

Caireach Limited

# Beacon House

## Inspection report

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Website: [www.casbehaviouralhealth.com](http://www.casbehaviouralhealth.com)

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23 April 2018

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Our inspection of Beacon House took place between 16 and 23 April 2018 and was unannounced. At our last inspection in March 2017, we found breaches of legal requirements relating to person centred care. At this inspection we found improvements had been made to assessments of care needs and activities and the service was no longer in breach of Regulations.

Beacon House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is located in Bradford and provides accommodation for up to 16 people with learning disabilities who require varying levels of care and support. Accommodation is spread over six units, each with its own living space including a kitchen and lounge.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Correct safeguarding reporting procedures were followed. Staff were aware of the actions they would take to keep people safe. Correct procedures were followed to keep people's money safe.

Overall risks to people's health, safety and welfare were identified and action taken to manage the risk. Staff demonstrated a sound awareness of infection control procedures.

There were enough staff deployed. All the required checks were done before new staff started work and this helped protect people.

Medicines were managed safely and staff had good knowledge of the medicine systems and procedures in place to support this. The support people received with their medicines was person centred and responsive to their needs.

People were provided with care and support by staff that had received appropriate training. Staff told us they had received induction and training relevant to their roles.

People were supported with their health care needs. We saw a range of health care professionals visited the service when required and people were supported to attend health care appointments in the community.

We recommended provider implements robust systems to ensure people's nutritional needs are met.

People told us they were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

The service was acting within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, best interest processes were followed. People were given choices and involved in decision making.

People were supported to access activities both within the home and in the wider community. This was person centred.

People's nutrition and hydration needs were well catered for. People received a range of food which met their individual needs. However, nutritional risks required some improvements.

Care records contained sufficient detail so staff knew what support to offer people. People felt they participated in planning their care. Care records included information about preferences, likes and dislikes.

A complaints procedure and easy read version was in place, which enabled people to raise any concerns or complaints about the care, or support they received.

There was an open and transparent culture at Beacon House. People respected the management team and found them approachable. Staff told us they felt supported in their roles and their views were listened to through supervision and team meetings.

People using the service and staff we spoke with were positive about the management team. Staff said the manager was approachable and supportive.

The service was clean and infection control measures were in place. The service had quality assurance processes in place.

## 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 ●

Medicines were managed in a safe way.

Staff understood safeguarding principles and what to do if they were concerned about people.

Risks to people's health and safety were assessed and plans of care put in place for staff to follow. Staff knew people well and how to keep them safe.

Staffing levels were well managed which promoted people's safety and helped to ensure a good standard of support was consistently provided to people.

### Is the service effective?

Requires Improvement ●

The service was not always effective

Improvements were required around monitoring people's food and fluid, and types of foods provided to meet people's nutritional needs.

Staff received a range of training and support relevant to their role. Staff felt well supported by the service.

The service worked effectively with a range of health care professionals to ensure people's needs were met.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

People provided positive feedback about the standards of care, telling us staff treated them with dignity and respect.

People were supported and encouraged to maintain links with the local community.

Staff promoted people's privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care records and people's assessed needs were regularly reviewed.

People had access to activities, which they were consulted about.

People received person centred care, which focused on their individual needs.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff respected and had confidence in the management of the service.

A range of quality audit was in place to drive improvements within the service. There was a commitment to ensure continuous improvement of the service.

# Beacon 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The Inspection took place on 16 April 2018 and 23 April 2018 and was unannounced.

The inspection team consisted of an inspector and a bank inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We spoke with the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with the manager, regional manager, two deputy managers, and five care staff. We looked at three care records of people who used the service, four staff recruitment files, training records, medicines records and other records relating to the day-to-day running of the service. We spoke with four people who used the service.

# Is the service safe?

## Our findings

From our review of records and observations made, we concluded this home was safe. The service was adequately staffed which ensured staff provided a person centred approach to care delivery. Staff understanding of people's medicines and risk assessments mitigated the risk to people's safety.

The service had a safeguarding policy in place and staff understood how to report safeguarding concerns through their management system as well as to the local authority adult protection team. We saw staff had received safeguarding training. Staff we spoke with had a good understanding of safeguarding and emergency procedures and what to do if they were concerned about the safety of people they were caring for. One person told us, "I feel safe living here, staff help me be safe."

The service held small amounts of personal money for people who used the service. The money was held securely and all transactions were recorded with corresponding receipts. Weekly and monthly audits on finances were completed to make sure people's money was being managed properly. This helped to protect people from the risk of financial abuse.

