Lifeways Community Care Limited

Old Park Road Respite Unit

Inspection report

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Date of inspection visit:
03 August 2016
04 August 2016
05 August 2016

Date of publication:
05 September 2016

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

Old Park Road Respite Unit is a six bedded unit providing respite care services for people with learning disabilities located in Greengates in the north of Bradford. We visited the service on 2 August 2016 and made phone calls to relatives and health professionals between the 2 and 5 August 2016. At Old Park Road Respite Unit 25 people used the service on a rotational basis for short stays of one or more nights. On the date of the inspection visit, three people were staying at the home. At the last inspection in April 2013 the home was found to be compliant with all of the legal requirements inspected at that time.

A registered manager was 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 and relatives we spoke with provided consistently positive feedback about the service. They said the friendly staff provided high quality care and support. We were told the home was well managed and communication between staff, people and relatives was very good.

People and relatives said people were safe in the service. Safeguarding procedures were in place and were followed to help keep people safe. Risks to people's health and safety were assessed and clear plans of care put in place which were well understood by staff.

Medicines were safely managed with systems in place to ensure all medicines were given as prescribed and fully accounted for throughout people's stay.

There were sufficient quantities of staff deployed to ensure people received safe and personalised care. Staffing levels were carefully considered dependent on the needs of people staying at the service.

New staff were checked to ensure they were suitable to work with vulnerable people. A system had recently been put in place to involve people who used the service in the recruitment of staff.

The premises was safely managed and well maintained having recently undergone refurbishment of a number of areas. There was a secure garden area where people could spend time.

People were provided with a variety of food based on their individual likes and preferences. People were well supported at mealtimes by attentive staff.

The service was acting within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were given choices and involved in decision making as much as possible.

People's healthcare needs were assessed by the service and plans of care put in place which were well

understood by staff. Health and social care professionals we spoke with praised the service and said it provided high quality care.

Staff received a range of training, support and supervision. We saw this was largely up-to-date. Staff demonstrated a good understanding of people and topics we asked them about.

People received kind and compassionate care from staff who knew them, their likes, dislikes and personal preferences. Where appropriate people were supported to develop or maintain their independence.

People's needs were assessed and clear and person centred plans of care put in place. Staff understood these plans of care which gave us assurance they were consistently followed. The service took the time to understand people's cultural needs and took steps to ensure they were met.

People and relatives reported a high level of satisfaction with the service and said they had no need to complain. Where complaints had been received, these had been treated seriously and responded to appropriately.

People were assisted to participate in a range of activities based on their individual preferences. This included activities within the house each evening and trips out into the local community.

People and relatives told us the service was well managed and the registered manager was friendly, approachable and effective in addressing any issues. Staff told us morale was good and they felt well supported. We observed a friendly and inclusive atmosphere within the home.

A number of audits were carried out and most of these were effective in identifying and addressing issues in a timely way. However in one instance, a comprehensive quality audit had been carried out earlier in 2016, but had not been provided to the registered manager in a timely way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and relatives said people were safe using the service. Safeguarding procedures were in place and were well understood by staff. Action was taken to assess and control risks to people.

Medicines were managed safely by the service and people received their medicines as prescribed.

There were sufficient quantities of staff to ensure safe care and a high level of interaction between people and staff. Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People received a varied diet based on their individual likes and preferences. People had clear mealtime support plans in place and were supported appropriately during the inspection.

The service was acting within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were assessed and liaison took place with a range of health professionals regarding people's health needs.

Is the service caring?

Good

The service was caring.

People were treated in a kind and fair way by staff.

Care records contained a good level of detailed information about people, demonstrating the service had taken the time to understand people. Staff we spoke with knew people well and their individual likes, dislikes and preferences.

Is the service responsive?

Good

The service was responsive.

A thorough assessment process was in place to help ensure staff understood people's needs prior to admission. Care needs were fully assessed and appropriate plans of care put in place which were well understood by staff.

People had access to a range of activities based on their individual interests and preferences.

Complaints were appropriately managed by the service.

Is the service well-led?

Good

The service was well led.

Systems to assess, monitor and improve the service were in place. In most cases these were appropriate and were used to make positive changes to the service.

People, staff and relatives spoke positively about the service and how it was managed. They said the registered manager was friendly and approachable.

People's feedback was regularly sought on the service through a variety of mechanisms.

Old Park Road Respite Unit

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 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 between 2 and 5 August 2016 and was announced. We gave the registered manager 24 hours' notice of our visit to ensure access to the home, as the building can be unoccupied during the day.

