their best interests.

We found that people received excellent ongoing healthcare support. People had hospital passports that were up to date. These contained notes, contacts, and a medical checklist for use in case of a hospital admission. People were supported by staff to attended healthcare appointments and the service was proactive in ensuring equal access to services. Staff promoted and insisted on the use of independent signers to ensure impartiality during appointments or consultations. A commissioning social worker from out of county told us, "I have been impressed with the contact I have had with Deafway (Brockholes Brow) as a specialist provider for deaf and deafblind people, they have come to Leicester to assess for placements promptly and have made every effort to ensure the transfer from the service users home to Deafway is as smooth as possible. All staff understand about deaf people's needs and the service user has access to information at all times." Another professional told us, "Deafway have a close working relationship with National Deaf Mental Health Services. They (Brockholes Brow) are very aware of the link for some deaf people and an increased risk of experiencing mental health issues."

People were supported and encouraged to have a healthy diet. We saw the service made timely referrals to the dietician and speech and language therapists, where appropriate. This helped to ensure staff had access to specialist professional advice and guidance about people's nutrition. people told us they had plenty of choice and enjoyed the meals. They said they had the option to eat in the large dining room or in their individual houses.

The service was designed and adapted to ensure that people could be safe and yet given independence within each house. We saw the home had aids and adaptations such as an assisted bath, hoists and moving and handling aids to meet people's physical personal care needs and those specific to the needs of deaf

people. The site was a campus style development which included a sports hall, social club, canteen, and organisations offices as well as the four houses.

The provider and new manager were aware of the Registering the Right Support national guidance for good practice in developing services for people with a learning disability. The service was predominantly for people who were deaf and was judged to be following a person centred approach, including supporting people to access the wider community and to learning and leisure opportunities for personal development. The new manager spoke of plans for the service and a drive to making changes so that the environment was less institutional. For example, to phase out the linked corridors and to personalise some areas such as internal hallways, and bathrooms in each of the houses. The manager said that the executive committee board members had agreed to funding of a programme of works to improve the external appearance of the building. People in the service were keen to show us a new patio area where they said they had recently enjoyed BBQ's. People were able to grow plants, flowers and vegetables in the gardens and greenhouses if they so wished. The site also included a sports hall and social club which we were told people made good use of.

Good

Is the service caring?

Our findings

People told us that staff were "really kind and caring" and "I'm really happy here." One person said the staff in the home were "all great, they respect me and never rush me." One person said they had been in another care home and didn't like it but the difference with this service was "Staff treat me with respect and I know what I can do and what I've agreed to."

We heard from relatives and professionals who visited the home that they always observed caring and respectful interactions. They said that the staff were professional but caring and kind. One relative said, "I can come whenever I like and staff are always lovely with all the residents, they take their time with people and are very caring." People were supported to maintain contact with family and friends. This was through arranged visits, text messaging and video calling. Relatives that we spoke with were also satisfied with the attitude of staff towards people and their friendly manner.

We observed that staff supported people in a friendly, compassionate and yet professional manner. Staff took opportunities in every day conversation to reinforce and praise people for their progress and took a real interest in what they were doing. Staff also encouraged the people to reflect on things that may not have gone so well. This also was done in a non-judgmental and kind way. It was notable that staff gave the acknowledgment of people's progress to the individual.

People who used the service responded well to this approach. It was clear that staff had taken time to get to know the people who they provided a service to. We saw from written records of care that information had been gathered about people's personal histories. There was also a section on what people enjoyed doing along with their likes and dislikes. This helped to enable staff to deliver person centred care. This had hugely boosted people's self-esteem.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Staff ensured that people had the means to communicate effectively so that their wishes were known. A key feature of the home was the time given to people by staff on a one to one basis. This meant that people had lots of opportunities to express themselves so that their wishes were known and recorded. This had also help in promoting people's independence and skills. Goal setting with people in the service was a key feature of staff supporting people. For example one person's goal was to make more of their own meals and to go shopping for food.

The service had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. An independent mental capacity advocate (IMCA) who was deaf attended the service every month to speak to each person on an individual basis. People were made aware of their attendance through a poster on display. We saw evidence of referrals to the advocacy service when making decisions related to people's capacity to consent around certain behaviours.

We saw that people's privacy and dignity was upheld and central to the philosophy of the home. There were

policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. This meant that the service ensured that people were not discriminated against. One staff member summed it up by saying, "Every individual is different, and we mean that here."

Good

Is the service responsive?

Our findings

We found that the service was flexible and responsive to people's individual needs and preferences. Before people moved into the home, a comprehensive assessment of their care needs was undertaken. The areas covered by assessments included, people's mobility, communication, eating and drinking, as well as any health care needs. This helped to ensure people's needs could be met before they moved in to the home.

At the last inspection of September 2016 we found the service to be in breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulation 2014 person-centred care. We found that people were not fully involved in the development of their care plans. We found on this inspection July 2018 that people were now fully involved in reviews and care planning. Staff told us that this had been helped by the introduction of a clearer key worker system.