Systems were in place to identify and reduce risks to people living within the home. We found care plans contained individualised risk assessments to help manage risks appropriately and keep people safe. For example, risk assessments were in place for people when out in the community, using the bus, using the kitchen, managing personal finances and managing the potential risks associated with their epilepsy. One assessment included information about the safeguarding of one of the people who lived at Beacon House from another person who lived there. There was evidence in people's records that risk assessments were reviewed regularly.

The provider had systems in place that ensured people's medicines were managed consistently and safely by staff. We found medicines were stored securely. We looked at the medicine administration records (MARs) and found these were well completed. We checked the stock of three medicines against the MARs and found they were correct. Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to enable this to happen. Regular audits of medication took place. Staff received medication training and regular competency checks.

We saw there was a recruitment and selection policy in place. The manager told us during recruitment they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession. We looked at three staff employment files and found staff had commenced employment prior to the DBS being returned. However, the regional manager and manager informed us that protection of vulnerable adults (POVA) checks were completed. This is a check, which allows the applicant to start work while a full DBS is being obtained. The paperwork was not present in files to demonstrate this. The manager was able to provide a report to show these checks had been

completed.

The provider had implemented a new system for recruitment paperwork, with the regional administrator overseeing the DBS process and updating the manager about the application progress, and ensuring all paperwork was present in staff files. This provided us with reassurance that the provider had identified an issue and taken appropriate actions to ensure the issues did not occur in future.

The manager told us sufficient staff were employed to keep people safe and that staffing levels were based on people's needs. The rota showed a minimum of 13 staff members were on duty during the day and four at night. We observed on the day sufficient staff were on duty to meet people's needs. We saw staff were deployed to support with social activities. Staff confirmed they had enough staff on duty to keep people safe.

The service did not employ housekeeping staff; therefore, care staff completed cleaning tasks involving the people that lived at the home. This promoted joint working and developed people's daily living skills and independence. There were cleaning schedules in place and we found the home, including people's private accommodation and communal areas, was clean, tidy and odour free. People told us, "Staff help me clean my room." Other comments included, "I mop the floors," and, "I help staff clean, I like cleaning."

Staff told us they completed training in infection control and we saw there was an infection control policy and procedure in place. Training records reflected what staff told us. The implementation of infection control procedures was visible. Liquid soap and paper towels were available for hand washing. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves.

From the records we reviewed, we concluded accidents and incidents were recorded in detail and accurately. Handovers and staff communication books were used to keep staff up to date with incidents and any changes to practice. This demonstrated the home used lessons learned and made improvements when things went wrong.

We inspected records of gas safety, electrical installations, water quality, fire detection systems, and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested as required.

Staff had received training in fire safety and personal evacuation plans were in place detailing how to safely evacuate people in the event of a fire. These were also contained within a grab bag in one place so they could be quickly accessed in the event of an emergency. Regular fire evacuations took place to ensure people knew how to respond in the event of a fire.



# Is the service effective?

## Our findings

Following the previous inspection the service was rated requires improvement in effective as there was a breach of Regulation 9, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to person centred care. People did not always have an up-to-date assessment of their care needs, as care records were not up-to-date. At this inspection, we found improvements with care records and the service was no longer in breach of Regulations.

People's healthcare needs were assessed and plans of care put in place to meet their needs. Care plans were comprehensive, detailed and reviewed by staff to ensure they remained appropriate to people's needs. For example, one person's plan told us, 'Staff to ensure [person] is not touched physically without good reason as this will cause great anxiety and is likely to act out aggressively. If going to the GP, staff need to prepare beforehand by explaining the appointment.' People told us staff supported them well with healthcare needs.

Where staff were concerned or had noted a change in people's health we saw they had made referrals to health care professionals. Care records showed people had access to a range of health and social care professionals such as GPs, district nurses, dieticians, opticians and dentists. For example, we saw the service referred people at nutritional risk to the dietician. This meant people were effectively supported in access to healthcare services and received on-going healthcare support.

We found peoples' nutritional needs were met, but improvements were required around monitoring of food and fluid. We saw a lack of information about the types of food offered to people at nutritional risk.

We looked at one person's care records who the manager identified as losing weight recently. We saw they had plans of care in place and staff were clear of the action needed to reduce the risk. The person was having their food and fluid monitored and their weight recorded. However, the charts did not contain sufficient detail on what amounts of food were being consumed; on some days, the charts had been left blank. The person had been provided with low fat snacks or biscuits, which did not provide sufficient calories to sustain the person's nutritional needs. The person's risk assessment regarding weight and nutrition had been reviewed in October 2017 and assessed the level of risk as low. This was of concern considering their dramatic weight loss of four stone in the last year. However, the person was not nutritionally at risk.

