Whitmore Vale Housing Association Limited

Whitmore Vale House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection of Whitmore Vale House took place on 6 October 2015 and was unannounced. The previous inspection was carried out on 15 July 2013 and found that the provider had met the standards required.

Whitmore Vale House is a residential home which provides accommodation and personal care for up to 20 people, who are living with a learning disability and have complex needs. At the time of our inspection there were 16 people living there. The premises consisted of three separate units, each unit had a communal lounge, dining room, kitchen and bathroom facilities which people used. The home had a spacious and secure garden for people to use and a day centre on site for people to attend.

At the time of our visit, Whitmore Vale House had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 at Whitmore Vale House. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There were sufficient staff deployed to meet people's needs. People were supported by staff that had the necessary skills and knowledge to meet their needs. Recruitment practices were safe and relevant checks had been completed before staff started work. Staff worked within guidelines to ensure people's care and support promoted well-being and independence.

People received their medicines when they needed them and the administration and storage of them were managed safely. Any changes to people's medicines were prescribed by the person's GP.

Staff were up to date with current guidance to support people to make decisions. Information about the home was given to people and consent was obtained prior to any care given. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The home worked effectively with healthcare professionals and was pro-active in referring people for treatment.

Staff involved people in their own care and treated them with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. Relatives and friends were able to visit. People's privacy and dignity were respected and promoted for example when personal care tasks were performed.

The home was organised to meet people's changing needs. People's needs were assessed when they entered the home and on a continuous basis to reflect changings in their needs. People who wanted to move into the home would come on a trial period, so they could choose whether the home met their needs.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the home.

People had access to activities that were important and relevant to them. People were protected from social isolation because staff made sure people were able to participate in activities of their choosing. We found there were a range of activities available within the home and community.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People's care and welfare was monitored regularly to ensure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the service provided. Management liaised with, obtained guidance and best practice techniques from external agencies and professional bodies.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive.

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.

Good

Medicines were administered and stored safely. People received their medicines on time from competent and trained staff.

People were protected from abuse and avoidable harm by effective recruitment procedures and staff who were trained to work within current guidance.

People were cared for and supported by a consistent staff team that were suitably qualified, skilled and experienced to keep people safe and meet their needs.

People had risk assessments based on their individual care and support needs.

Is the service effective?
The service was effective.

Good

People's care, treatment and support promoted a good quality of life based on good practice guidance.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was completed in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health. The home worked effectively with healthcare professionals and was pro-active in referring people for treatment.

Is the service caring?
The service was caring.

Good

Staff involved and treated people with compassion, kindness, dignity and respect.

Interactions between staff and people who lived at the home were kind and respectful. Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit.

People's privacy and dignity were respected and promoted.

Is the service responsive?
The service was responsive.

Good

The home was organised to meet people's changing needs.

Summary of findings

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard.

Is the service well-led?

Good 

The service was well- led.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the home and staff would report any concerns to their manager. Staff told us the management and leadership of the home were very good and very supportive.

The provider had systems in place to regularly assess and monitor the quality of the home provided.

Whitmore Vale 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 home, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 October 2015, was unannounced and conducted by two inspectors.

Prior to the inspection, we reviewed records which included notifications, previous inspection reports, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

We contacted the local authority and clinical commissioning group to get their feedback on what they thought about the home. We also contacted four health and social care professionals who visited the home regularly to get their views on the care that was provided.

We observed how staff cared for people and worked together throughout the day to gain an understanding of the care provided. We spoke with six people, two members of staff, the deputy manager and the deputy chief executive. We observed care and support in communal areas. We looked at four of the bedrooms with people's agreement, reviewed three records about people's care, support and treatment, medicine administration records, four staff files and the provider's quality assurance and monitoring systems.

The home was last inspected in July 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

People told us they felt safe and secure in their home and with the staff who provided care and support. We observed that people were safe and were provided with guidance in a picture format about what to do if they suspected abuse was taking place. One person told us, "I have lived here for a long time, I am very safe here." Another person told us, "Staff are great, I feel very safe with them."

