Carmand Ltd

Emerald House

Inspection report

3 Bridge Street
Brigg
South Humberside
DN20 8LN

Tel: 01652781710

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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

Emerald House is a three storey listed building, located in the market town of Brigg. The home is situated within walking distance of local shops and other amenities including a bus route to local towns. The service is registered to provide care and accommodation for up to six people with mental health and/or learning disabilities needs. The service is also registered for treatment of disease, disorder or injury and for persons who require nursing care, no one at the service currently has been assessed as having any nursing needs.

The service has six single bedrooms, two bathrooms, a spacious kitchen, a laundry a large lounge and a separate dining room. There is a garden to the rear of the property and car parking at the side. At the time of the inspection there were four people living at the service.

The inspection took place on 1November 2016 and was announced. At the last inspection in June 2015, we rated the well led domain as requires improvement as there was no registered manager in place. An acting manager had been appointed, but had not yet registered with the Care Quality Commission (CQC). The registered provider was compliant in each of the other areas we assessed.

At this inspection we found 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found staff were recruited in a safe way; all checks were in place before they started work and they received a comprehensive induction. Staff received training in how to safeguard people from the risk of harm and abuse. They knew what to do if they had concerns and there were policies and procedures in place to guide them when reporting issues of potential abuse.

Safe systems were in place for the administration, storage and recording of people's medicines.

The registered manager ensured staff had a clear understanding of people's support needs, whilst recognising their individual qualities and attributes. Staff were positive about the support they received from their manager.

Records showed people had assessments of their needs and support plans were produced: these showed people and their relatives had been consulted and involved in this process. We observed people received care that was person centred and care plans provided staff with information about how to support people in line with their personal wishes and preferences.

People told us they liked the meals provided and were offered support to prepare their own meals when they wished to do this. Staff supported people with their nutritional and health needs. Staff liaised with health care professionals on people's behalf if they required support in accessing their GP or other

professionals involved in their care.

Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took steps to minimise risks to people's health and wellbeing without taking away people's rights to make decisions.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support, and what to do if people lacked capacity to agree to it.

There was a complaints procedure in place that was available in a suitable format, enabling people who used the service to access this information if needed.

People told us staff treated them with respect and were kind and caring. Staff demonstrated they understood how to promote people's independence whilst respecting their privacy and dignity.

We found the environment was accessible and safe for people. Equipment used in the home was regularly serviced and an issue of stained carpets was addressed on the day of inspection.

There was a system of audits and checks in place which identified shortfalls within the service and to rectify them so the quality of care could be maintained and improved. This had proved effective, for example in the development of recording information in a person centred way.

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.

People were protected from the risk of avoidable harm because the registered provider had systems in place to manage risks.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff received training about this.

Robust recruitment procedures ensured people were only supported by staff that were considered suitable and safe to work with them.

People's medicines were managed safely by staff that had been trained on this element of practice.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received essential training in how to effectively meet their needs.

People were supported to have a healthy and nutritious diet and to receive appropriate healthcare when they required it.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and took appropriate action to ensure people's rights were upheld.

Is the service caring?

Good

The service was caring.

People who used the service told us they were treated in a kind and caring manner and were encouraged to be independent. Their privacy and dignity was respected.

People told us they were happy with their care and had developed positive relationships with the staff.

People were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and plans of care were developed so that staff had the information they needed to provide person centred care.

People were able to raise concerns and complaints and arrangements were in place to manage these appropriately.

Is the service well-led?

Good

The service was well-led.

The management of the service promoted strong values in the service.

There were effective systems to assure quality and identify any potential improvements to the service.

Professionals described the service as open and transparent focussed on providing a quality service to people who used it.

Emerald House

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 registered provider was 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 unannounced inspection took place on 1 November 2016 and was carried out by one adult social care inspector.

Before the inspection we looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed. We reviewed the information we held about the service and contacted the local authority's contracts monitoring and safeguarding teams. Where issues had been identified by these parties we included them within our inspection.

During our inspection we spoke with the registered manager, three care staff and two people who used the service. We looked at the care files of two people who used the service. Other documents seen included; medication administration records and accident and incident reports. We reviewed how the service used the Mental Capacity Act 2005. Following the inspection we spoke with one relative and two professionals.