The manager had previously addressed the lack of recording detail on food and nutrition charts with the staff team through the communication book and staff meetings. However, our review of systems showed this continued to be an issue.

We recommended the provider implements robust systems to ensure people's nutritional needs are met.

People had access to a good range of food. A varied menu was in place, which was personalised for each unit. People were involved with planning meals for the coming week. They were then supported to go

shopping in the local area and purchase the food. Fresh fruit was available to people along with other snacks.

One person told us, "I wanted to lose weight, staff supported me to join slimming world, and I'm losing weight." On the day of inspection, we observed the person being supported to attend slimming world to be weighed. They said, "I hope I've lost weight this week, I've been good."

People's capacity to consent to their care and support arrangements was assessed and we saw people involved in best interest decisions to help ensure people's rights were protected. People told us consent was sought during care and support and we observed this during our inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a list of the DoLS applications, which had been made, and this showed when the authorisations were due to expire. We saw applications for renewals had been submitted to the local authority.

We spoke with staff and the manager. They confirmed staff only used restraint techniques as a last resort as they would always start with distraction techniques. Care plans informed staff what signs demonstrated the person was becoming agitated and what de-escalation techniques to employ including verbal reassurance and redirection. The plan also detailed what intervention had been authorised for use in the event of the individual being at risk of harming themselves or staff. The techniques employed were based on the Management of Actual or Potential Aggression (MAPA). This training teaches staff management and intervention techniques to cope with escalating behaviours in a professional and safe manner

We saw staff training was in place around MCA/DoLS. Staff we spoke with had a good understanding of the Act and what impact this had on people living at the service. We concluded care was delivered in the least restrictive way possible. Staff received training in topics such as MAPA to ensure they worked to best practice guidance in managing behaviours that challenge. Existing staff also received regular updates in a range of subjects including safeguarding, equality and diversity and fire safety. We looked at training records which showed training was kept up-to-date.

New staff were required to complete a comprehensive induction to the service which included how to adhere to local procedures and ways of working. In addition, they received a range of appropriate training, which was delivered both face to face and via the computer. New staff completed the care certificate. This is a government recognised training scheme, designed to equip staff new to care with the required skills for the role. Staff were provided with service specific training such as epilepsy to ensure they provided the correct support to people.

Staff had received supervision and appraisal and told us they felt well supported. One staff member said,

"The managers have an open door policy, I can ask them anything anytime." Another staff member told us, "The management are easy to get on with; if there is a problem I am able to go straight to the office."

Staff and the manager told us handovers were conducted at the start of each shift where any concerns were discussed. We saw these took place. Staff told us these were a valuable tool for keeping informed about people, their healthcare needs and any service updates. The manager told us they also received support from the regional manager and managers from other services within the group.

Beacon House was divided into six separate living accommodations with two to five people sharing an area. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs. One person told us, "I have my own key to my house, and I know the code to go out." We saw the building was in good repair. One of the deputy managers we spoke with told us the home was undergoing refurbishment; we observed the kitchens were being replaced and there had recently been new carpets fitted in some of the areas.

Each of the living accommodations environments was suitable to the people living there. In some areas, adaptations had been made to ensure people's safety, such as, crash mats fitted on walls and doors. This was to protect people when they displayed behaviours, which could cause them harm.

There was sufficient space within each living accommodation to allow people to have their own lounges, which provided opportunity for quiet time, without affecting other people living there. Each person's lounge had been personalised according to each person's preference. For example, one lounge was fitted with extra sensory stimulation, another with family photographs and pictures, whilst another was very minimalist so as not to over-stimulate one of the people who lived there. Some people had different types of posters, which reflected their interests.

# Is the service caring?

## Our findings

Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring people received the best possible care in a homely environment.

From our observations and from speaking with staff it was clear staff knew people well and understood their likes, dislikes and care needs. The atmosphere in the home was calm and relaxed and staff spent time with people.

People had developed positive relationships with the staff supporting them. They knew the staff who supported them and we saw good rapport had developed. Staff used a good mixture of verbal and non-verbal communication to provide comfort and reassurance. People looked comfortable and relaxed in the presence of staff. We observed light-hearted interaction where people were laughing and joking. Staff talked with people about their day, coming plans and other topics, which promoted a friendly and inclusive atmosphere. People were involved with resident meetings which provided people's views of the service as well as what activities people would like to part in.

