

L & S CARE HOMES LTD

L and S Care Homes Limited - 3 York Terrace

Inspection report

3 York Terrace,
Birchington,
Kent CT7 9AZ
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Website:

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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

This inspection was carried out on 17 and 18 June 2015. 24 hours' notice of the inspection was given because the service is small and the people are often out and we needed to be sure that they would be in at some time during the inspection, so we could meet them.

L and S Care Homes Limited - 3 York Terrace provides accommodation for up to 3 people who need support with their personal care. The service provides support for people with learning disabilities or autistic spectrum

disorders. The service is a small, converted domestic property. Accommodation is arranged over three floors, including a self-contained one bedroom flat on the lower ground floor. The service has two single bedrooms on the first floor.

A registered manager was working at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the

Summary of findings

requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager provided strong leadership to the staff and had oversight, with the provider, of all areas of the service. Staff were motivated and felt supported by the registered manager. The staff team had a clear vision of the aims of the service and made sure these were delivered. Staff told us the registered manager was approachable and they were confident to raise concerns they had with her. Processes were in place to learn from incidents and accidents and continually improve the service.

There were enough staff, who knew people well, to meet people's needs at all times. The needs of people had been considered when deciding how many staff were required on each shift. Staff worked one to one with people and had the time and skills to provide the care and support people needed. Staff were clear about their roles and responsibilities and were accountable for their actions.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were supported to provide good quality care and support. The registered manager had a training plan in place to keep staff skills and knowledge up to date. Some staff held recognised qualifications in care; other staff were working towards achieving qualifications. Staff met regularly with the registered manager to discuss their role and practice and any concerns they had.

Staff knew the possible signs of abuse and were confident to raise concerns they had with the registered manager or the local authority safeguarding team. Emergency plans were in place and staff knew how to keep people safe in an emergency.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager was clear about their

responsibilities under Deprivation of Liberty Safeguards (DoLS). Arrangements in place to check if people were at risk of being deprived of their liberty and apply for DoLS authorisations. Systems were in operation to obtain consent from people and to make sure decisions were made in people's best interests. Staff supported people to make decisions and choices in all areas of their lives every day.

People's needs had been assessed and reviewed to identify changes in the support they required. Care and support was planned and reviewed to keep people safe and support them to be as independent as possible. People, their relatives and professionals who knew people well were involved in planning and reviewing their care.

People were supported to take part in domestic activities, such as cooking and cleaning. Possible risks to people had been identified and were managed to keep people as safe as possible while they learned and practiced independent living skills.

People got the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People were supported by staff to receive the care and treatment they needed to keep them as safe and well as possible.

People were involved in choosing and preparing their own food and drinks and they were supported to have a balanced diet. Choices were offered to people in ways they understood. Staff listened to what people told them and responded appropriately. People were treated with respect and their privacy and dignity was maintained.

People were supported to participate in hobbies and activities they enjoyed, at the service and in their local community.

People's relatives were confident to raise concerns and complaints about the service. These were logged and investigated and people had received a satisfactory response.

The registered manager completed regular checks of the quality of the service provided. When shortfalls were found action was taken quickly to address these and prevent them from occurring again. People, their relatives and staff were asked about their experiences of the care. These were used to improve and develop the service.

Summary of findings

The environment was safe, clean and homely. Maintenance and refurbishment plans were in place and the flat had recently been redecorated.

Accurate records were kept about the care and support people received and about the day to day running of the service and provided staff with the information they needed to provide safe and consistent support to people.

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.

People were supported to safely take part in activities, such as cooking and cleaning.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff, who knew people well, to provide the support people needed at all times.

People were given the medicines they needed to keep them well.

The service was clean and safe.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to provide the support people needed.

People were offered choices in ways that they understood. People had the support they needed to make decisions. Staff followed the Mental Capacity Act.

People were not restricted and could go out when they wanted to.

People received food and drinks they liked to keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Good



Is the service caring?

The service was caring.

People were given privacy and were treated with dignity and respect.

