Heritage Care Limited

17 Edward Road

Inspection report

17 Edward Road
Bromley
Kent
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1 February 2018 and was unannounced. This was the first inspection of the service since they registered with the CQC in November 2016. 17 Edward Road provides personal care and support for up to 11 people with severe and enduring mental health problems and complex needs including dual diagnosis. The service primarily focuses on providing support to people living within a supported living environment and works to help people gain the necessary skills to lead independent lives and to move on to independent living.

Edward Road is a 24 hour supported living project in Bromley, which provides specialist support for people with mental health needs. The accommodation consists of 11 bedrooms and shared communal areas and facilities. At the time of our inspection there were 11 people using the service. There was 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 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.

Staff supervision and support was not always regularly available due to the past absence of the registered manager. However action was taken to address this and we will check on staff supervision and support at the next inspection of the service.

Risks to people were assessed, recorded and managed safely. Medicines were managed, administered and stored safely. People were protected from the risk of abuse, because staff were aware of the action to take if they had any concerns. There were systems in place to ensure people were protected from the risk of infection. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

There were processes in place to ensure staff were inducted into the service appropriately. Staff received training to support them to fulfil their roles effectively. Staff were aware of the importance of seeking consent from people and demonstrated a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This provides protection for people who do not have capacity to make decisions for themselves.

People were supported to meet their nutritional needs and preferences and people had access to health and social care professionals when required. People told us staff treated them well and respected their privacy. People were involved in day to day decisions about their care and had care plans in place which reflected their individual needs and preferences.

People were supported to maintain relationships and they were supported to engage in a range of social activities. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals to

ensure people's needs were appropriately met. There were systems in place to monitor the quality of the service provided. People's views about the service were sought and considered through meetings and satisfaction surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed, administered and stored safely.

Risks to people were assessed, and care plans were in place to manage identified risks safely.

Accidents and incidents were recorded and acted on and there were arrangements in place to deal with emergencies.

People were protected from the risk of abuse because staff were aware of the signs and action to take if they had any concerns.

There were systems in place to ensure people were protected from the risk of infections.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Whilst staff received supervision and support, this was not always on a regular basis and in line with the provider's policy. Action was taken to address this and we will check on staff supervision and support at our next inspection of the service.

Staff received an induction when they started work and received training that enabled them to fulfil their roles.

People's needs were assessed and staff provided appropriate support.

People were supported to access a range of healthcare services when needed.

People were supported to meet their nutritional needs and preferences.

Staff sought people's consent and acted in accordance with the

Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where applicable.

Is the service caring?

Good

The service was caring.

People were supported to maintain relationships that were important to them.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity.

People were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's needs and risks were assessed and documented to reflect individual needs and preferences.

People's independence was promoted and supported.

People were supported to access a range of activities.

People were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post at the time of our inspection, however they were absent from the service working set days of the week and had previously been absent from the service for a prolonged amount of time. In their absence an acting deputy manager managed the service with support from the provider's other registered manager.

There were systems in place to monitor and evaluate the service provided.

People's views about the service were sought and considered

through resident's house meetings and satisfaction surveys.

17 Edward Road

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 was carried out by a single inspector on 1 February 2018 and was unannounced. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. 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 contacted the local authority responsible for commissioning the service to obtain their views and used this to help inform our inspection planning.

During this inspection we spoke with six people using the service and five members of staff including the acting deputy manager and a manager from one of the provider's other services in the absence of the registered manager and the services in house occupational therapist. We looked at three people's care plans and records, four staff files and records relating to the management of the service such as audits and policies and procedures. We also spent time observing the support provided to people in communal areas.

Good

Is the service safe?

Our findings

People told us they felt safe with the support they received from staff and felt safe living within the shared environment. One person said "The staff are very nice and I feel very safe with them. I love living here." Another person commented, "Oh yes I feel safe. Everyone is kind and we all get along." A third person commented, "I have lived here for some time now and like it very much. Staff are supportive and I do feel safe."