Staff gave examples of how they respected people's privacy and dignity, such as ensuring doors and curtains were closed when assisting with personal care and knocking before entering people's rooms. Staff explained that people could choose to refuse things. One staff member told us, "Part of supporting people to maintain their dignity is to ensure they are clean and dressed well when going out." Another staff member said, "I treat everyone equally, I don't stereotype, I make sure everyone is looked after well."

Staff we spoke with were positive about their role. They told us they enjoyed working with the people living at Beacon House, which gave them lots of satisfaction. Comments included, "I love working here; some days we have incidents but, I find it rewarding because I make a difference," and, "I love working here; I've been here for ten years. It's different every day."

Staff had good knowledge about people and their care and support needs. Throughout our inspection, we saw staff were kind and compassionate in the way they provided care and we observed some instances where staff engaged with people and reassured them when providing assistance. For example, we observed a person talking about a subject which staff knew would cause them to become anxious. Staff spoke with them in a gentle manner, offering an alternative conversation subject as a redirection. The person acknowledged that particular conversation would lead them to become anxious. This demonstrated staff had good, caring values.

A person centred approach to care and support was evident. People's care plans included information about people's history including childhood, previous residence, parents and family. People were encouraged to maintain and develop relationships with family and friends. One person told us, "I'm going to my [relative's] at the weekend. I also spend time at my [other relative's] house. I have a [person] who I see at [place]. Staff help me get to the places I need to be, but I don't need support once I'm there." Staff told us other people had friendships outside the home, which they were supported to maintain. Other people had

family who visited the home.

Care records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making.

We saw the provider had policies and procedures to protect people's confidential information. This showed they placed importance on ensuring people's rights to confidentiality were respected. Confidential records and reports relating to people's care and support and the management of the service were securely stored in locked cabinets in the main office to ensure confidentiality was maintained. The service's computer was password protected which meant only authorised people could access information stored on this.

Staff had received training in equality, diversity and human rights. This demonstrated the service was responsive to the diverse needs of people who used the service and was working within the framework of the Equalities Act 2010. Other protected characteristics are age, disability, gender, marital status, religion and sexual orientation. This information was discussed with people during their initial assessment. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

## Is the service responsive?

### Our findings

Following the previous inspection the service was rated 'requires improvement' in the responsive domain, as there was a breach of Regulation 9, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; person centred care. Care was not always delivered in line with people's individual preferences and identified needs with regards to activities. At this inspection, we found improvements with delivery of care and the service was no longer in breach of Regulations.

The staff team demonstrated they supported people to engage in a range of interests and activities both within their home and in the local community.

People had access to a range of activities. This included a personalised weekly schedule as well as a focus on spending time in the local community. People were supported to attend day centres, go on outings and undertake activities internally within the home. Many of the people have one to one hours funded which ensured people's activities were personalised and specific to each person.

The service had their own vehicles, which increased their flexibility to take people out. People would decide in residents meetings any specific trips they would like to go on. We observed people being asked and offered choices of activities to do on the day in the community.

From speaking with staff and people who used the service, observations during our inspection and reviewing care records, we concluded people's independence was actively encouraged. For example, some people were encouraged to assist in the kitchen to prepare meals and to make their own drinks. One person told us, "I'm getting more independent, I have capacity to do things myself. I can cook meals like chicken fajitas. I want to live in supported living." Another person told us, "I go to Costa, gardening, bus rides and walks. I also go to my [relatives] every week." Another person told us, "I go out with [person] on the next unit. I've been to Blackpool, the zoo; I go to the sensory room and town for lunch. I'm planning to go to Disney Land."

One person told us, "Staff help me with my medication, but I know the names of all my medication and why I take it. The team leaders have been helping me with this." The person informed us eventually they were hoping to self-medicate. This showed us staff were giving people opportunities to enhance their feelings of self-worth and achievement, therefore promoting their dignity.

We saw people's needs were assessed and this information was used to develop plans of care. The care plans addressed all aspects of daily living such as personal hygiene, eating and drinking, continence, sleep, communication, mental health and social care. Care records were detailed and reflected people's individual care and support needs as well as personal preferences, likes and dislikes. We saw care and support needs were regularly reviewed. There was little evidence that the person or family had been involved with reviews. However, on a monthly basis, people had a key worker meeting where their plans were discussed. This ensured people were involved with planning and reviewing of their documents and outcomes. More detail was required in the review documentation to demonstrate how this happened and what people's views

were.