We looked at the care files for two people who used the service which included support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff. We reviewed records relating to the management of the service including policies and procedures, quality assurance documentation, accident and incident reports and complaints. We also looked at staff rotas, training records, supervision and four staff recruitment files.

Good

Is the service safe?

Our findings

People who used the service told us they liked the staff and liked living there. Comments include, " Yes I am the staff look after me." and "2 Yes I'm safe" One person told us they saw the service as a temporary home until they were able to be more independent and live in their own flat. They felt confident that this would happen at some point in the future, but acknowledged they would need to learn how to do certain things for themselves in order to achieve this.

Relatives we spoke with told us, "Yes I consider them to be safe and they tell me they are. I know from when they are going back to the service that they are okay."
Home coordinators [senior staff who were responsible for the running of the service when the registered manager was not present.]and the registered manager were allocated supernumerary hours which meant they were available to cover any shortfalls on the rota or in emergency situations.

We spoke with the registered manager and three members of staff who all confirmed that adequate staffing levels were available to meet people's current needs. People who used the service told us, "There are plenty staff about to help us and to go out with us when we want to."

People were protected from discrimination, abuse and avoidable harm by staff that had the knowledge and skills to help keep them safe. The registered provider had policies and procedures in place to guide staff and these advised them of what they must do if they witnessed or suspected any incident of abuse. One staff member we spoke with told us, "If you are not prepared to speak up for people, you shouldn't be doing this job" and "Not everyone is able to speak up for themselves or knows where to go to get help when they need it, so it is our responsibility to keep people safe."

Records showed that staff had completed training about safeguarding vulnerable people from harm and abuse. Staff we spoke with confirmed this and they were able to describe the different types of abuse. They told us they would report any concerns they had straight away and they described the relevant agencies, who they would report such abuse to including the local safeguarding teams and CQC. Staff were also aware of the importance of disclosing concerns about poor practice or abuse and understood the organisation's whistleblowing policy.

Discussions with the registered manager and staff confirmed that where safeguarding concerns had been identified they had been referred appropriately and fully investigated. We reviewed the safeguarding incidents records that had occurred at the service. Records showed that where staff had acted inappropriately in any way, action had been taken. Staff we spoke with told us they felt confident approaching the registered manager or any of the other senior staff and felt they would be taken seriously.

Accident and incidents were reported in detail and these included any triggers identified and all actions taken following the incident. In situations where incidents were of a more serious nature, staff immediately contacted senior staff for advice and support. All reports were reviewed by the registered manager and senior management team who took any further actions needed to reduce risks. Staff spoken with confirmed

that incidents were regularly discussed at staff meetings, house meetings and at handover meetings, to identify triggers and how they could help people to reduce the risk of any reoccurrence of incidents.

Professionals we spoke with confirmed that any issues identified by the registered provider were shared quickly and that the service worked closely with them in order to issues.

People who used the service had risk assessments in place relating to their health, and wellbeing. The care records we reviewed contained risk assessments for medication, accessing the community and indicators of when people's mental health may be deteriorating. Environmental risk assessments were also completed for the property of people who used the service. This ensured staff worked in safe environments. The risk assessments included information about action to be taken by staff to minimise the chance of harm occurring.

We looked at the files for four staff and saw checks had been undertaken before employees had started working at the service. We saw references had been taken up from previous employers, where possible, and that potential staff had been checked by the Disclosure and Barring Service (DBS). [DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands and help employers make safe recruitment decisions to help prevent unsuitable people from working with vulnerable client groups.] The recruitment records we viewed showed us that the registered provider was taking appropriate steps to ensure the suitability of workers.

The staff we spoke with told us the recruitment process had been thorough and they had been informed they would not be able to begin working until satisfactory checks had been carried out and suitable references obtained. One staff member told us, "Yes, it was a thorough process and I had to wait for checks to be done before I could start."

Staff we spoke with told us they were provided with personal protective equipment (PPE) including gloves and aprons. We observed staff using the correct PPE during our observations. This showed us that the registered provider was taking steps to ensure good hygiene practice, reducing the risk of infection or cross contamination.