We reviewed the arrangements in place for the administration and storage of medicines at the home. During the inspection we identified concerns around the recording of medicines in stock. These concerns were regarding the inconsistency of when opening and expiry dates were recorded on prescribed topical creams or ointments to ensure medicines were kept within the optimum 'shelf life' when opened. We also noted that when people were prescribed topical cream or ointments, body mapping was in place. These are charts identifying areas of the person's body that required attention. However we noted that not all of the body mappings were completed.

We raised these concerns with the deputy chief executive, staff contacted the pharmacy for guidance and the correct information was recorded by the end of our inspection.

All medicines coming into the home were recorded and medicines returned for disposal were recorded in a register. Medicines were checked at each handover and these checks were recorded.

Only staff who had attended training in the safe management of medicines were authorised to give medicines. We saw evidence that staff attended regular refresher training in this area. Once they had attended this training, managers observed staff administering medicines to assess their competency before they were authorised to do this without supervision. We noted that when medicine errors had occurred staff's competency was assessed and reviewed. Staff were not allowed to resume giving medicines until the manager was satisfied. All competency assessments were recorded.

A medicines profile had been completed for each person, and any allergies were recorded so that staff knew which medicines people could safely receive or which ones to avoid. The medicines administration records (MAR) were accurate and contained no gaps or errors. A photograph of each person was present to ensure that staff were giving medicines to the correct person. There was guidance for people who are on PRN [as needed] medicines. Records included details about the amount of these medicine people were given and the reason for the administration of the medicine.

Staff knew what to do if they suspected any abuse. A member of staff told us, "People would let us know if there was something wrong, If I suspected anything, I would report it to the manager." The staff had access to the most recent local authority multi agency safeguarding policy as well as current company policies on safeguarding adults at risk. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year. Information on identifying abuse and the action that should be taken was also freely available for people to look at through posters on display throughout the home. We saw incidents and safeguarding had been raised and dealt with and notifications had been sent to CQC in a timely manner.

Risk assessments and any healthcare issues that arose were discussed with the involvement of a relative, social or health care professionals such as psychiatrist, community psychiatric nurse, GP or speech and language therapist. Staff were knowledgeable about people's needs, and what techniques to use to when people were distressed or at risk of harm. Risk assessments clearly detailed the support needs, views, wishes, likes, dislikes and routines of people. Risk assessments and protocols identified the level of concern, risks and how to manage the risks. The information provided enabled care and treatment to be planned in accordance to people's needs.

We also saw information which identified where people were susceptible to injuries, or exhibited behaviour that challenged the home which could place people at risk of harm. Very detailed information and guidelines were given to staff on how to support the person and what things needed to be done to alleviate the situation or behaviour. Action plans were put in place in accordance with people's care and support needs. We noted that X was not feeling well the day of the inspection but still wanted to go to the on site day centre, so staff used a wheelchair to move them around to reduce the risk of falling over.

Where people had mobility needs or were susceptible to falls or injuries, information was recorded to help staff take action to minimise these. We noted that people had access

Good

Is the service safe?

to bathrooms that had been adapted to meet their needs; people had specialist equipment such as wheelchairs, specialist beds or bathing aids to use whilst having a bath or shower. Handrails were placed throughout the home to support people's independence. We noted that communal areas, stairs and hall ways were free from obstacles which may present an environmental risk.

Fire safety arrangements and risk assessments for the environment were in place to keep people safe. There was a business contingency plan in place; staff had a clear understanding of what to do in the event of an emergency such as fire, adverse weather conditions, power cuts and flooding. The provider had identified alternative locations which would be used if the home was unable to be used. This minimised the impact to people if emergencies occurred.

We observed information was displayed regarding the Fire Evacuation plan. We saw in people's care plan a 'Personal Emergency Evacuation Plan' had been completed this provided staff with instructions on how to support people. This meant that staff had information on how to support people in the event of an evacuation.

We saw that entry to the home was through a bell system managed by staff. People told us they had a key to their room and could leave the home unaccompanied. We saw a book that recorded all visitors to the home. The entrances to the home were secure. This meant there were arrangements in place for the security of the home and people who lived there.

