Care Quality Commission

Royal Mencap Society

Royal Mencap Society - 56 Chart Lane

Inspection report

56 Chart Lane
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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

Overall summary

56 Chart Lane is a residential home for up to eight adults with learning difficulties. Some people are also starting to experience age associated conditions, for example the early stages of dementia. There were six people living at the home at the time of our inspection. Accommodation is over three floors.

This inspection took place on 30 June 2015 and was unannounced. At the last inspection on 16 September 2013 we asked the provider to take action to make improvements to the environment and staffing levels. At this inspection we found the improvements required had been made. There had also been additional increases in staffing levels to meet the changing needs of people.

People all said they felt safe and there was nothing worrying them. They said the staff were kind and they were happy. One person said staff made sure they had the things they wanted. For example, items they wanted and decorations in their room. People said staff helped

Summary of findings

them write their care plans, helped them when they needed it, and in the way they wanted. People said they liked their rooms and food. They told us they could choose what they wanted and could have a snack or a drink any time. People also said they shopped for food, helped cook and enjoyed the activities and holidays.

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

People were protected from abuse and avoidable harm. Staff knew how to report suspected abuse and their responsibilities for doing so. Staff recorded assessments to identify any risks and plans were in place to reduce the risks. For example, some people's verbal communication skills varied and there was a risk at times their needs would not be known, To address this there were two specific alternative communication systems in place and staff used these when needed.

People were supported by enough suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken to ensure the staff were suitable for their role. There was enough staff with the appropriate skills and experience to keep people safe. Staff were appropriately trained and understood their responsibilities. Staff received training to ensure the care provided to people was safe and met their needs. Staff received regular supervision and support to assist them to deliver care that met people's needs.

The premises and equipment were safe with regular health and safety checks carried out. There were safety audits to ensure the premises was safe and annual testing of equipment and services such as hoists and electrical equipment.

Systems were in place to ensure that medicines were stored, administered and managed safely. Staff had received the required training, and there were enough experienced staff to manage medicines appropriately to meet people's needs safely. People had access to healthcare services to ensure their health needs were met. For example their GP, opticians and dieticians.

People were provided with a choice of healthy food and drink to make sure their nutritional needs were met. At mealtimes people ate well and were content with their choices. One person showed us in a file full of food pictures and showed us what foods they liked and had eaten every day.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring any restrictions to their freedom and liberty had been authorised by the local authority as being required to protect the person from harm. The home was meeting the requirements for DoLS. Staff had a good understanding of the Mental Capacity Act to ensure people's legal rights were protected where they lacked capacity.

Care plans were developed with people to identify how they wished to be supported and which goals they wanted to achieve and these were regularly reviewed. People were supported in a way that promoted their dignity by being valued, spoken to kindly and treated with respect.

There was a formal complaints procedure with response times. Where people were not satisfied with the initial response it also included a system to escalate the complete to the provider.

People received care that was consistently responsive to their needs. The registered manager was inclusive and promoted a transparent culture. The provider analysed and acted on information acquired from quality assurance questionnaires to monitor and improve the quality of care. The home was in line with their CQC registration requirements, including the submission of notifications to us so we could monitor incidents in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were recruited appropriately to ensure their suitability to work with people and to ensure they had the necessary skills and knowledge.

There were enough staff deployed to meet people's needs safely.

Staff had received training in safeguarding and knew their responsibilities for reporting any concerns regarding any possible abuse.

Risks to people had been identified and managed well to reduce the chance of people coming to harm.

There were regular health and safety checks carried out to ensure the premises and equipment were safe.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Good

Is the service effective?
The service was effective.

Staff were effectively trained to care and support people. Staff were supervised regularly to ensure they had up to date information and knowledge.

The registered manager and staff had a good understanding of the Mental Capacity Act and had kept up to date with changes in legislation to protect people and ensure their legal rights were protected.

People had access to healthcare services to ensure their day to day health needs were met.

People were provided with nutritious meals of their choice.

Good

Is the service caring?
The service was caring.

Staff spoke kindly to people, knew them well and understood what was important to them. Staff knew peoples likes, dislikes and preferences well,

People were supported to maintain relationships and friendships.

People were cared for by staff that supported their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

Staff were able to respond to people's needs and had the time to do so.

People's needs were assessed and individual preferences were discussed with them daily.