People were protected from the risk of abuse because the provider had systems in place to protect people from abuse. There were up to date safeguarding and whistleblowing policies and procedures in place and staff we spoke with were knowledgeable about safeguarding people and the action they would take if they had any concerns. One member of staff said, "If I had any concerns at all I would report them immediately. People are supported very well here and we are all aware of the actions to take if we feel someone is at risk. We work hard to ensure people's safety and well-being." Staff records confirmed that staff received safeguarding training on a regular basis to ensure best practice. We looked at the services safeguarding folder and saw local and regional safeguarding policies and procedures in place for staff reference. Safeguarding reporting forms were also retained as well as contact information for local authorities to assist in managing any concerns if required. Safeguarding information was displayed within the home for people's reference.

People told us they received support from staff to ensure they managed their medicines safely as prescribed by health care professionals. One person said, "I go to the office to get my tablets. Staff give me them to take and I sign to say I have taken them." Another person commented, "Yes I get my tablets when I need them. Staff make sure I take them and that I am well."

Medicines were stored, managed and administered safely. The provider had procedures in place which gave guidance to staff on their role in supporting people to manage their medicines safely. Records showed that staff responsible for medicines administration had received medicines training which included an assessment of their competency to ensure they were safe to do so. Medicines were stored safely in a locked cupboard that only authorised staff had access to and records of medicines stock balances were completed accurately by staff. Temperature readings of medicines storage facilities were checked and recorded daily to ensure medicines were safe and fit for use. We saw people had individual medicine folders and these contained photographs to formally identify people, medicine administration records (MAR), weekly medicines checks, medicines monitoring forms and medicine risk assessments to ensure the safe management of medicines. We looked at the MAR for four people and saw these were completed accurately by staff and people who were supported to be semi-independent with managing their medicines. Medicines audits and checks we looked at showed no errors or omissions and identified that no actions were required to ensure medicines were managed safely.

Risks to people's safety and well-being were assessed and care plans were put into place to manage identified risks whilst ensuring individual's independence and rights were respected. Assessments and care plans documented identified risks and evaluated them in areas such as medication concordance, self-

neglect or harm, relapse of mental health, nutrition, physical health, accessing the community, psychological and emotional health and managing finances amongst others. Where risks had been identified, we noted that clear guidance was available for staff in supporting people to manage and reduce the reoccurrence of risks. For example, one person's risk management plan detailed the triggers, indicators and preventative measures staff should be aware of and actions to take in relation to a relapse in the person's mental health. It also documented the person's crisis interventions staff should take and included contact details for professionals involved in the person's care and treatment. People's risk assessments considered both positive and negative factors of risk taking as well as identifying any control measures for staff to follow in order to reduce the level of risk. Staff we spoke with were aware of the areas in which people were at risk and knew what actions to take to manage them safely.

Accidents and incidents were recorded, managed and monitored safely to assist in reducing the risk of reoccurrence. Staff we spoke with told us they were aware of the provider's procedures for reporting accidents and incidents and this was followed. Records we looked at demonstrated that staff had identified concerns, took actions to address concerns and referred to health and social care professionals and the police when required. There was an up to date accident and incident policy in place and an accident and incident log was implemented to monitor and check for themes. Notifications were sent to the CQC when required and referrals were made to other professional bodies where appropriate.

There were systems and policies and procedures in place to manage emergencies and to protect people from the risk of infections. People had evacuation plans in place which detailed any support they required to evacuate the building in the event of a fire. There was an up to date fire risk assessment in place and fire equipment maintenance checks were conducted on a regular basis. Staff knew what to do in the event of a fire and told us regular fire drills and evacuations were conducted and that they received training in fire safety and emergency first aid. One member of staff said, "We have regular fire drills and everyone evacuates the home. We all know how to respond."