There were sufficient staff to keep people safe, the consistent staff team were able to build up a rapport with people who lived at the home. This also enabled staff to obtain an understanding of people's care and support needs. The staffing rotas were based on the individual assessed needs of people. This included supporting people to attend appointments and activities in the community. The deputy chief executive confirmed that they used the same bank and agency staff to ensure consistency. The deputy chief executive told us that staffing levels increased when people returned to the home from activities so they were supported. We noted on the day of our visit that people's needs were met promptly and where needed were given one to one support.

There was a staff recruitment and selection policy in place and followed. All applicants completed an application form which recorded their employment and training history. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with adults at risk. We saw from the records that staff were not allowed to commence employment until satisfactory disclosure and barring checks and references had been received. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role.

The home was clean. One person told us, "It is lovely and clean here." There were procedures in place for staff to follow cleaning schedules and record cleaning tasks performed. There were instructions provided on how to wash your hands effectively. Staff were also seen wearing personal protective equipment such as gloves and aprons and there was hand wash, paper towels and antibacterial gel available throughout the home which also helped prevent cross infection.

Good

Is the service effective?

Our findings

People were supported by competent staff. One person told us, “They give me all the support I need.” Staff told us, “We are here for the residents; we make sure they are happy and able to do the things they want to do.” There were sufficient qualified, skilled and experienced staff to meet people's needs.

We noted that regular management support enabled staff to acquire sufficient knowledge and experience to carry out their role. There was a consistent staff team that were knowledgeable about people and understood their individual needs. Staff confirmed that a staff induction training programme was in place. Conversations with staff and further observations confirmed that staff had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively. Staff provided us with guidelines of how to approach people during our visit to ensure we did not trigger issues that would cause them anxiety. By doing this they demonstrated that they knew people well and were able to provide care that minimised people’s anxiety.

All staff had been trained in areas relevant to their role which was in line with the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff received training in medicines, safeguarding, moving and handling, fire awareness, first aid, food hygiene, epilepsy awareness, health and safety, infection control, understanding Autism, awareness of the aging process, Diabetes, Mental Health awareness, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff told us they had regular meetings with their line manager to discuss their work and performance. A member of staff told us, “We talk about issues and training during supervision, I feel very supported.” The deputy chief executive confirmed that supervision and annual appraisals took place with staff to discuss issues and development needs. We reviewed the provider’s records which reflected what staff had told us. This meant that staff had received appropriate support that promoted their professional development.

We saw staff obtained consent before carrying out any tasks for people. We heard staff ask people if they would like to come with them so they could help them, if they needed assistance or if they would like a drink. Staff had a clear understanding for the need to obtain consent and the protection the MCA provides. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. We saw assessments had been completed where people were unable to make decisions for themselves and who was able to make decisions on their behalf, made in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that the registered manager had completed and submitted DoLS applications to the local authority for people living at the home. We saw that people were able to move freely around the house. People told us they did not feel restricted, they could come and go as they pleased.

People’s bedrooms were personalised with pictures, photographs or items of personal interest. People’s art work was displayed in the day centre.

People had their needs assessed and specific care plans had been developed in relation to their individual needs. For example where people had issues regarding hoarding items, guidelines were in place to monitor and review their needs, as well having safety measures in place to minimise the risk of harm to themselves.

People assisted staff with the preparation and cooking of meals. People were involved in planning the menu for breakfast, lunch and tea. There was a choice of nutritious food and drink available throughout the day; an alternative option was available if people did not like what was on offer. The menu was in pictorial format so it was easier for people to understand and make informed choices. Staff confirmed that a dietician was involved with people who had special dietary requirements.

People were supported to have their nutrition and hydration needs met. One person told us, “I can choose what I like to eat.” Detailed information about people’s food

Good

Is the service effective?

likes and dislikes and preferences such as religious or cultural needs was available. Guidance was provided to staff about how to approach people about their food likes and dislikes.