Good

Summary of findings

Information and concerns about quality of care were investigated and recorded. Complaints were positively promoted and encouraged and seen as an opportunity to improve care practice.

Care plans had been updated regularly. People, their relatives and the professionals involved were encouraged to provide on going feedback.

Is the service well-led?

Good

The service was well-led.

The atmosphere at the home was relaxed and the home was managed well.The registered manager knew the staff and people well and they knew him well too.

People had the opportunity to raise quality issues with the registered manager.

The provider and the registered manager carried out audits to assess the quality of the service. Systems were in place to make sure the staff learnt from events such as accidents and they were in line with their CQC registration requirements, including the submission of notifications to us.

Royal Mencap Society - 56 Chart Lane

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.

This inspection took place on the 19 June 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

People who lived at the home communicated in different ways. For example, with speech, pictures, some sign language or in different ways at different times. We spoke and used other methods of communicating with all three people who were in at the time of our visit. We spoke the registered manager and three members of staff.

We spent time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We looked at all areas of the home. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at three people's care plans and carried out pathway tracking for them. Pathway tracking is where we look at a person's care plan and check that this is being followed and their needs met. We also looked at staff training and supervision records, three staff recruitment files, medication records, risk assessments, accident and incident records, environmental and maintenance records.

At the last inspection on 16 September 2013 we asked the provider to take action to make improvements.

Good

Is the service safe?

Our findings

At the last inspection on 16 September 2013 the provider was not meeting the regulation in relation to staffing levels and safety of the premises. The provider sent us an action plan on 9 November 2013 that stated all the improvements required had been made. At this inspection we confirmed staffing had been fully addressed with an increase in staffing levels. Almost all of the concerns regarding the safety of the premises were also addressed but a few areas remained. Following the inspection, the registered manager sent us evidence that the remaining areas had also been addressed satisfactorily.

There were fire drills and the fire alarm system was regularly checked. Fire doors had automatic closing devices so that door would close in the event of fire to reduce the risks to people. All the people we spoke to told us they felt safe and nothing was worrying them. When we asked one person if they were worried about anything they said 'No'. One person said they knew they were safe because they felt "Happy." People told us they would tell a member of staff if they were worried about anything. Staff said they explained to people their right to be safe and how to report abuse, due to peoples communication needs pictorial aids were used by staff where needed. Staff said people were safe because there were enough staff and the induction included the risks to people.

The registered manager had systems in place that ensured safeguarding concerns were reported appropriately. Staff received training in safeguarding and whistle blowing and had yearly updates to ensure their knowledge was up to date. Discussions with staff showed their training had been effective as they demonstrated a good understanding of their own responsibilities in reporting any abuse they suspected and knew how to do so. Staff told us that if they suspected abuse they would not hesitate to report it to the registered manager, the local authority or notify the CQC which was in line with the home's safeguarding policy. One member of staff showed us the policy stating this which was on display in the staff room for them to refer to if needed.

Assessments were undertaken with people to identify any risks and provided clear information and guidance for staff to keep people safe. There were general assessments for everyone, for example for, mobility, activities, cooking, and finances. There were also assessments specific to individual's needs. For example there were risks associated with one person being active at night and there was additional support provided to address the risks and keep the person safe from harm. Assessments were regularly reviewed and updated to ensure they were current Staff had knowledge of the risk assessments and what steps they should take to help keep people safe from harm. For example staff told us about one person who went out alone but was now at risk of getting confused and lost. The risk assessment identified this risk and identified that the person had the ability to use an identity card with the homes contact details and also notes to safely communicate with people in the community if they needed help. Staff said this was implemented so the person could continue to go out alone safely and helped maintain their independence.

Staff took appropriate action following incidents to ensure people's safety. Where needed medical attention was sought for people and the incident reported. Staff recorded incidents to help identify patterns and to look at the possible causes. A plan was produced to reduce the risk of incidents reoccurring in the future. Staff gave us an example where a person's mobility was getting worse and near miss potential falls in the bathroom had increased. They put in place bath mats, chairs and steps for them to use when bathing to reduce the risk of falls.

There were arrangements to evacuate people in the event of a fire or similar emergency and people had been told or shown what to do in those events. The provider had sufficient arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies. This included a place of safety should the home become unusable for care. Staff were able to tell us about the contingency plans and what actions they would take in the event of an emergency to keep people safe. This ensured that appropriate care could be provided during and after foreseeable emergencies.