Care plan documentation was complex to navigate. Information required consolidating to make it easier to consult and ensure staff were consistently following the correct plan of care. For example, information was kept in different files, which increase the possibility of key information being missed. However, people's plans contained sufficient detail to ensure they received the correct support.

We asked how the service worked within the requirements of the Accessible Information Standard 2016. The manager told us people had communication assessment tools in place. We saw these documents in people's care files and these had been reviewed recently. The tool was divided into expressive and receptive communication to aid staff understanding of what the person was trying to tell them and what the persons understanding of information or question was. For example, 'Staff are often required to speak clearly and loudly so that [person] can understand information shared with [person].'

There was evidence of a Makaton passport in one person's care records. This document would accompany the person if they needed support from another agency or hospital. Staff told us, "We use this to communication with [person], and they sign to tell us what they want. Although they do use their own signs as well, we know these as we know [person] well." We saw lots of information around the service was in easy read format. Staff told us they explained everyday tasks, support and activities clearly and simply. One staff member told us, "We have a board in the kitchen that we use with pictures to support [person] with choosing food."

Staff had received training in equality and diversity and we saw people's diverse needs were catered for. We saw no evidence that discrimination was a feature of the service. Staff told us, "[Person] and [person] are Muslim and have a halal diet. We ensure their food is kept in a separate fridge. They also have a separate cupboard for their pots and cutlery."

Some people displayed behaviours that challenge. The service was using Management of Actual or Potential Aggression (MAPA) training. This training teaches staff management and intervention techniques to cope with escalating behaviours in a professional and safe manner. Staff told us they found the training useful and helped them in their role. Staff confirmed they also had annual updates of MAPA training. The service had designated a staff member as a 'champion' to reduce restrictive practices.

We saw the home encouraged people to have personal goals. There was a notice outlining 'My Life My Goals' on some walls, which reflected people's achievements over the previous quarter.

We saw people had access to a complaints procedure in easy read format; this was also displayed on walls around the service for the benefit of people who lived at the service and family. Complaints had been logged in a central file. These had been investigated with outcomes, actions and lessons learned as a result. We saw outcomes and actions had been discussed with the person raising the concern. This showed the management team treated complaints and concerns seriously and investigated appropriately, as well as analysing for trends/lessons learned to minimise the risk of recurrence.

We saw some people had their end of life wishes recorded, although other people had no formal end of life plans in place. We discussed this with the registered manager who told us they would discuss it with individuals on a one to one basis when appropriate, involving family and advocates where required.

# Is the service well-led?

## Our findings

We concluded from speaking with people and reviewing service documents that the service was well-led.

A clear management structure was in place, which included deputy managers and team leaders. There were clear lines of reporting. The management team were provided with training and support and encouraged to undertake further qualifications to assist them in their roles.

There was a robust quality monitoring system in place to help drive continuous improvements to the care that people received. Audits were completed to ensure constant compliance at all times. The manager and other staff members conducted regular and comprehensive internal audits. Audits covered health and safety, quality governance, staffing and recruitment, out of hour's checks and, environment checks. Our observations supported these findings.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

On the day of inspection, the manager was present, supported by the regional operations manager. The manager was open to ideas for improvements to the service during our inspection. It was clear the manager knew the care and support needs of the people who used the service.

The atmosphere at the service was welcoming and open. Staff morale was good and staff said they felt confident in their roles. All staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident the culture within the service was open and positive and people came first. People were supported by a staff team who were proud to be part of the service.

People were actively supported to access their local community facilities such as the GP surgery, local shops, cafes, leisure centre and supermarkets.

Staff said they felt supported by the management team. Regular staff meetings and surveys were completed which offered staff an opportunity to make suggestions and provide feedback. One staff told us, "I ask lots of questions; this is not an issue and they understand what we mean.". We saw there were good person centred values in the home, centred on ensuring care and support met people's preferences and needs.

Staff meetings were held. Staff met with the manager, deputy manager or team leaders more frequently on a one-to-one basis to discuss any concerns or receive any updates. Staff told us team meetings took place and they found them useful.

Accidents and incidents were analysed to look for any themes or trends and help prevent a re-occurrence.



These were then used to determine whether further control measures such as involvement of a multi-disciplinary team was required. Information was fed back to staff through the communication book and team meetings.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The manager told us they attended local provider meetings to keep updated and share best practice. They informed us they work in partnership with Bradford contracts team and the NHS. The manager and staff work in partnership with other agencies such as district nurses, learning disability team, GP's and social workers to ensure the best outcomes for people. This provided the manager with a wide network of people they could contact for advice.