Medicines were administered as prescribed. We saw the recording was accurate and medicines were checked in and out of the building as required. Regular audits were undertaken to ensure the correct procedures were followed. Medicines were kept securely and stored appropriately. Individual protocols were in place for the use of 'as required' medicines such as paracetamol.

Records showed us staff received regular training with regard to the safe handling and administration of medicines. We looked at the records maintained for people's medicines and saw that the registered provider completed risk assessments and care plans which included how people preferred to take their medicine. During our observations of the administration of medicines we saw people's preferences for the way they wished to take their medication were respected.

Training records showed staff received training on how to manage and administer medicines in a safe way. The registered manager completed medication competency assessments on staff practice prior to them being able to administer medicines to ensure they were competent to do so.

Systems were in place to identify and manage foreseeable risks. The organisation had a business continuity plan which addressed risk to the running of the service such as a power failure. Staff also had mobile phones they could use to send messages and contact the registered manager or other senior staff while out in the

community supporting people if an emergency situation arose.

Good

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff that met and understood their needs. People who used the service and relatives we spoke with told us they were confident in the staff and their training. They advised us during discussion, that they had no issues with meals or their food, explaining they had a choice of cooking themselves, or having staff prepare meals for them from planned menus.

People who used the service told us, "We talk about food at the house meetings and a menu is put together after this. I like to cook myself steak and staff will help me if I need it. They helped me to cook some lamb as I hadn't cooked that before."

Relatives we spoke with commented, "I don't have to worry about my family member, now as I had done initially. The relative we spoke with told us about a previous incident which had happened within the home, which their relative had shared with them. When they had shared this information with the service, action had been taken immediately to deal with the issue and to prevent further incidents occurring."

During the inspection, we observed a meal time and saw that people had a choice of where they wanted to take their meal and had choices of what they would like to eat. We saw staff gave people options. For example, we observed staff asking people what they would like to have from the menu. We saw that one person who preferred to have their main meal in the evening, was encouraged by staff to have a more substantial snack of beans and poached egg on toast before going out to complete a planned activity.

Discussions with the registered manager and staff confirmed that physical restraint was not used within the service. Staff had undertaken training with regard to changing behaviour and managing potential aggression. The care records we looked at showed that the identification of potential triggers, de-escalation and distraction techniques were effective in managing incidents of changing behaviours which may challenge the service and others. The registered manager kept an on-going record of any incidents that happened at the service, de briefing interviews and actions taken following each incident, in order to reduce the risk of further incidents.

We spoke with the registered manager and three members of staff who all confirmed that adequate staffing levels were available to meet people's current needs. People who used the service told us, "There are plenty staff about to help us and to go out with us when we want to."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).The registered manager told us there was currently one person who used the service who were subject to a DoLS authorisation..

Staff we spoke with they told us they had completed training in the Mental Capacity Act 2005 (MCA) and were aware of the legislation. They were able to provide examples and demonstrate their understanding clearly and how they would apply this in practice. An example was given about a situation where a person required medical investigations and was unable to consent to this, so a best interests meeting had been held with all involved professionals in order to discuss this further.

We saw best interest meetings had been held and those who had been designated as decision maker for the person had been consulted along with other health care professionals. We saw policies and procedures about these subjects were in place.
We checked whether people had given consent to their care, and where people did not have capacity to consent, whether the requirements of the MCA had been followed. We saw policies and procedures about these issues were in place. Records showed people who used the service had signed their care plans to confirm they had agreed to the care and support outlined in the records.

People we spoke with told us staff always sought their consent prior to assisting them and we observed this in practice during the inspection. Staff told us how they would seek consent prior to assisting people with their care and support. Staff understood people had the right to refuse care and in such situations, they would always consult with senior staff for further support and advice. They gave examples of situations where care had been declined and how this was documented in the individual's care and support plan in order to support staff with this, when situations arose.

Staff told us they provided people with any support they needed at mealtimes and with meal preparation. They told us that meals could also be obtained from the kitchen which staff had prepared, for those people who required this

A menu was in place, which had been developed by staff and people who used the service from suggestions put forward at weekly house meetings. When we spoke with staff they were able to describe the action they would take if they felt someone was not eating and drinking sufficient amounts. This included, recording people's food and liquid intake and reporting their concerns promptly to the senior management team and family members where appropriate.