The inspection team consisted of one adult social care inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to people and their relatives on 4 and 5 August 2016 to ask them questions about their experience of Old Park Road Respite Unit.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with two people who used the service and nine relatives. We spoke with the registered manager, four care workers and two health and social care professionals who regularly worked with the service.

We looked at three people's care records, medicines records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). 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. This was completed and returned to us in a prompt manner and we took the information provided into account when we made judgements in this report.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us people were safe using the service. For example, one relative told us, "I've no concerns at all about [person]. I know he's safe." Safeguarding procedures were in place. Staff we spoke with understood how to identify and act on safeguarding concerns. People and staff were encouraged to raise any concerns. For example, safeguarding was discussed at resident and staff meetings and as part of the staff supervision process.

No recent safeguarding referrals to the local authority had been deemed necessary by the service although following minor incidents, a discussion had taken place with the local authority safeguarding team to determine if a referral was appropriate. Where safety related incidents had occurred we saw incident forms had been completed and actions put in place to help keep people safe and/or prevent a reoccurrence. Relatives told us the home had always communicated well with them when injuries had occurred. They described receiving detailed explanations of injuries including diagrams and body charts. One relative told us, "They sent a diagram showing where there was a bruise. I was very pleased that they took such care to make sure we knew about it. They always ring us up and give a full written explanation of any bumps or bruises."

Relatives we spoke with all told us financial transactions were well documented. For example, one relative told us, "We get receipts and all money is accounted for." We looked at records which confirmed this was the case, with well-maintained records of any expenditure and receipts. These were checked and audited by the manager. This helped protect people from financial abuse.

Risks to people's health and safety were assessed using a risk screening tool. Where significant risks were identified, for example around scalding or vulnerability, more detailed risk assessments were put in place to assist staff in providing safe care. Staff we spoke with had a good understanding of the people we asked them about, providing assurance these risks were well managed by the service.

Medicines were managed safely. Relatives we spoke with said they had no concerns about the way medicines were managed. One relative told us, "They always make sure he takes his medication," and another relative told us, "I'm really happy about medication. If the labels are damaged or unclear they always contact us for clarification." Medicines were administered by senior members of staff who had received training in the safe administration of medicines. The competency of staff to administer medicines was also periodically checked to ensure that staff maintained the required skills and knowledge to administer medicines safely. Any medicines errors were clearly documented and investigated by the registered manager.

When people stayed at the service, their medicines were booked in, with a clear log in place which showed the number of each medicine they had brought with them. The medicines label was checked to ensure the medicine was prescribed for the person and a medicines administration record (MAR) was created. MAR charts were appropriately completed and showed a clear record of the support people had received. Stock balances were calculated after each administration and at the end of people's stay at the service to ensure

the correct number of tablets had been administered and remaining stock returned home. We found medicines to be stored securely within a locked cabinet.

Some people were prescribed 'as required' medicines, for example for pain relief or to relieve distressed behaviours. We saw these were accompanied by detailed protocols instructing staff on when to administer these types of medicines. For example, one person could not explain if they were in pain verbally, but a clear protocol was in place instructing staff on the signs to look out for. This helped ensure these medicines were given in a safe and consistent way.

Sufficient quantities of staff were deployed to ensure safe care and support. Staff we spoke with told us there were always enough staff on duty and the registered manager regularly adjusted staffing levels dependant on the number and needs of people who were staying at the service. Rotas and other documentation we viewed confirmed this was the case, with staffing levels carefully planned dependant on the needs of each person. There were usually two or three support workers on duty during the day and at least one support worker at night. On the day of the inspection there were two support workers on duty to care for three people using the service. We found staff were visible, attentive and able to provide a high level of personalised care and support to people.

The premises was clean, well maintained and safely managed. Recent refurbishment had been undertaken which had replaced old and tired décor with new décor and furnishings. There were sufficient quantities of communal space for people to spend time, including a dining room, lounge and enclosed garden. Safety features were in place such as window restrictors to protect from the risk of falls and thermostatic valves fitted to hot water outlets to help prevent scalding. Health and safety checks were undertaken by staff to identify any risks or defects, which were reported to the local authority responsible for maintaining the building. Key safety checks on the building were in place including fire, gas and water systems to help keep it in a safe condition. However the registered manager was unable to locate the electrical wiring certificate for us. After the inspection, they confirmed this had been overdue and that an electrician had visited the home to carry out the necessary checks.