There were adequate staffing levels in place that helped keep people safe. Staff told us there were enough of them. People told us the staff helped them when they needed it and we saw staff provided support when people wanted it and without delay. Staffing levels had been increased as identified as needed in the last report. Where there were previously two staff on duty except the mornings, this had changed to two staff at all times. Staff rotas we looked at showed that this was the usual level of staffing. The

Good

Is the service safe?

registered manager confirmed that they would ask for a review if anyone's care needs changed. They said they had done so recently and a result they changed night staff levels to provide increased support. This ensured people had the staff support time they needed allocated by the responsible local authority care managers.

There was a safe recruitment process with the required checks undertaken prior to staff starting work. Recruitment files included two references and photographic evidence of staff identity. There were copies of qualifications and training. These showed that staff were appropriately qualified and had the knowledge, skills and experience to meet people's needs. Staff files included satisfactory Disclosure and Barring Service (DBS) checks. DBS checks identify if prospective staff have a criminal record or have been barred from working with vulnerable people. There were clear disciplinary procedures in place for staff where necessary.

Medicines were stored and administered safely by staff that had been trained to do so. Staff were aware of what medicines people needed and when. Medicines administration records had been kept securely and recorded appropriately. There were appropriate return procedures for unused medicines. This meant that staff had clear records to confirm if medicines had been taken or not. The latest pharmacy audit recommended maintaining a chart at the home to monitor the stock levels to better know when a repeat prescription order needed to be made. This and other actions had been implemented to make medicines procedures safer.

Good

Is the service effective?

Our findings

People told us they enjoyed the food, got enough to eat, could choose what food they wanted and could have a snack or a drink at any time. People also told us they had shopped for the food and helped cook and clear up.

One person told us they were involved in choosing the menus, the food was nice and they could have something else if they did not like the food on the day. Another person told us a favourite they often had was corned beef. Menus showed a variety of nutritious food was on offer which included vegetables and fruit which was available in bowls around the home. Staff kept records of what food was on offer and what foods the person ate each day to ensure people received adequate nutrition. Records of risk assessments regarding food and healthy eating were produced and management plans were in place regarding this. Staff showed clear knowledge of people's dietary needs. For example they told us about one person who was at risk of choking and another who was diabetic and had a special diet. Weekly menu planner meetings were held to encourage people to choose their weekly food and to maintain a healthy diet.

People also chose to eat meals out. There were menus with photographs of the food and a food picture file so that people that needed support to communicate could make choices about what they wanted to eat. When we asked one person what their favourite foods were they used the pictorial menu to help them show us the foods they liked. They pointed at one picture saying: "I like it a lot." One person told us they had just returned from food shopping and they would be cooking food with their support worker later on that day. Staff supported people to have food and drinks when they wanted. For example, one person showed us their kitchen and while we were there had a cup of tea which they made with the support of the staff.

New staff received a 12 week induction which included training in different topics for example, health and safety, handling and lifting, safeguarding and whistleblowing. The induction included observation and testing of staff by the registered manager to ensure they were competent. Examples of areas of competency assessed were, being a competent reporter, being an active supporter, being a team player and a safe practitioner. Staff confirmed they had a full induction when they started. One staff member told us "I had a proper induction with Mencap like moving and handling and mental capacity training." This ensured staff had the skills and knowledge to work with people.

There was an effective programme in place that the registered manager monitored to ensure staff were up to date with their training. Staff told us they felt they received the training they needed to meet peoples' needs. Staff were up to date with training and refresher courses were booked to ensure they built upon their skills and knowledge. One staff member told us ''They do a test after each training to make sure that they understood all that they had learned''. In addition to the general training programme, where needed other training was provided to meet people's individual specific needs. For example staff members attended diabetes training and a dementia course. Staff told us they had been confused by the behaviour of the person with early dementia and found it difficult to help them. After training was provided, they told us "Things suddenly made sense and helped them understand how to support them better." Staff said they knew for example if the person did not want to communicate, to keep trying later as they may well get a different response later. Staff were also supported to obtain professional qualifications to develop their skills. For example five staff had a NVQ Level 2 or above, or a Diploma in Health and Social Care.