People told us they had been involved in the initial assessments and care planning process. This helped to ensure people's needs were accurately assessed and their preferences explored, in order to provide personalised care to them. People's likes and dislikes were documented in well organised care files. This gave staff easy access to important information about how people wanted their care to be delivered. We observed that staff anticipated people's needs well and responded promptly to any requests for assistance. We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social and health care professionals. We found support plans informed staff how to support and care for people to ensure that they received care in line with their assessed needs. They had also been regularly evaluated to ensure that they were up to date and captured any changing needs. One health care professional told us staff would come to meetings or appointments well prepared to ensure relevant points were discussed. They said, "We meet and discuss what is the issue, staff tell me what they think, bring clear questions and already have some solutions to discuss. They are a good staff team to work with as they are proactive in managing people's needs."

The service promoted person-centred care and individuality. A healthcare professional told us, "I am particularly pleased with the progress of three service users which have been placed there, their mood has improved, their independence has been prompted and they have a better quality of life compared to where they were living before and that is because all the care/support and communication needs can be met at Deafway." Staff supported people to access the community and minimise the risk of them becoming socially isolated. One social worker told us, "People I work with have gained independence from their time being there. Many of their everyday stresses have been reduced as they are living in a deaf environment where they can talk freely with other residents and staff reducing their social isolation."

Staff at the home provided people with a range of activities to help prevent any social isolation. The home had good links with the local community and organised people's participation in activities further afield,

such as adventure weekends and holidays abroad. We saw lots of pictures of people taking part in a range of activities including work and voluntary placements. The site also included a sports hall and social club which we were told people made good use of and this was also open to deaf people living in the community to reduce their social isolation.

The home had a full range of accessible information and there was always a signer on site so that deaf people and staff could communicate with visiting professionals and other visitors. The service also made good use of technology to communicate, including tablets, computers, Skype and a Facebook page. All staff training and policies and procedures were recorded onto DVD and streamed on-line with the use of a signer so that all staff have access to the same information.

Staff listened to and responded to people's complaints and comments. People told us they could approach any member of staff with any concerns and they were confident any issues would be resolved. People told us staff often asked them whether everything was okay.

The provider had implemented a complaints policy and procedure. This was made available to everyone who lived at the home and their relatives. The policy provided a framework for how management should deal with any complaints. This included contact details of other organisations which people could escalate their complaint to, if they did not receive a satisfactory resolution. We looked at two complaints and saw they had been managed appropriately, in line with the provider's policy.

Good

Is the service well-led?

Our findings

The service had been without a registered manager in post for over a year. The service had now recruited to the post and the manager, in post since March 2018, had applied to become the registered manager.

We reported at the last inspection that staff morale was low and staff reported a lack of engagement by senior staff, including the board of trustees. The previous registered manager had been on extended long term leave and this had added to the feeling of instability that was reported by the staff team. There had been staff shortages and staff turn-over had been high.

The organisation had sought ways and brought in measures for the board of trustees to be more involved and they were actively encouraging deaf trustees for the board. At the start of this year 2018 there had been a major overhaul of the senior team, which led to the recruitment of a new manager and the creation of a deputy role. This new manager was very experienced in working with deaf people and the development of services for deaf people. He told us that the board of trustees had been receptive to new ideas and had agreed funding for some of these to be put into action, such as the upgrading of the building.

Staff and people in the service were overwhelming positive about the new managers appointment. One staff member summed this feeling up and told us, "It's a huge boost for deaf staff and being a role model for people living here. He is very focused on equal rights and access to services for deaf people. We feel he is a real champion for all of us." Another staff member told us, "I like the way he develops the staff already working here and sees the positive in people. We all feel like we have a say in how the service is developed. It's an exciting time to work here and can only bring about more positives for people living here."

The new manager spoke of plans to develop the service and how the board of trustees had been very supportive. They had already approved improvements works to the site as a whole so that the first impressions and outside of the service was better maintained and more welcoming. The manager told us of the areas he had identified for improvement and those he had already acted upon. This had included an overhaul and update of care plans, the restructuring of staff roles, and identifying and arranging for training where there had been gaps.

We were also told by adult social care commissioners that the new manager had developed very good working relationships with members of their team who carried out audits. They described the manager as being "Very open to suggestions and keen to drive up the quality of the service."

There were a variety of systems to assess and monitor the quality of the service provided. These included surveys, regular meetings, safety checks and audits on a variety of matters, such as medication, care planning and incidents. This had recently identified that the care planning system needed to be up date and more responsive to people's needs. These were now much more person centred and clear for staff to read and update on an on-going basis.

The service also carried out regular customer satisfaction surveys which included questions about the

standard of care. Formal and informal methods were used to gather the experiences of people who lived in the home and their feedback was used to develop the service.

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. We saw how the team developed ideas and plans together so that all staff had ownership and were fully engaged in ensuring these changes were put into place.

We saw that residents' meetings were held where people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in. These were for the service to address any suggestions made that might improve the quality and safety of the service provision.

At the last inspection we found that the service was not reporting all events required of them, such as serious injuries and allegations of abuse. On this inspection we found that where required we had been notified of incidents and accidents and appropriate referrals had been made to the local authority. This meant we could check that appropriate actions had been taken.