We observed the home environment was clean and free from odours. Liquid hand soaps and hand washing technique signage was available and visible in all communal bathrooms to protect people from unnecessary infections and health and safety checks and audits were conducted on a regular basis to ensure this. However we noted that the first floor bathroom flooring was torn and worn and this required replacing as it posed an infection control risk. We also noted there was no toilet seat in place which again posed a risk of infection. The manager showed us maintenance requests that were made to the landlord requesting the redecoration of both communal bathrooms and following our inspection further communication requesting the work to be completed as soon as possible. We also saw that a new toilet seat was purchased and put in place.

Staff were provided with personal protective equipment such as gloves and aprons when required which they confirmed, to minimise the risk of infection and had received training on health and safety and food safety. There were cleaning schedules in place which ensured the home was kept clean. Environmental checks were conducted to ensure the home environment was safe. These included checks of electrical and gas appliances, water temperatures, first aid equipment and cleaning substances to ensure they were kept in a safe locked place. The registered manager also completed a house risk assessment which identified any health and safety risks within the home. We noted that a recent home risk assessment audit highlighted that the garden fence required repairs and we saw that an action plan for the works recorded that this had been completed.

People told us they thought there were enough staff available to support them appropriately. One person said, "Oh Yeh, there is always someone around if I need them." Another person told us, "I think there is

enough here, staff are there when I need them." A third person commented, "Staff are good, they help me when I need it. They are always in the home." During our inspection we observed there were sufficient numbers of staff on duty at any given time to ensure people were supported appropriately when requested. Staffing rota's corresponded with the number of staff available on duty at each shift and there was an on call manager system in operation providing out of office hours support to staff if required.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. The deputy manager told us that all recruitment records were held at the provider's head office which were later sent to us following the inspection. We saw that criminal records checks were carried out before staff started work, staff pre-employment checks were completed and included application forms, proof of identification, references, right to work in the UK where applicable and history of experience or qualifications.

Good

Is the service effective?

Our findings

Staff we spoke with expressed mixed views about the support they received from management to enable them to do their jobs effectively. One member of staff said, "I feel very supported to do my job and to access further training resources. I have supervision on a regular basis and the manager and staffing team are all very supportive." Another member of staff said, "I have supervision and we have regular staff meetings which are informative." A third member of staff told us that they didn't always feel supported and supervision was not always provided on a regular basis. They also commented, "The training we get is ok but I would like more specialised training offered."

Staff records we looked at showed that whilst supervision was provided to staff, this was not always on a regular basis and in line with the provider's policy. The provider's performance, learning and supervision policy stipulated that "Staff will participate in group supervision every eight weeks and one-to-one supervision every 12 weeks", however we saw that this policy was not always adhered to. For example one staff file showed that supervision was conducted in August 2017 with no further records of supervision provided. Following our inspection the registered manager sent us a supervision record for the member of staff which stated their last supervision was conducted in October 2017 and then February 2018, and this required some improvement. The manager told us that due to the registered manager's absence staff supervisions had not always been conducted as frequently as they should, but now the registered manager had returned to work this was being addressed. We will check on the progress of staff supervision and support at our next inspection of the service.

People told us they thought staff were appropriately skilled and knowledgeable to be able to support them well. One person commented, "Yes I think the staff know exactly what they are doing. They do get training." Another person said, "The staff are good. They know me well and the support I might need." Staff records we looked at confirmed that staff received training in areas such as health and safety, food hygiene, manual handling, safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards, equality and diversity and managing medicines amongst others. Staff confirmed they received an induction when they started work at the service which included becoming familiar with the provider's policies and procedures, a period of orientation and working alongside more experienced staff and completing training the provider considered mandatory. The manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

People told us staff respected their independence, involved them in decision making and sought their consent. One person said, "I am independent with most things, although sometimes I need help. Staff always involve me and ask me what I want." Staff we spoke with had a good understanding of people's right to make informed choices and decisions independently but where necessary for staff to act in someone's best interests. The deputy manager told us that people using the service had capacity to make decisions about their care and treatment and no one was subject to a DoLS authorisation. They told us if they had any concerns regarding a person's ability to make specific decisions they would work with them, their relatives, if appropriate, and relevant health and social care professionals in making decisions for them in their 'best

interests' in line with the MCA.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Assessments of people's needs, treatment and preferences were completed before they moved into the home in order to ensure their needs and preferences could be met. Assessments considered individuals day to day support, choices and preferences, and identified areas in which they required support in order to achieve positive outcomes and aims. Assessment covered areas such as physical and mental health needs, medicines, communication, nutrition and behaviours amongst others. Care plans documented involvement from people and their relatives where appropriate and referral information and assessments from local authorities and health care professionals that commission the service.