When we spoke with staff they were able to describe how they supported people with their health needs. Staff were aware of their responsibilities for dealing with illness or injury and told us they would call an ambulance or doctor if required and report any concerns to the registered manager and senior staff. Staff told us they would support someone to contact a health professional if they felt this was needed or if the person requested this. People who used the service confirmed this and said, "Staff help me with appointments and I can decide if they come in with me or wait in the waiting room for me" and "If I need a doctor, they will help me to arrange an appointment."

The registered manager confirmed that senior staff would make referrals to appropriate professionals if they felt someone needed additional support, or required further assessments as their needs had changed. We observed this in practice during the inspection. Professionals we spoke with confirmed this. They told us communication with the service was very good and they were regularly updated of any changes concerning people they had referred to the service. Records showed support from GP's, care managers, psychiatrists and community nurses had been accessed when required. This meant people received holistic care and support that was appropriate to meet their individual needs.

A comprehensive induction programme was in place for all new staff joining the service. Staff were required to review the organisations policies and procedures, complete training that the registered provider

considered to be mandatory and additional training. Along with shadowing experienced staff this helped to support new staff in their role. Staff were regularly monitored during their probationary period to ensure they were confident and competent in their position. Staff we spoke with told us, "Yes, I had an induction, and then did a few shadowing shifts; so I got the chance to meet people and let them get to know me before I started working with them."

The registered manager told us that all new starters were enrolled to complete the Care Certificate when they commenced their employment, and staff were also automatically enrolled on the Qualifications and Credits Framework (QCF) level 2 diploma in Health and Social Care on completion of their probationary period. The Care Certificate is a set of standards that social care and health workers work to in their daily working life.

Staff we spoke with told us they felt they had enough training and were able to approach senior staff or the registered manager if they felt they required any additional training and were confident this would be provided. Training provided included a mixture of in house face to face, external and some e learning.

When we reviewed the training plan, we saw that staff had access to a range of training that included protection of vulnerable adults, medication administration, nutrition and diet, infection control, risk assessment, MCA and DoLS and fire safety awareness. More specialist training included, challenging behaviour, mental health awareness and first aid.

Staff we spoke with told us they felt supported in their role and received regular supervision and appraisals. Records we reviewed confirmed this. The registered manager and staff told us that regular team meetings were held and we saw records of these were maintained.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were kind and respectful. Comments included, "Yes they are all kind and look after me well. Another person told us, "It's nice having some male staff, we can talk about and do the things I like, but they are all good and help me with the things I can't do as well, like cooking."

Relatives we spoke with told us [Name] House coordinator is absolutely fantastic, I can't fault her, I don't know what I would do without her. She completely understands his needs and he trusts her completely."

People we spoke with told us that they received care from a consistent group of staff in line with their wishes and preferences, and this allowed them to build up trusting and enabling relationships which they valued.

When we asked people who used the service if they were involved in their care they told us, "Yes, we have meetings and before them we sit down with staff and talk about what we want brought up at our meeting." Records of these pre review meetings were maintained, which demonstrated people were consulted and involved in their care and support.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they provided the support that people needed but were mindful of respecting people's dignity. One staff member said, "We should care for people as we would like to be treated." Another told us, "It can be quite difficult when people are behaving in a way that compromises their dignity. In these situations we have to respond to the situations quickly in order to maintain their dignity as much as we can." and "Any situations that may arise are planned for in people's support plan so we can assess the situation before we leave the building and be prepared for them if they arise, for example two staff members going out with one person in particular, seems to help reassure them." .

The staff members we spoke with demonstrated a good knowledge of the people they supported and their care needs and were able to describe people's personal preferences and details of their life history. Staff confirmed they read people's care records and this provided them with enough information to support them effectively.

The registered manager told us that following staff attending recent training in behaviour management, a new care plan document had been introduced to complement care and support plans called 'How best to support me'. This document contained information about people's past lives, their identified needs and how they wished their care and support to be delivered. Further guidance included triggers which may cause anxiety and change people's behaviour and early warning signs that may indicate people's mental health may be deteriorating.