Staff had the skills to communicate with people in ways that they understood. Staff took time to understand what people were telling them.

People were supported to participate in activities of their choice and to follow their own routines.

Good



Is the service responsive?

The service was responsive.

Assessments were completed and reviewed regularly to identify developments in people's skills and changes in their needs.

People and their families were involved in planning the support people received.

People were involved in their local community and participated in activities they enjoyed.

Action had been taken to resolve people's complaints to their satisfaction.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a clear set of aims at the service including supporting people to be as independent as possible.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed. People, their relatives and staff shared their experiences of the service.

Records about the care people received were accurate and up to date.

L and S Care Homes Limited - 3 York Terrace

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 18 June 2015 and was announced. 24 hours' notice of the inspection was given because the service is small and the people are often out and we needed to be sure that they would be in at some time during the inspection, so we could meet them. The inspection team consisted of one inspector, as the service provides care for up to three people. Due to the small size of the service it was not appropriate for the inspection to include more people on the inspection team.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). We did not receive the completed PIR from the provider. We discussed this with the provider who told us they did not receive their PIR request. 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 looked at

previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when significant events happen, like a death or a serious injury. Before our inspection we spoke with the local authority safeguarding team, to gain feedback about the service. They told us that there had not been any safeguarding concerns about the service.

During our inspection we spoke with the provider, the registered manager, two staff and 1 person's relative. We visited people's bedrooms, with their permission; we looked at care records and associated risk assessments for people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the support provided to people. We used the Short Observational Framework for Inspection (SOFI) because many of the people receiving care at the service were unable to talk with us. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We last inspected L and S Care Homes Limited - 3 York Terrace in October 2013. At that time we found that the registered provider and manager were complying with the regulations.

Is the service safe?

Our findings

People were safe at the service.

People received consistent care and support, when they needed it, from staff who knew them well. The registered manager had a process to help them decide how many staff were required to keep each person safe and provide the support they needed. They had considered people's needs, the layout of the building, and the activities people enjoyed when deciding how many staff to deploy at different times of the day. Staffing levels were consistent across the week and people received one to one support from staff who had the skills to meet their needs, including the registered provider and the registered manager. Staff shifts were planned in advance and rotas were available to support people and staff knew who would provide the service when. Cover for staff sickness and holidays was provided by other staff members in the team. The staff team was consistent and staff turnover was low. There were no staff vacancies at the time of our inspection.

The registered provider had policies and processes in place that were known and understood by staff, to keep people safe. Staff were confident to whistle-blow to relevant people, such as the provider and the local authority safeguarding team, about any concerns they had. Staff had completed regular safeguarding training and knew the signs of possible abuse, such as bruising or changes in a person's behaviour.

People were supported to participate safely in activities that they enjoyed, which may put them at risk, such as using the oven and hob to prepare their own meals. Risks to people from activities they participated in had been identified and assessed. Staff were provided with guidance on actions to take to minimise and manage risks and followed these consistently. People and staff wore identification badges when they were out in the community. These included information about people's names and where they lived/worked and enabled members of the public to provide support or raise concerns if they needed to.

Accidents and incidents involving people were recorded. The registered manager reviewed the accidents and incidents to look for patterns and trends so that the support people received could be changed or advice sought to keep them safe. Accidents did not happen often

and were limited to everyday accidents, such as a trip on an uneven pavement. Staff were informed of changes in the way risks to people were managed during the handover at the beginning of each shift. Changes in the support people were offered were also recorded in a communication book so staff could catch up on changes following leave or days off.

Staff knew how to safely evacuate people from the building in the event of an emergency. Contingency plans were in place to keep people safe in certain circumstances, such as an electrical failure. An on call system was in operation and staff felt confident to contact the person on call, the registered manager or registered provider for support in an emergency. Contactors, such as an electrician, were available to respond quickly in the event of an emergency.