Plans were in place to assist the safe evacuation of the building. This included personal evacuation plans detailing how staff should assist evacuate each person who used the service. A business continuity plan was in place and an on call system so staff could contact management in the event of an emergency. All the relatives we spoke with said they were confident the service would provide appropriate support to people in the event of an emergency.

We saw the food standards agency had inspected the kitchen and had awarded them 5* for hygiene. This is the highest award that can be made. This meant food was being prepared and stored safely and hygienically.

Safe recruitment procedures were in place and we saw evidence these were followed. Prospective staff completed an application form and detailed their employment history and qualifications. Checks were completed on staff character to ensure they were suitable for the role. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining satisfactory references and ensuring an interview was held. Interview records were in place which showed people's suitability to work with vulnerable people was assessed. The registered manager told us a system had recently been put in place to involve people who used the service in the recruitment of staff, although no staff had needed to be recruited since its implementation.

Good

Is the service effective?

Our findings

Two people we spoke with who used the service said staff were good at their role and they were happy with the level of care provided. Relatives also told us the service was effective in meeting people's needs.

Overall, we concluded staff had sufficient skill and knowledge to care for people. People and relatives told us they were happy with staff skills level. Staff we spoke with had an in-depth understanding of the people they were caring for, their likes, dislikes and how to control any risks. There was a low turnover of staff which helped staff to build up detailed knowledge about the people they were caring for. Staff were provided with a range of training, most of which was delivered face to face at the provider's head office. For example, staff received training updates in subjects such as moving and handling, safeguarding, the Mental Capacity Act and infection control. Staff had a good understanding of the topics we asked them about, indicating this training had been effective. Staff praised the training they received and said it was appropriate for their role. We found most staff training was up-to-date.

Competency checks were undertaken on staff in subjects such as dignity and respect, positive behaviour support and medicines to ensure staff had the required knowledge to care for people effectively.

New care workers were required to complete the Care Certificate. This ensured that new staff received a standardised induction in line with national standards. Staff also received an induction to the service's policies and procedures and ways of working.

Staff received regular supervisions and appraisals. This allowed any performance issues to be addressed and provided a support mechanism to address any developmental needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

We concluded the service was acting within the legal framework of the MCA and DoLS. The home had undertaken assessments of whether people who used the service were being deprived of their liberty. DoLS applications had been submitted for a number of people, and liaison had taken place with the supervisory body over the suitability of these applications. The supervisory body had concluded that these people were not being deprived of their liberty due to the specific nature of the respite care arrangements provided.

We saw care and support was managed in the least restrictive way possible. Some people accessed and left the unit independently and others were taken out to undertake activities in line with their preferences. A keypad was present on the front door along with instructions informing people on the process to follow if they wanted to leave the building.

Staff and the registered manager had received training on the MCA. They were aware of their responsibilities under MCA and were able to give examples of how they had acted within the Act. For example, they told us they ensured people were involved as much as possible in decision making and any decisions made on behalf of people followed a best interest process. Care plans contained an assessment of people's ability to make decisions for themselves and how staff should support them to express their choices.

Records of care delivered to people provided evidence they were offered choices on a daily basis, such as what they wanted to do, and what they wanted to eat. We saw refusals were clearly documented within care records demonstrating staff respected people's rights to refuse.

People were supported to maintain good nutrition and hydration. People we spoke with said they enjoyed the food provided by the service. A weekly menu was in place which showed a suitable variety of food was provided by staff. The menu was created using the likes and preferences of who was staying at the service on any given night. On reviewing past menus we saw evidence that although there was a planned menu, this was sometimes changed at short notice if people wanted something different. This was confirmed by relatives, with one relative telling us, "[Person's name] can be fussy but if [person] doesn't like something they always give [person] something else." This demonstrated people were given choice and control over their diet. Relatives also told us the service considered any medical or cultural needs and adapted the meals provided to meet these needs.

Care plans assessed the support people required at mealtimes and provided guidance to staff on how to deliver this support. We observed the evening meal and saw people were supported appropriately in line with their plans of care. For example, one person's care plan showed they liked their own space at mealtimes, liked to face the window and required their food chopping up by staff. We observed these preferences were put in place by staff to make the person's experience as positive as possible. We found the evening meal to be a pleasant and sociable experience with staff spending time chatting to people. People were provided with drinks throughout the evening to help ensure they were kept hydrated. Records showed people were offered snacks such as biscuits and supper before bed if they wanted it. People were provided with breakfast in the morning and lunch if they were staying at the service. A packed lunch was provided for people who left the home to attend day services.