People told us staff supported them to meet their nutritional needs and preference where required and care plans documented the support they required with meal preparation to ensure people's nutritional needs were safely met. One person said, "I can cook for myself. I buy my food every week and have my own fridge." Another person commented, "I have my own food cupboard and fridge and get my own shopping. Staff encourage me to eat healthy as I know I like a lot of bad foods." Individual's care plans documented people's nutritional needs, risks and support required such as any known allergies, likes and dislikes, assistance required for meal preparation and any nutritional risks such as weight loss or gain.

People were supported to access a range of health and social care services when needed in order to maintain good physical and mental health. One person told us, "If I am unwell staff make sure I see the doctor." Another person said, "I see my care coordinator from the mental health team on a regular basis and visit the doctor if I need to." Care plans showed people received support from a wide range of health and social care services including the provider's in house occupational therapist, GPs, community mental health nurses, dentists and opticians when required. Records demonstrated that staff monitored people's mental and physical health and where any concerns were identified they referred people to health and social care professionals as appropriate. Care records documented people's appointments with health and social care professionals and outcomes of meetings were recorded to ensure staff were aware of people's on going needs.

Good

Is the service caring?

Our findings

People spoke positively about staff and the support they provided. One person said, "I like living here very much. The staff are really nice." Another person told us, "Yeah the staff are good. They are friendly and we have a laugh." A third person commented, "The staff are really supportive and kind."

We observed staff interacted and treated people with respect and showed concern for their well-being. For example, by enquiring how people were feeling and advising them on activities they had planned for the day and supporting them where appropriate to ensure they had eaten and taken their medicines. We also saw examples of staff supporting people promptly offering reassurance when they showed signs of anxiety or distress. Throughout our inspection we noted the atmosphere in the home was relaxed and friendly and we observed that people's independence was respected and encouraged with people entering and leaving the home throughout the day as they so pleased.

People were provided with information about the service in the form of a 'service user guide' for their reference. The deputy manager told us this was given to people when they joined the service and included information on the provider's mission, vision, values, aims and how people could make a compliant if needed. Staff were aware of the importance of keeping information and records about people's care and support confidential and we saw that records were stored appropriately. Staff were also aware of how to respect people's privacy and dignity and described ways in which they worked to promote this. One member of staff said, "Our aim here is to promote and empower people to be independent and live well so it's vital we respect people's privacy, dignity and independence. When I work with people or discuss private matters with people I ensure we are not over heard and ideally have private space." People told us their privacy and dignity was respected by staff. One person said, "I have my own room and no one enters unless I give them permission. The staff are respectful." Another person commented, "Oh yes the staff do respect me and I respect them. It's a mutual thing."

People told us they were consulted about their care and treatment and were provided with opportunities to give feedback on their plans of care. One person said, "Staff always ask me how I am and if there is anything else I need help with. They are good like that." Another person commented, "I meet with my keyworker and we talk about how I am and if there are things I want to change. We also have meetings where everyone can talk about things." There was a keyworker system in place which enabled a selected member of staff to work independently with individuals. Keyworker responsibilities involved building working relationships with people and to co-ordinate individual's care which included working with other health and social care professionals. Care plans documented monthly keyworker meetings that were held and recorded people's health and well-being, aims and highlighted any actions required in supporting people to meet their desired goals.