People had access to healthcare professionals such as GP, district nurse, occupational therapist, dietician, behavioural therapist and speech and language therapist. People had access to a learning disability nurse at a local hospital, who liaised with people to ensure they had a smooth transition should they require admission to hospital. We saw from care records that if people's needs had changed, staff had obtained guidance or advice from the person's doctor or other healthcare professionals. People had access to specialists who were experienced in supporting people living with complex needs. People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. This meant staff were given and followed clear guidance from healthcare professionals about people's care needs and what they needed to do to support them.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. The atmosphere in the home was calm and relaxed during our inspection. Staff showed kindness to people and interacted with them in a positive and proactive way. Staff were caring. People were happy and laughing whilst enjoying being with staff. One person told us, "They are very good here." Another person told us, "They are very kind and spend time with me." A social care professional provided us with their opinion about the service, they told us, "It is clear the staff are caring and treat the service users with respect. X was content, happy and clearly comfortable in the setting, X was happy when they talked about staff and expressed that they had built up good relationships with them."

We saw positive examples of how staff knew and responded to people's needs. For example staff supported a person to make contact with a long lost relative. Staff also supported people to visit family members so they could stay in contact with them. People were able to make choices about when to get up in the morning, what to eat, what to wear and activities they would like to participate in, so they could maintain their independence. People were able to personalise their room with their own furniture, personal items and choosing the décor, so that they were surrounded by things that were familiar to them. We noted that people had the right to refuse treatment or care and this information was recorded in their care plans. Guidance was also given to staff about what to do in these situations.

Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. We saw detailed information in care records that highlighted people's personal preferences, so that staff would know what people needed from them. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations.

Staff knew people's personal and social needs and preferences from reading their care records and getting to know them. We noted that care records were reviewed on a regular basis or when care needs changed.

Staff approached people with kindness and compassion. We saw that staff treated people with dignity and respect. Staff called people by their preferred names, and personal care tasks were conducted in private. Staff interacted with people throughout the day, for example when preparing lunch, helping someone to get dressed, listening to music and watching television, at each stage they checked that the person was happy with what was being done. Staff spoke to people in a respectful and friendly manner.

People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks, or going out to the shops. Staff did not rush people for a response, nor did they make the choice for the person. Relatives and health and social care professionals were involved in individual's care planning. Staff were knowledgeable about how to support each person in ways that were right for them and how to encourage people to be involved in their care.

Relatives and friends were encouraged to visit and maintain relationships with people. People were able to attend various activities in their local community, for example attending the local pub, local band, pantomime, art classes and local church services. This meant that people were protected from social isolation with the activities, interests and hobbies they were involved with. Staff supported people with their interests and religious beliefs in their local community.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secure office. This ensured that visitors and other people who were involved in people's care could not gain access to their private information without staff being present.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received. One person told us, "I have lived here a long time, I know everyone here and they know me." It was clear that people living at the home had a strong influence in how the home was managed. People had their own personal jobs assigned to them so they could be part of the up keep of their home.

There were detailed care records which outlined individual's care and support. For example information about personal hygiene, getting dressed, hearing and sight needs, medication, health awareness and dietary needs. They also included people's sleep pattern, safety and environmental issues inside and outside of the home, emotional and behavioural issues, relationships, educational needs, employment, and mobility. Staff knew people's needs and responded to all of these. Any changes to people's care were updated in their care record; this ensured that staff had up to date information.

Care given was based on individual's care and support needs. Pre and admission assessments provided information about people's needs and support before and during their move to the home. Information was recorded about people's behaviour, mental and physical health issues and mobility detailed guidelines were provided to staff to minimise risk, whilst ensuring the person was safe. Staff were quick to respond to people's individual needs.

Pre and admission assessments recorded individual's personal details and whether they had capacity to make decisions for themselves and this was reviewed on a regular basis. This information was reviewed before a care plan was developed and care and support given. This enabled staff to build a picture of the person's support needs based on the information provided. People who wanted to move into the home were offered a trial period first, to ascertain if the home met their needs and if they liked it.

People's needs were assessed with them to ensure the home could meet their needs. The provider also obtained information from relatives, health and social care professionals involved in their care. This enabled the provider to have sufficient information to assess people's needs before they received care and support.

We noted that information about people's care and support was also provided if a person required hospitalisation. This enabled hospital staff to know important things about people's medicines, allergies, medical history, mental and physical needs and how to keep them safe.

Staff told us that they completed a handover sheet after each shift which relayed changes to people's needs. We looked at these sheets and saw, for example information related to a change in medicines, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and what did not and any action taken. This showed us that the staff had up to date information relating to people care needs.