Staff received regular supervision and on-going appraisals regarding their performance, conduct and training needs. Staff had eight, one to one supervision sessions and four appraisals every year. Staff told us that they felt supported by the registered manager and confident to raise issues. One staff member told us they were worried about their confidence with computers affecting their training. They said they raised this with the registered manager who was supportive and set up computer training sessions which gave them confidence to access online training better. There were also staff meetings where the running of the home was discussed and suggestions made to improve upon the care that was provided.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and received updated training. The provider and staff had a clear understanding of the MCA and knew how to make sure people who did not have the mental capacity could have decisions made on their behalf and in their best interests legally. This helped ensure rights and interests were protected. Where people lacked capacity to

Good

Is the service effective?

understand certain decisions, best interest meetings occurred to make decisions on their behalf to keep them safe. For example one person's capacity to decide to go on holiday was assessed and they were deemed to have capacity to make the decision and were supported to do so. These meetings included family members, independent mental capacity advocates where needed, and social workers.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards aim to protect the rights of people by ensuring any restrictions to their freedom and liberty had been authorised by the local authority as being required to protect the person from harm in the least restrictive way possible. We found the provider to be meeting those requirements. Where people required some restrictions to keep them safe, the provider must submit applications to a 'Supervisory Body' for authority to do so. Some people needed to be restricted from accessing the community unsupervised for their own safety. The home had made an application to the supervisory body to deprive some people of their liberty in line with DoLS. This ensured people were only subjected to lawful restrictions that protected them, their choices and rights.

People were supported to maintain good health. Staff used monthly review meetings to monitor health appointments and annual health checks. Care records showed that when needed, referrals had been made to appropriate health professionals. Staff used a file with pictures to help to communicate with some people. There were pages with pictures helping people with visual impairment, hearing loss or limited speech to express themselves. There were pictures relating to health issues. which helped clearly explain in pictures and simple words what the problem may be, the cause and how people felt about it. People visited the doctor when they needed, and had good access to health care and check-ups like the dentist and opticians. Plans contained hospital passports and a health action plan. These records explained a person's medical and communication needs so this information could be effectively passed to other health professionals. For example one person used both sigh language and speech to communicate.

Good

Is the service caring?

Our findings

People told us the staff were kind and they liked them. One person referred to a staff member as their friend and two people told us they would like a particular member of staff to support them on holiday again. People told us they were involved in their care plans. People also told us friends visited them and they visited friends and relatives. People told us they were supported to be independent. One person said ''I do my own things". "I go out alone and I do my room." The atmosphere was friendly and relaxed. People were smiling, happy and joked with staff playfully throughout the inspection. When the registered manager arrived people went up to them to talk. They were smiling and were obviously happy to see them. From how they talked with knowledge of each other, it was clear that they saw each other quite often. Later in the day one person confidently entered the registered manager's office and started to banter with them and staff in a friendly manner. This showed people knew each other well and people felt like the home was their own.

People had the opportunity to make their views known about their care and support through regular one to one key worker meetings and weekly group planning meetings. Daily logs were kept and comments on how the person felt about support were recorded. For example the way they were supported with food shopping. People had their own detailed and descriptive plan of care that they were involved in creating and updating. The care plans were written in an individual way, and explained how the person preferred their care to be carried out. The information covered all aspects of people's needs including their likes and dislikes and gave clear guidance for staff about how to meet them. Staff knew peoples preferences, for example they told us one person used to eat beef but recently enjoyed eating chicken more. Staff knew what was important to people. For example, while at home it was important for one person to have an orange bag attached to their clothing by elastic bands and a peg for comfort and security. Staff knew how important this was to the person and ensured they had one of these with them at all times.

Staff showed an understanding of peoples communication needs, for example they said ''If the person shakes their head when you speak this does not necessarily mean they understand you." When we spoke with one person staff supported them with to communicate with a file with pictures related to different topics. There were pages with pictures helping people with visual impairment, hearing loss or limited speech to express themselves. The person started pointing at pictures, smiling and saying words in response to what we were asking about.

People were able to have visitors anytime and relationships with friends and family were supported. People told us about visits they had with their friends and family and how their friends and family also visited them. One person told us they had friends coming to a barbeque at the home. Another person told us they visited their family and said "I love it."' Another person told us how they often phoned their relative from the home. Friends and family were invited and encouraged to join in at birthday celebrations. Where people had no family staff arranged for an advocate to spend time with one person and were in the process of arranging this support for another person.