People were consulted about the service and their feedback was sought during regular resident's house meeting that were held. We saw the minutes from the last meeting held on the 29 December 2017. The meeting was well attended by people and items discussed included house rules, key working sessions, health and safety within the home, safeguarding, advocacy services and activities amongst others. We also

saw that people participated in a recovery exercise which included singing Christmas carols. Relationships between staff and people using the service and their keyworker sessions were discussed in team meetings and at daily staff handover meetings to enhance and promote effective communication and support. During our inspection we observed a staff handover meeting and noted staff communicated effectively and highlighted any issues or concerns in meeting people's daily needs, aims and outcomes.

People told us they were supported and encouraged to maintain relationships that were important to them. One person said, "I visit my friend regularly. I love going out with my friend and I'm meeting them today for lunch." Another person told us, "I keep in contact with my family and visit them sometimes." A third person commented, "I visit my brother every week. I get the bus which takes me straight there." People were able to make their own decisions about their daily activities and the level of support they needed and were also able to communicate and converse well.

Good

Is the service responsive?

Our findings

People told us they were involved in planning for and reviewing their care and received support that met their individual needs. One person said, "I know about my care plan and we talk about it at keyworker meetings. I know I can change things if I need to." Another person said, "We review my plans to make sure they record where I'm at. I have become more independent and want to move on soon."

People's mental and physical health needs and support was assessed before they moved into the home to ensure they could be met appropriately. Care plans contained referral information and assessments from local authorities and health and social care professionals that commission the service. Assessments incorporated peoples' past histories to help develop and implement individual care and support plans tailored to meet identified needs.

Care records demonstrated that staff and individuals developed and implemented care and support plans from assessments conducted. Care and support plans identified key areas of people's lives and detailed the support they required to ensure positive outcomes and well-being in areas such as, physical and mental health, communication, dietary needs, managing finances, medicines management, activities and social networks, diversity, independence, sexual health and well-being and risk management amongst others. Care plans and records also detailed people's objectives and aims and risk assessments were implemented with individuals to support positive risk taking in a safe and supported way. For example maintaining a good standard of personal hygiene and ensuring a balanced diet.

Care records contained guidance for staff on how people's needs should be met and staff we spoke with demonstrated they supported people in line with their assessed needs and preferences. Records also showed that people met with their keyworker on a regular basis to discuss their physical and mental health needs, in order to ensure the support they received continued to meet their individual needs and preferences. Staff were knowledgeable about the people they supported and were aware of the details of people's care and support plans. They were aware to be observant for any signs and changes in people's physical or mental health, and to report any changes in order that care plans and risk assessments could be reviewed and updated accordingly. Care plans and records we looked at were up to date and reviewed on a regular basis in line with the provider's policy.

Care records and assessment tools considered the support people may require with regard to any protected characteristics under the Equality Act 2010 they have. For example in relation to age, race, religion, disability, sexual orientation and gender. We saw care plans documented guidance for staff on the support people required for example to practice their faith, maintain personal and intimate relationships and to meet cultural and dietary needs. People we spoke with confirmed that staff supported them to meet their diverse needs and one person told us, "My aim is to get my own home and live with my partner." Another person commented, "I like to go to my church on a regular basis which staff know about."

People were supported to engage in a range of social activities in and out of the home environment and to seek educational and working opportunities that reflected their interests and aims. Care plans and records

detailed people's preferred and chosen activities such as maintaining family and social networks, attending social clubs and events, attending support groups and completing one to one and group sessions with the provider's in house occupational therapist. One person told us, "I really like visiting my friends and going for meals out. I try to see them every week." Another person commented, "I visit my family on a weekly basis, it's important to me. I also go out a couple of times a week to get my shopping." A third person said, "I go to a local club and we have trips out here and activities which are good." During our inspection we observed several people participating in an art therapy class overseen by the in house occupational therapist.

People told us they knew how to make a complaint, that staff listened to them and they felt staff would resolve any issues they had. One person said, "I am happy living here. I have no complaints at all but if I did I would tell staff straight away." Another person commented, "The staff are so good. If ever I have any concerns they help me." The provider had a complaints policy and procedure in place which provided guidance for people on what they could expect if they raised a complaint. This included the timescale in which they could expect a response and guidance on how to escalate their complaint if they remained unhappy with the outcome. We looked at the complaints file and noted that no complaints had been made since November 2016 but those that were raised were managed appropriately in line with the provider's policy.