We noted that people attended a lot of activities throughout the week in the home and outside in their community. Activities included attending local day centres, college, art classes, going out with staff shopping and going for walks. Some people also attended paid employment or voluntary work. People also attended car boot sales with staff at the weekends. People had the use of a vehicle so staff could drive people to their activities and places of interest. The deputy chief executive told us that people living at the home had gone on various holiday trips accompanied by staff including the chief executive.

People were provided with the necessary equipment to assist with their care and support needs. For example one person had a specially adapted mobile phone so that they could stay in contact with their family. Another person had a skin condition and therefore had a special sleeve to place on their leg when having a shower, to ensure the leg stays dry.

People told us they were aware of the complaints system. People's feedback was obtained in a variety of ways such as residents meetings, surveys, discussions with people and their relatives. We looked at the provider's complaints policy and procedure which provided us with the information about how staff should respond when receiving a complaint. The staff told us they were aware of the complaints policy and procedure as well as the whistle blowing policy. Staff we spoke with had a clear understanding of what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. We reviewed

Good

Is the service responsive?

the service's complaints log and saw that people living at the home had raised issues and the provider had responded in a timely manner and to a conclusion which was satisfactory to the person.

Good

Is the service well-led?

Our findings

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were quality and monitoring systems in place to make sure the home assessed and monitored its delivery of care. We saw there were various audits carried out such as health and safety, room maintenance, housekeeping, care plans, and an external medicines audit conducted in 2015 where no concerns were identified.

People were involved in how the home was run in a number of ways. We noted that there were 'service user' meetings each month to enable people to raise issues they may have. We saw minutes of the meeting where people discussed issues regarding inviting family members to a barbeque being held, use of sun cream during the hot weather and food choices and actions undertaken were recorded. During the inspection, improvement work was being carried out due to a suggestion made by the residents. For example, people living at the home wanted more privacy when making phone calls, so a phone booth was being built along with extra storage space for the home.

We noted that a survey was conducted in June 2015, for people who use the service and for their relatives. We saw positive statements such as, "The service is safe", "It has a friendly atmosphere", "Clean environment "and "Staff are kind and considerate." We did not see evidence of an evaluation of the information gathered. This matter was raised during feedback; the deputy chief executive advised us an evaluation of the survey was underway.

Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. This was done by a variety of methods through staff meetings, supervisions and team briefings, which was information that was cascaded from their head office. Staff told us that they were able to discuss the home and quality of care provided, best practices and people's care needs.

The provider had a system to manage and report incidents, and safeguarding. Members of staff told us they would report concerns to the registered manager. We saw incidents and safeguarding had been raised appropriately and dealt with and notifications had been received by the Care Quality Commission. Incidents were reviewed which enabled staff to take immediate action to prevent further incidents.

Staff told us they conducted a weekly spot check on rooms to check on the condition of the room in relation to health and safety needs. We saw accident records were kept, each accident had an accident form completed, which included immediate action taken. Management observed staff in practice and any observations were discussed with staff, this was to review the quality of care delivered and make improvements if these were required. We noted that fire, electrical, and safety equipment was inspected on a regular basis. We also noted that equipment such as wheelchairs, baths and the home's transportation was also checked on a weekly or monthly basis.

We saw that the management team at the home had an open door policy, and actively encouraged people to voice any concerns. They engaged with people and had a vast amount of knowledge about the people living at the home. They were polite, caring towards them and encouraging them. People felt they were approachable and would discuss issues with them.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated that they were knowledgeable about aspects of this guidance. This ensured that people continued to receive care, treatment and support safely.

It was clear that staff and management had a clear working knowledge of the current changes in MCA and DoLS legislation to protect people's rights and freedom and that staff followed best practices. When discussing our findings with the management team they confirmed that they had a copy of CQC's Guidance for Providers on meeting the regulations and the Fundamental Standards. During the inspection we saw the management team liaised with external agencies to obtained guidance and best practice techniques. For example they obtained guidance about the management of medicines from a pharmacist. They also sought advice from an external agency about their fire arrangements regarding their smoking room. We saw

Good

Is the service well-led?

information was displayed in the staff's office about the Human Rights Act and MCA principles. This meant that staff had access to up to date information about current legislation.