One staff member told us, "For some people their care needs may change quite quickly; for example, we may notice someone is beginning to distance themselves and spend more time on their own. For others we see a poorer appetite or they may request more frequent PRN medication. It is a number of things, and

about knowing people well and understanding their needs, so changes can be picked up quickly. Any of these changes would be brought to senior staff and the registered manager's attention and clearly documented, so if people need additional support from their doctor or psychiatrist for example, this can be done quickly."

Staff understood the importance of promoting people's independence and this was documented throughout the care records we looked at. Outcomes people wanted to achieve were recorded and agreed, along with specific details of how staff could support individuals to achieve them.

When we spoke with staff about this they told us, "Sometimes people may be involved in making plans and have goals they want to achieve. However then when the time comes to doing the activity they may decide they don't want to do it. When this happens we need to remind them of their decision and the possible benefits. For example, they may not want to do an activity at a certain time, but may be encouraged to do it earlier or later than it had been arranged previously, or it may be that another suitable alternative can be arranged they would rather do."

Staff understood the importance of keeping people's information confidential. They explained about not speaking about people's care needs in front of others and stated that information should only be shared with other staff members on a need to know basis.

The registered manager showed us the secure computer system where information about people and staff was held. They confirmed that computers were password protected and only staff who needed to have access were aware of the passwords. Any paper files were held securely in locked cupboards and only accessed by staff with permission. Everyone who worked at the service understood the importance of maintaining confidentiality.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us the service was person centred and responded well to meeting their needs. They told us there were no restrictions on visiting and they were free to go where they wanted at any time.

Relatives told us the home coordinator went 'over and above' to ensure their relative was settled and happy. They told us staff communicated with them well; keeping them up to date with any information they felt they needed to know. Comments included, "Yes, I am definitely involved in all aspects of their care plan and any changes. I am involved and invited to all their reviews and my input is always acknowledged and discussed."

Professionals we spoke with told us they had positive experiences of the service and found the care to be very person centred.

People were supported by staff to contribute to the planning and delivery of their care. People told us they were involved in helping plan their own care and support package. Care records we looked at showed that people who used the service, their relatives and professionals (social workers and mental health nurses) were involved in contributing and reviewing how care packages were provided.

Before a service commenced a manager or care team leader completed an assessment of the person's needs and information was provided to help staff understand the care and support that was required. This information was used to create initial support plans and risk assessments that were then reassessed and amended over time with more information added as people's needs changed.

Staff we spoke with told us, "We are always told about any changes to people's care plans and we are asked to sign them to show that we have read these. Another told us, "People's care plans get reviewed and updated when something changes."

The staff team understood the care and support requirements of each of the people they supported and were able to describe their individual needs and how these were met. They also had a good understanding of people's preferences for the way their support was delivered. One person who used the service told us, "I like [Name of carer] and [Name of a second carer], they know what I like so we can talk about it and do things I like to do, but the others are okay too." Another told us, "I am not afraid to speak up, if I want to find out about something, I will just ask. The staff are interested in what I want and talk to me about my care."

Care records described people's preferences and what people could do for themselves to maintain their independence. People's preferences, life histories and interests were recorded so that staff had personalised information about each individual. This helped to ensure that people received individualised with their preferences in line with their care and support needs..

Each person who used the service received a plan of their care which detailed what support they required at

different times of the day. Staff completed daily records, which detailed the relevant support that had been provided to people, for example, food and fluid consumed, their physical and emotional well-being and medication administered. This information provided staff with an overview of what had happened for individuals on a daily basis.

Any concerns about people's well-being or anything considered to be unusual were immediately reported to the registered manager, for further advice and support. Staff spoken with gave an example of an occasion when they had noticed a change in a person's daily routines. They had discussed this with senior staff, who then contacted the registered manager who arranged for a reassessment of their needs. Following this risk assessments and the person's support plan were reviewed and updated to ensure the person was kept safe.