Good

Is the service well-led?

Our findings

People told us they thought the service was managed well and spoke positively about staff and the support they received. Comments included, "Staff are really supportive and kind to me", "I would say overall I think it's managed well, the staff are good", "I like living here, the staff are nice", "My room is nice and I can come and go as I please", and, "I have no complaints about how things are done here and the staff are good." Comments from staff on the management of the service and team working were largely positive whilst some comments recognised the absence of management at times which had now been resolved.

There was a registered manager in post at the time of our inspection, however they were absent from the service at the time of our inspection working set days of the week and had previously been absent from the service for a prolonged amount of time. 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. There was an acting deputy manager in post and they managed the service with support from another of the provider's registered managers in the absence of the services registered manager. The deputy manager demonstrated good knowledge of people's needs and the needs of the staffing team and notifications were submitted to the CQC as required.

During the course of our inspection it was evident from feedback received from people and staff we spoke with that the values and aims of the service was to help people to gain the necessary skills to lead independent lives and to move on to independent living. One person told us, "Staff are very good at supporting me and encouraging me to be more independent. Although I like it here I would like my own place." We observed staff worked well together to promote and enhance people's ability to live independently and to maintain good physical and mental well-being. A member of staff told us, "I really enjoy my job as we all work hard to support people to get ready to move on to live independently. It's a great feeling seeing them move on and regain full independence. It means we have done what we aim to do."

There were effective lines of communication within the service which provided staff with the opportunity to meet and communicate on a daily basis. Records showed that regular meetings with staff were held to discuss the running of the service and people's support needs. We observed a daily staff handover meeting in which items around people's support needs were discussed and any issues were cascaded to staff starting their shifts to ensure people received appropriate levels of support. We looked at the minutes of a staff meeting held in December 2017; which showed topics discussed included staffing, training, key working and safeguarding amongst other items. The provider also held a 'Service Managers Meeting' whereby all registered managers met to discuss issues at provider level. We looked at the minutes for the meeting held in December 2017, and saw items for discussion included service updates, provider care group updates, health and safety, service user involvement, CQC and training.

The provider sought people's views through regular resident's house meetings, annual resident's surveys and by impromptu feedback through the use of a comments and suggestions box located in the hallway of

the home. People confirmed they were provided with opportunities to give feedback about the service and said they felt comfortable speaking with staff and raising any issues or suggestions. One person said, "Yes I go to the meetings if I'm home. It's good to know what's happening and to have a say." Another person commented, "Yes we do have meetings but if there is anything I need to say I just tell the staff." We looked at the minutes for the residents house meeting held in December 2017 and saw items discussed included safeguarding and advocacy, activities, key working and a group recovery exercise. We looked at the results for the resident's survey that was conducted in August 2017. Although some results were in slight decline from the previous year, we saw results from the survey were still largely positive. For example 100 percent of respondents felt that staff believed in their wellbeing and recovery, 85.71 percent said they felt staff respected their privacy and 100 percent said staff encouraged them to be open and to express their thoughts, ideas and suggestions. We saw an action plan was implemented as a result of the findings of the survey and noted actions were taken by staff to address some of the lower scoring areas such as people having appropriate information they need in relation to their medication which was due to be actioned by February 2018.

The provider recognised the importance of regularly monitoring the quality of the service and there were systems in place to ensure audits and checks were conducted. Records confirmed that checks and audits were completed in areas such as maintenance of the home environment, infection control, medicines management, fire safety and equipment maintenance, incidents and accidents, care records, staff records and annual unannounced themed assessments which were completed by senior managers and peer assessors. These focused on five areas including, finance, policies, staff management, medication and client care. Audits we looked at were up to date and conducted in line with the provider's policy. Records of actions taken to address any highlighted issues or concerns were documented and recorded as completed as appropriate.