People's healthcare needs were assessed by the service and appropriate plans of care put in place. The service liaised with health professionals such as health facilitation nurses and/or families over any changes in people's health. We spoke with two health and social care professionals who spoke positively about the service. They said the service had listened to advice, developed appropriate plans of care and helped people to achieve positive health outcomes. Records provided evidence of this. ,For example, professional advice was sought following incidents or behaviours that challenge. People had a hospital passport in place, which provided concise information on their individual needs to be presented to hospital staff in the event of hospital admission. This aimed to ensure personalised care was provided and reduce distress to the person.

Good

Is the service caring?

Our findings

People and relatives we spoke with provided consistently positive responses about the kind and caring nature of staff. They said staff were kind and always treated people in a respectful manner. Comments included, "We are really happy with the care," "[Person] always comes home very happy," "They fulfil all [person's] needs; she loves it there," "The care is fabulous there," and "Staff are very caring and on the ball; they ring with any problems."

Relatives told us personal care needs were met by the service and people always came home clean and tidy. For example, one relative told us, "Her hair and nails are always done and clean when she comes home."

We observed care and support and saw staff treated people with dignity and respect. Staff spoke with people in a positive way and provided encouragement and support where required. Staff had the time to sit with people and provide social companionship, for example, asking them about their day and about one person's upcoming holiday. Staff we spoke demonstrated a good understanding of how to treat people appropriately, and were aware of how to ensure people's privacy and modesty was maintained.

Staff attitude and attention to treating people with dignity and respect was monitored in a number of ways. It was considered during the interview process to ensure only kind and caring staff were recruited, staff received training and competency assessments in dignity and respect and these topics were discussed as part of regular staff supervisions. People were also asked for their opinions on staff as part of resident meetings and the annual satisfaction survey.

Care records contained clear and person centred information on people and how they liked to be supported. This included information on their likes, dislikes and preferences. Staff we spoke with understood people well. For example, staff were able to demonstrate they knew the finer details of people's daily routines, when and what they liked to eat and drink. It was clear through conversations with staff and observations of care that good relationships had developed which allowed staff to provide a high level of person centred care. Relatives we spoke with all said staff knew their relatives individual needs and preferences and confirmed good caring relationships had developed between people and staff. One relative told us, "[Person's name] has been going a long time. Many of the staff are the same and know her well." Each person had a named key worker which ensured people and their relatives had a named staff member to offer support, maintain good communication and ensure timely care plan reviews.

People's ability to communicate was assessed by the service and clear plans of care put in place. For example, where people could not communicate verbally, their preferred communication method and how to undertake this was recorded. We saw one person who used the service could not communicate through speech. We saw staff demonstrated a good understanding of the signs and sounds they made and how to interpret them. Easy read information was used by the service to promote understanding. For example, pictures of meals and activities were in place to help people choose what they wanted to do and eat.

During the inspection, we saw staff listened to people and valued their opinions. For example, people were

asked what they wanted to do. One person wanted to play bingo so staff organised for this to take place. Records we viewed provided evidence people were offered choices and their opinions respected. For example, the menu was regularly changed at the last minute to accommodate people's preferences. People we spoke with told us they could go to bed and get up at the time they wanted. Records we reviewed confirmed people got up at a variety of times dependant on the day of the week and their preferences.

Relatives told us where possible the service encouraged people to be as independent as possible. For example, one relative told us, "[Person] is encouraged to be independent and helped with baking and craft work as well as keeping [Person's] room tidy." and another relative told us, "[Person] has just learned to shave themselves, they have supported [person] with that." During the inspection we observed staff provided a good balance of assistance and supporting people to do tasks for themselves .

Good

Is the service responsive?

Our findings

People's needs were carefully assessed prior to using the service through a staged approach. People wishing to stay at the respite service were first invited to visit the service to help ensure the service was right for them, meet the staff and for the service to assess whether it could meet their needs. If this was successful, additional 'tea visits' were completed to further ensure people were comfortable using the service and to allow care plans and risk assessment to be developed. This helped to ensure any care needs were identified prior to longer overnight stays.

We looked at care records which demonstrated people's needs had been assessed. We found them to be clear and person centred with a high level of personalised information. Care plans were in place which covered areas such as mobility, continence, sleeping, healthcare needs and activities. Staff we spoke with had a good understanding of people's plans of care. Daily records were completed for each person which showed the care they had received.