People were involved in completing domestic tasks, such as cleaning and laundry, with the support of staff and the building was clean and odour free. The building was maintained and regular checks of the building and equipment were completed. Refurbishment plans were in place and the flat had recently been redecorated. Risks to people had been considered as part of the refurbishment plans and works, such as the replacement of some central heating pipes, was planned for completion whilst people were on holiday. Thermostatic control valves were fitted to hot water taps to make sure that people were not at risk from hot water. The temperature of bath water was checked before people used them and staff knew what a safe temperature was. The garden was safe and secure so people could use it on their own. People were involved in gardening and sweeping tasks to keep the garden neat and tidy.

People moved freely around the service and were not restricted. There was enough space and furniture to allow people to spend time with each other or alone when they wanted to. People spent private time in their bedrooms when they wanted to. Space was available for people to meet with their family and friends in private away from their bedrooms if they wanted to. Furniture was of a domestic nature and the service was comfortable and homely. People's art work was displayed throughout the service and people were able to choose where their work was placed. People's personal items were on display in their bedrooms and in other areas of the service where they wanted, such as on mantelpieces. The service was homely and designed to make people comfortable.

Is the service safe?

Staff recruitment systems protected people from staff who were not safe to work in a care service. Interviews were completed by the registered manager and the provider or a senior care worker. Candidates response to questions was recorded and scored against set criteria to test if they had the skills, knowledge and attitudes the provider required. Candidates also spent time in the company of people using the service. The candidates interactions with and responses to people were used as part of the selection process. Information about staff's conduct in previous employment had been obtained and checked. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Information about candidate's physical and mental health had been requested and checked. Other checks, including identity checks, had been completed.

Systems were in place to protect people from the risks of unsafe management of medicines. People were not prescribed any medicines at the time of the inspection . The provider had systems in place for the ordering, administration and disposal of prescribed medicines and staff had completed training about medicines. Homely remedies were available for people when they required them, such as pain relief for a headache. Guidelines were in place for every homely remedy that each person may require, along with signs and symptoms, which would indicate the person needed the medicine. Information about the frequency and dose of the medicine were included in the guidelines to ensure they were used safely. Medicines were stored securely.

Is the service effective?

Our findings

People were offered choices in ways that they understood and staff responded consistently to the choices people made. Staff knew people well and understood what people were telling them. People were supported and encouraged to make choices about all areas of their life.

People were unable to express themselves verbally. Ways to support people to communicate had been explored and staff demonstrated that they understood how to communicate effectively with people. For example, when completing activities people were given short simple instructions, supported by physical prompts and gestures. Detailed guidelines were in place for staff to refer to and we observed all the staff providing instruction in the same way. Staff understood what the people were telling them and supported people to make decisions when they were able. Guidance was provided to staff about how to offer people choices in ways that would support them to make a choice. We observed people being offered choices in the ways described in the guidance, such as being offered two bottles of different squash to choose between.

Assessments of people's capacity to make specific decisions had been completed by staff who understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Most staff had received training in relation to the MCA and plans were in place to check their understanding and application of the MCA. Guidelines were in place to ensure that people only received treatment, such as dental care, where they consented or in their best interests. For example, guidelines instructed staff not to provide or to stop any treatment as soon as the person indicated that they did not consent or showed distress. People's plans contained information about who would make decisions in people's best interests, such as the registered manager, with the person's family, local authority case manager and health care professionals. Staff knew how people communicated and how they demonstrated that they did not give consent or did not want to participate in an activity. We observed that staff understood what people were telling them and responded appropriately.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions

to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The service was meeting the requirements of DoLS. The provider had arrangements in place to check if people were at risk of being deprived of their liberty and apply for DoLS authorisations. No one using the service required a DoLS authorisation at the time of our inspection.

Staff had received an induction when they started work at the service to get to know the people, the care and support that they needed and to understand their roles and responsibilities. New staff shadowed experienced staff to help them provide care consistently. The registered manager was aware of the new Care Certificate, an identified set of standards that social care workers adhere to in their daily working life and planned to use these to induct new staff in the future.