People were supported to be as independent as possible. People said they shopped for the food and helped cook, clear up and complete household tasks such as vacuuming. One person said "I do hoover here. I like it." Two people told us they went out for walks on our own and had been supported to learn new skills so they could go out independently when they wanted. One person had been supported to independently travel on a bus into the town so they could shop independently. Another person had been supported to manage their own finances which had led to them being able go into the bank themselves without staff needing to be with them.

People were supported to maintain their dignity and privacy. There were policies covering meeting the needs of people with protected characteristics under the Equality Act so that everyone's needs would be met. Staff had training on dignity, respect and privacy towards the people they supported and this was also included in care plans to ensure it was seen by staff as an essential part of providing support. Staff were able to give us examples of this, like being respectful while supporting with eating by sitting next to the person. Staff supported dignity and privacy by ensuring people's doors were closed while providing care and speaking to people with respect. Staff also valued people's opinions and feelings and were gentle, kind and gave the time the person needed without rushing them.

Good

Is the service caring?

People told us they were valued by staff as their opinions were constantly sought and acted on, people were supported to achieve their goals and ambitions, and by recognising and celebrating their individual achievements.

Good

Is the service responsive?

Our findings

People talked happily about activities they had enjoyed, such as going food shopping or badminton and rugby. People also told us they could choose what activities they wanted to do. They also told us about the holidays they had chosen and visits to friends and family. People also said they were involved in the drawing up of their care plan with staff and the staff always helped them in the way they wanted.

Assessments were undertaken to identify people's care and support needs. Care plans were developed from these detailing how these should be met. These were written with the involvement of the person and their relative where appropriate and there were supporting pictures so people understood them better. The plans covered all aspects of people's needs and gave clear guidance for staff on how to meet them. For example there was information about people's personal history, cultural preferences, people's likes and dislikes, how people communicated, how they expressed pain, as well as their care needs. Care plans were individual to the person and reflected their wishes. Staff were able to tell us detailed information about people's individual conditions and how it affected their support. For example with one person's mood changes affecting their willingness to communicate. Staff were able to tell us detailed information about what was important to people and how people liked to be supported. For example one person's need to be given instructions before they went out alone which was confirmed when we looked at care records. This ensured staff had knowledge to provide people with care that was centred on them as an individual.

People received personalised care responsive to their needs. This was because people's needs were regularly assessed and reviewed to ensure they were up to date with any changes. Care plans were reviewed with the person to insure they were up to date and their preferences were included. People said they worked on their care plans with staff. One person said ''staff talk to me about things to do and how they help me when I need'' There were also weekly plan meetings with the person to record how they wished to receive their support. This was supported by a system of staff daily records requiring a written response to how this was put into practice each day .This encouraged staff to continually think about how they provided care in the way the person wanted. Staff discussed with people what goals and wishes they would like to achieve over the year. They give them all relevant information for each individual to make a variety of informed choices. People told us they had achieved some of their goals like going out alone, visiting Buckingham palace or to be able to go on holiday to Ireland.

The staff gave us examples of individualised and responsive care. This was where one person's needs changed due to dementia and they would not use the toilet anymore. Staff received training which amongst other successful things advised them that a red toilet seat may help their perception. This worked and the person could be supported in the way they needed.

The provider made reasonable adjustments to support people's changing needs. Recent examples included, acquiring a wheelchair, a hoist, and specialist dementia equipment such as cupboards that were more accessible for people with dementia. Staff told us ''When a person started to need support with transferring they got moving and handling training very quickly''.

Staff had time to provide responsive person centred care. This was because the registered manager changed the staff rota to match individual choices. For example one person wanted to watch a football match and this was arranged for them to attend. There was additional staffing to support activities outside the home,

Activities in the community were provided to help ensure people did not become socially isolated. People were supported to maintain contact with old friends. Staff invited people's friends from other services they knew to celebrate birthdays or Christmas. Activities were chosen by people and included going to the pub, meals out, shopping, walks and visiting places of interest. People told us about the individual activities they liked and, about interests they were supported in pursuing. People went on holidays which they told us they had enjoyed. There were plans in place for future holidays they had chosen and were looking forward to. Staff said one person ''Used to go to day centres but does not want to go now, Instead they go out to places they know and want to visit''. People were also supported to access work and education. Staff told us about one person who wanted to attend college to learn pottery and other subjects which they were supported to

Good

Is the service responsive?

attend. The registered manger told us people went out every day and we saw from records that this was the case. To help people keep track of activities, they were listed in their plans of care in accessible formats.