People told us they knew what to do if they were unhappy with the service. The service had a complaints and compliments procedure in place and the registered provider followed this procedure to respond to people's concerns and complaints. Records showed people's concerns had been documented and responded to in an appropriate timescale. Staff had been informed about issues raised and any changes or improvements needed with their practice were addressed through supervision or at staff meetings.

People were provided with a copy of the complaints procedure when services commenced.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us they were able to approach both the registered manager and the home coordinator with any issues and they would take action to address these quickly and effectively.

We observed people who used the service were comfortable in the registered manager's presence with some people seen to approach them directly whilst others came into the office to acknowledge and spend some time with them. During our inspection we observed the registered manager the inspection we observed the registered manager took time to speak with people who used the service and staff.

The registered manager is a registered nurse and had extensive experience of working with people with mental health issues in a variety of different settings. They have recently completed revalidation with the nursing and midwifery council in order to continue to practice as a registered nurse.

They told us they continued to be involved in networking events and kept up to date with changes in practice and current guidance. This was also achieved through accessing training, subscription to professional journals and involvement in best practice boards. They also received regular support and supervision from the registered provider.

When we spoke with staff about the management of the service, they told us they felt supported. Comments included, "Yes if I ever have a problem I can talk to any of the senior staff at any time for advice or assistance if needed" and "I feel I can always go to any of the management with any issues. They will always try to help out." Another told us, "I can go to the registered manager and they will make time for me, but I do think there are times where they could do with more help themselves. They have an awful lot to do."

The registered manager told us regular meetings were held with people who used the service where they were helped to make choices about their menus, activities and raise any issues they had about any aspect of communal living. This was confirmed during discussion with people who used the service. Comments included, "We have house meetings every week and we talk about lots of things, menus, activities and if there is anything we think needs to be changed." We saw records of these meetings were maintained and suggestions from these effected changes within the service.

When we spoke with the registered manager about their management style and the culture of the organisation, they said, "I spend time in each of the services to see the service users and the staff.

"We have an open and transparent culture where we seek staff views and they can put them across", "I try to be enabling; I am visible within each of the services so staff can approach me and I attend as many house meetings as I can, so we can discuss issues as they arise."

They went on to say, "Following the recent death of a service user at one of our other services we have had to look at staffing and this has involved some staff members being moved to other locations. We discussed

this with them and tried to do what we can to support them with the changes, for example; those unable to drive, we have arranged transport for them. However we acknowledge that this has still been difficult for some staff."

We found there was a system of quality monitoring which consisted of audits, checks and surveys to obtain people's views. Information from surveys had been collated and action taken when this had been identified. Daily checks of medicines, food temperatures, fire checks and the cleanliness of the service were completed. Additional monthly audits of care records, supervision, staff training, risk assessments and the environment were also in place.

The audit systems had been effective in identifying shortfalls from which action could be taken to improve practice, for example during a tour of the building we saw in one area the carpet was stained from a previous spill. When we raised this with the registered manager they were able to evidence this had already been identified as requiring further action. An industrial carpet cleaner had been purchased and the maintenance team had been given a revised cleaning schedule so carpets were cleaned more frequently to prevent further occurrences of this.

The registered manager told us how they monitored information relating to incidents, falls and accidents to make sure people were kept safe and to protect people's wellbeing. Relatives and the registered manager told us about a situation where one person's mental health had deteriorated and was having a detrimental effect on their relationships with their peers. Arrangements were made for the individual to be supported in the annexe of the house. This arrangement ensured other people using the service were not disturbed and the person who was unwell, was able to engage and interact with them at times when they wanted to be sociable.

We found the registered manager was aware of their role and responsibilities and notified the Care Quality Commission, and other agencies, of incidents which affected the welfare of people who used the service. Our records showed us notifications had been received regarding incidents which had occurred and what action had been taken following this.

We saw staff were able to express their views in team meetings, supervision sessions, appraisals and on a day to day basis. Staff told us, "I'm very happy, the manager is available for support and advice when needed, and she is very easy to talk to" and "Our opinions are valued and listened to."

There were various methods of ensuring information was passed on to and between staff. These included handovers at each shift, a communication book, briefings, newsletters, team meetings and via emails.

The registered manager told us all staff had access to a portal on the computerised IT system; this enabled them to access policies and procedures and to record their training information