Staff received the training they needed to perform their duties, including first aid, fire safety and autism. A training plan was in place and the registered manager knew what training staff had completed and when it needed to be refreshed. Staff learning from training was checked using questionnaires and observations. Shortfalls in learning had been identified and addressed with the staff member to ensure staff had the skills they required to provide consistent care. A process of regular staff competency checking had begun to check that staff continued to provide the service to the standard the provider required. Written feedback, along with praise, was provided to staff on their completed questionnaires and observations to further develop their knowledge and motivate them. More than half of the staff team had acquired level 2 or 3 qualifications in social care or equivalent. The remaining staff had begun studying towards diplomas and other staff were working to achieve diplomas at higher levels.

Staff told us they felt supported by the registered manager and the provider to deliver safe and effective care. Staff met with the registered manager regularly to talk about their role and the people they provided care and support to. Supervision contracts were in place between each staff member and the registered manager detailing each party's role and responsibilities. Development plans were in place to support staff to develop their skills, knowledge and experience. Mistakes that staff made, such as not following the care guidelines provided, were reviewed with them and were used as development opportunities. Staff were supported to look at alternative actions they could have

Is the service effective?

taken and to evaluate any associated risks to support them to take the best action in the future and develop within their role. Steps had been taken by the provider to support staff to develop the attitudes and behaviours they needed to complete their role, such as treating each person as an individual, valuing their differences and supporting them to be as independent as they could be.

People were supported to maintain good health. People received regular health checks, including eye tests and dental check-ups and were supported to visit their GP as soon as they needed to. People were supported during health care appointments and stays in hospital by staff who knew them well. Staff supported people to communicate their needs and understand what was happening during consultations and treatment. This reduced people's anxieties and enabled them to receive the treatment they required to remain healthy. During our inspection the weather was very warm. Staff supported people to keep cool and stay hydrated. When they were outside staff ensured people wore appropriate clothing, including hats and sunglasses and offered them frequent drinks.

People's nutrition and hydration needs were regularly assessed and reviewed and action was taken to meet people's needs. Staff knew the foods that people liked and those which they did not they used this information to plan the menus as people were not able to do this with support. Eight weekly menus, that were rotated were in place and contained all the foods staff knew people enjoyed. Menus were balanced and included two portions of fruit each day, as well as fresh vegetables or salad. All meals were homemade and people were involved in cooking them with staff support and guidance. People were able to make drinks for themselves when they wanted them. People were weighed regularly and their weight was recorded and monitored. People's weights were consistent and within a healthy range. Some people were at risk of choking and were supported to manage the risk by staff at each meal, who sat with them and prompted them to eat slowly.

Is the service caring?

Our findings

People's relatives told us that staff were "Very, very caring" and their family member was very happy at the service. Another person's relative told us that "My relative loves the staff and loves living here". Staff showed genuine affection for people and people responded in a similar way. Staff knew people well, their likes and dislikes, their preferred names and how they liked things done. We observed staff and people in the service; staff spoke with people individually and in a respectful way. People smiled back and responded to staff in a positive way. We observed that one person wanted to show the registered manager something, the registered manager responded immediately to find out what the person wanted. Information was provided in ways that people could easily understand, such as using pictures.

Staff took time to understand what people were telling them and checked their understanding to make sure it was correct. Staff knew how people communicated and responded appropriately. Guidelines were in place to support staff to understand what people were telling them and how to respond in a consistent way. For example, one person would put their coat and identify badge on if they wanted to go out. The guidelines also instructed staff about how to communicate effectively with each person, such as speaking slowly and having eye contact with the person. We observed staff giving one person clear and specific instruction about how to complete a task and they praised the person as they completed each stage. We observed another staff member complete the same task with the person and use the same verbal and physical prompts to support them. The person responded well to the consistent instructions they received and the risk of the person becoming confused by the instructions they received was minimised.