Concerns and complaints were positively encouraged and seen as opportunity for learning and improvement. People were provided complaints procedures in pictoral format to help them make complaints should they need to. There was a pictorial complaints procedures poster prominently displayed explaining how to complain and who to contact for support should they need to. People had not had reason to complain as the registered manger ensured staff maintained a high level of communication with people and their relatives and responded quickly to any issues raised that were raised.

People were involved in monthly meetings where they could affect the running of the home. Relatives were encouraged to attend monthly meetings and their views and opinions were recorded, taken into consideration and acted upon. Those who could not attend were asked to contact the staff by phone to discuss any concerns they had. Staff had to communicate with relatives on a minimum of a monthly basis and record any concerns. Where people had no relatives advocates were used. The registered manager gave us examples of a change implemented from feedback. One was a relative wanted their family member to be supported to attend a place of worship specific to their faith. Another example was where a relative requested the staff organise courses in college for their family member.

Good

Is the service well-led?

Our findings

People told us they were happy and "Mencap was good". One person said I really enjoyed living here and am happy. Another person said "I like it here, it's my place".

There was an open culture at the home .Staff told us they would not hesitate to raise any concerns and felt that any concerns would be dealt with appropriately. Staff told us the home was well managed because the registered manager was approachable and they could ring them for advice any time. No formal complaints had been received but the provider did receive suggestions that were recorded and acted on. There was honesty and transparency when mistakes occurred. For example the registered manager took on board the concerns we found at our previous inspection in a positive way and said they saw it as an opportunity to improve care.

Staff had regular workshops to learn how to support people to take ownership of their own lifestyle which included supporting people making choices and decisions for themselves. The registered manager also worked on shift alongside the team which ensured they were aware of, and kept under review, the day-to-day culture in the service. This included the attitudes, values and behaviour of staff.

The provider's values and philosophy were clearly explained to staff through their induction, training and on a day to day basis. There was a positive open culture where people were included and continually consulted. The home had policies and guidance for staff regarding safeguarding, whistle blowing, health and safety, prevention and control of infection, involvement, compassion, dignity, independence, respect, diversity and safety. These were regularly reviewed and staff showed an understanding of what these meant in practice. For example, they knew the organisations value of engaging people and supporting people's choices. There was a grievance and disciplinary procedure and sickness policy. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

Monthly staff meetings were held to enable open and transparent discussions about the home and allow all staff to raise any concerns or comments they had and identify areas for improvement. One example of action arising from these meetings was staff noted people were starting to need more help in and out of the car. Equipment to assist transfers was purchased to make this easier for people. There was also a staff engagement survey with an action plan put in place. This included plans for more workshops for staff training.

When there was an incident there it was reviewed and recommendations recorded to avoid a repeat and implemented. For example, one person was becoming confused at night and the monitoring of incidents triggered an assessment of their needs. Action was then taken to meet that person's changing needs.

There were audits to identify potential risks. The providers conducted finance audits and environmental audits. There were weekly and monthly health and safety checks. For example, fire risk assessments and fire protection equipment, water temperatures, first aid stock and emergency plans, The area operations manager also visited monthly to complete a 'Care Compliance Tool' which measured how well the home was meeting regulatory requirements. Staff training and rota management were also monitored regularly. Staff supervisions were reviewed and included the outcomes of key workers inclusion meetings with people, their families or friends. Audits were analysed and action taken to address any improvements required. The registered manager gave us an example of changes arising from audits. The finance audit advised more detailed records where staff were involved in handling people's money and this was implemented.

People were asked questions about quality at group monthly meetings. One of the questions was "What do you think of the staff?" The registered manager also had an annual quality assurance system called the 'Engagement Survey'. There was a pictoral version to assist access. Records of the actions required to improve quality arising from the analysis of both quality meetings and questionnaires were kept and action was taken. One example was where quality assurance questionnaires feedback identified a person was scared to ask for money. Staff supported and worked with them to give them the confidence to ask for their money when they wished. There was also a specific quality team set up by the providers. This team visited to assess quality and made recommendations to improve quality.

Records were kept securely and easily and promptly located by staff when requested. Records were easy to read and navigate so as to find the required information

Good

Is the service well-led?

efficiently. Records were kept confidentially. The registered manager was in line with their CQC registration requirements, including the submission of notifications to us so that we could monitor incidents in the home.