Routines at the service were flexible and responded to changes in people's needs and to their requests. Staff knew people's preferred routines, such as when they liked to get up, when they preferred to go to bed and their favourite activities. Some people preferred a structured programme of activities and liked things done in the same way each time. We observed that staff consistently supported people

to follow their preferred routines; this gave people control over their lives and reduced the risk of them becoming anxious or worried. We observed that staff treated people with kindness and people appeared relaxed in their company.

People, their relatives and other people who knew them well had been asked for information about their life before they moved into the service. This information had been used to plan people's support and routines and was available to staff. The registered manager completed regular observations of the support staff provided to people and people's response to it to form a view of the quality and effectiveness of the care people received.

People were treated with dignity at all times. Staff sat next to people while supporting them to eat a meal. Staff chatted to people as they ate their meal and the atmosphere was relaxed and calm. People were provided with information about what they were eating and were asked if they would like any support. People were respected and received the individual support and attention they needed.

People had privacy. Staff told us how they supported people to have privacy in their bedrooms and in the bathroom and to remain safe. For example, one person liked to soak in the bath, staff told us they supported the person to do this in privacy, but completed regular checks to make sure they were safe. Guidance was in place for staff to keep people safe whilst ensuring their privacy. We observed staff knocked on people's bedroom doors before entering their room and gained their consent before looking at their personal items.

Personal, confidential information about people and their needs was kept safe and secure. Staff received information about how to maintain people's confidentiality as part of their induction. Concerns had been raised about a possible breach of confidentiality and the registered manager had reminded all staff about their responsibilities to keep information safe at the next staff meeting.

Staff told us at the time of the inspection that people who needed support were supported by their families or their care manager, and no one had needed to access any advocacy services.

Is the service responsive?

Our findings

People, their relatives and other people who knew them well were involved in regularly reviewing and planning people's care and support. People who had difficulty communicating their needs and preferences were involved in planning their care. Staff completed observations of people's skills and routines to understand how people liked to live and have their care provided.

People had lived at the service for many years. Before they were offered a service their needs had been assessed to make sure the staff could provide all the support they required. Further assessments of people's needs, such as assessments of their skills and behaviour had been completed to find out about what people were able to do for themselves and what support they needed from staff to keep them safe and healthy. Assessments were reviewed regularly to identify developments in people's skills and changes in their needs. This information was used to plan people's care and support.

People's care plans had been developed with them and their families and covered all areas of their life. Care plans contained goals that people wanted to achieve, including the learning and practicing skills such as making drinks and snacks independently. Care plans contained information about what people were able to do for themselves and the support and prompts they required. Information was also included about how people's needs could vary and when they may require more or less support.

Detailed guidance were provided to staff about how to provide the support people needed to ensure that the support people were offered was consistent. For example, one person's guidelines for brushing their teeth stated, 'Ask to turn on the hot tap. Ask them to wait for warm water. Staff to ensure water is warm then ask to wet tooth brush'. We observed several staff prompting one person to wash their hands. Each staff member used the same phrases and used demonstrations to support the person to complete the task. The person understood what staff were telling them and completed the task independently.

Staff told us it was very important that they followed the guidelines exactly. They told us that they made sure they provided consistent support to people and this reduced the risk of confusion for people about how tasks were to be

completed. Staff explained that receiving different instructions made people anxious and may lead them to display challenging behaviour, but this had not happened as the staff provided support to people in the same way.

Care plans and guidelines were in place informing staff how to support people if they began to display behaviour that challenged; these were positive, supportive interventions. Guidelines included instructions such as, 'encourage to take part in an activity' and 'try to make the areas quiet and free from distractions'. Records were kept of any behaviour that people displayed. These were used to identify any patterns, trends, new behaviours or new triggers for behaviour. Care plans and guidelines were changed to reflect changes in the people's behaviour.

We observed that one person would walk away from staff if they did not want to participate in an activity. Staff explained that this was the person's way of telling staff they did not want to do the activity. Staff respected the person's choice and offered them an alternative activity that they enjoyed.

People had regular opportunities to follow their interests and take part in social or physical activities. People went out almost every day, dependant on the weather. People took part in domestic activities, such as food shopping and social activities, such as swimming or ten pin bowling. People used facilities in the local community including the local library and pubs. Staff told us that people knew people in the local community and people would chat to them as they walked in the village and visited shops and other local facilities. People were able to take part in hobbies that they enjoyed and we observed that people were able to do this when they chose too. People were supported to stay in contact with people who were important to them. Staff supported them to visit people and to receive visitors at the service. People were also supported to remember family birthdays and to send cards to relatives.

An effective process to respond to complaints was in place. Information about how to make a complaint was available in a way that people could easily understand. The registered manager had taken action to encourage and support people and their families to raise concerns, make complaints and give feedback about the service. People's relatives had raised concerns with the registered manager, who had taken action to address people's complaints to

Is the service responsive?

their satisfaction. Staff recognised when people and their relatives had made complaints about the service and had passed the information to the registered manager for their action.

Is the service well-led?

Our findings

The registered manager had been managing the service for many years and knew the people and staff well. The registered provider visited the service weekly. Staff told us that the registered manager and provider had a clear vision of the quality of the service they required and how it should be delivered. The registered manager's expectations of staff were clear and available for staff to refer to, such as team meeting and supervision records. Staff told us they were motivated by the provider and registered manager to deliver a good quality service to people. Staff worked together as a team to support each other and to provide the best care they could to people. One staff member told us, "It's nice to come to work".

Staff were clear about the aims of the service and shared the providers and registered managers vision, 'to provide a caring, stimulating and safe environment in which the maximum development and skills of each person can be achieved'. The service was achieving the aims and objectives detailed in their Statement of Purpose, including supporting people to be involved in their local community, have freedom of choice in all areas of their life and empowering people to build their self-esteem and independence. Values such as involvement, independence and respect were central to everything the service did. Staff had job descriptions and knew their roles and responsibilities. Staff were encouraged and supported to use their initiative within recognised boundaries and were accountable for their actions.

The registered manager was leading the staff team and managing the service on a day to day basis. Systems and processes were in place to ensure that the service was of a consistently good quality, such as checks on the care records that staff kept each day. Regular checks were completed to make sure that all areas of the service were being delivered to the required standard, including observations of support being provided to people. When areas for improvement were identified, action was taken to address any shortfalls found. Accurate and complete records in respect of each person's care and support were maintained.

Shifts were planned to make sure that people's preferred routines were followed. The registered manager was present in communal areas of the service during our inspection and demonstrated leadership and support to

staff. Staff told us that they felt supported by the registered manager, at the service and when they were supporting people in the community. They told us they felt appreciated by provider and registered manager, who were approachable and always available to discuss any concerns they had. One staff member told us the provider and registered manager were, "approachable, professional and friendly".

The provider and registered manager had the required oversight and scrutiny to support the service. They monitored and challenged staff practice to make sure people received a good standard of care. Staff had the confidence to question the practice of their colleagues and were supported and encouraged to raise concerns they had with the registered manager. Staff told us that they told the registered manager about situations that concerned them, and were confident that they would listen to them and take action.

Staff received positive feedback about their work informally during their shifts and formally at team and supervision meetings. Minutes of the last team meeting stated, 'things are very positive, and everyone's performance has improved individually and as a team'.

People were involved in the day to day running of the service. Systems were in place to obtain the views of people, their relatives or other professionals involved in the person's care during the person's annual review. Staff had opportunities to tell the provider and registered manager their views about the quality of the service and make suggestions about changes and developments. Staff felt involved in the development of the service and felt that their views were valued.

The registered manager kept up to date with changes in the law and recognised guidance. They were aware of recent changes in health and social care law and the way that CQC inspected services. Comprehensive policies and guidelines were available in the service for staff to refer to when they needed them. These were regularly reviewed and amended to make sure they remained current and relevant.

People and their relatives had received information from the registered provider about the service they were purchasing, such as what was included in the fee. The

Is the service well-led?

registered manager had sent notifications to CQC as required. Notifications are information we receive from the service when significant events happened at the service, like a DoLS authorisation or a serious injury.