Care records were kept up-to-date and were subject to regular review. Relatives we spoke with told us that they felt involved in care and support plans. For example, one relative told us, "Spoke to them about the care plan last week. They always listen to me. The communication is superb." Another relative told us, "We discuss the care plan regularly. The last time was only last week." Another stated, "It's a fixed plan reviewed about a year ago. I don't expect it will change but I'd have no hesitation to ask for a review if I thought it needed one. They are very accommodating in that respect." However the involvement of people and relatives in care plan reviews was not often evidenced in the care plan documentation we reviewed.

Each day, staff arrived at the service prior to people who used the service. This allowed staff to read care and support plans and prepare the service for the individual needs of the people staying at the home that evening. Handovers took place between shifts. Records of these were kept which demonstrated that key information on people's needs, condition and activity was communicated between staff. This helped ensure responsive care.

Relatives told us communication with the service was good. For example, one relative said, "Communication is very good, I ring every night and always get through." Another relative told us, "They ring straight away if there are any problems and we can ring them any time. If we get the answerphone they always ring back." Care records confirmed evidence of communication with people's families if people's needs had changed. Following each stay at the service, a communication sheet was completed by staff for each person to take away with them. This provided information to people's relatives on the person's stay, their activities and any key information of note. Relatives spoke positively about this sheet in understanding how their relative's stay had gone. This helped involve families in the service and ensure they were aware of any changes in the person's condition.

People's cultural and religious needs were assessed by the service and plans of care put in place where appropriate. We saw examples of care being adjusted to meet people's cultural diets, for example through the provision of halal meat to people of Islamic faith. We saw people had been supported to make cards to

celebrate religious festivals.

People had access to a variety of activities whilst they stayed at the respite service. Relatives told us many of the activities were organised at the request of and in accordance with the wishes of people who used the service including shopping trips, pub and restaurant visits, ten pin bowling, walks and in house activities including arts and crafts. One relative told us, "[Person] likes to stay in on her own, they organise trips out but they don't make her go and give her the choice." Another relative told us, "[Person likes going for walks in the park and they make sure she can." A third relative told us, "[Person] loves going bowling, in fact he has the choice to do much more on there than when he is at home." We saw evidence people were supported to attend events in the community such as a 'ten-pin bowling', discos, pub lunches and walks. Activities took place in the home. For example, on the day of our visit, one person wanted to play bingo so staff arranged this within the home. People also helped maintain the garden area. We saw staff respected people's choices of activities. For example, a summer ball had been organised by the provider. However, on the day of the ball, people staying at Old Park Road did not want to attend so they were supported to attend another activity of their choice instead. We saw a summer garden party was planned at the service in August 2016 and invitations had been sent to people and their relatives.

Complaints were managed appropriately. Relatives reported a high level of satisfaction with the service and said they had no need to complain. One relative told us, "The management are so accommodating and sort out any issues straight away, I don't see I'd ever have to make a complaint." The complaints procedure was displayed prominently within the entry area to make people aware of how to make a complaint. This included details of senior management should they need to contact them. An easy read format was also available to promote understanding with people who used the service. We saw a low number of complaints had been received about the service (three since September 2013). Where complaints had been received these were logged, investigated and where appropriate preventative measures put in place to prevent a re-occurrence. We saw a number of compliments had been received about the service from families and health professionals. These were logged to ensure the service knew the areas where it exceeded expectations.

Good

Is the service well-led?

Our findings

A registered manager was in place. Staff we spoke with said that they felt the service was well managed, they felt supported and they were able to go to the registered manager or team leader with any issues or concerns. They said the staff team worked well together and there was good morale. During the inspection we observed a pleasant atmosphere within the home with good interactions between staff and people who used the service.

Relatives told us they thought the service was well led. They described the registered manager as, "helpful" and, "approachable." They said management dealt with any issues, "straight away." The registered manager had extensive experience of managing respite services and demonstrated they had a good understanding of how to plan and deliver appropriate respite care. They were supported in their management of the service by a team leader and senior care workers.

Systems to assess, monitor and improve the service were in place. The registered manager and team leader undertook audits in areas which included finances, medicines and health and safety. We saw these were effective in identifying issues so remedial actions could be taken. We did identify in one instance a quality audit completed by head office had not been provided to the registered manager in a timely way. Despite this audit being completed in March 2016, the registered manager had not had sight of the audit and accompanying action plan until the day of the inspection. Although the registered manager had completed most of the actions independently, and we did not identify any adverse effects on people who used the service, we did identify that the electrical wiring certificate was out of date, and this could have been rectified sooner had the results of the audit been provided in a timely manner. The registered manager assured us they would discuss this delay with head office to prevent it re-occurring in the future.

Each month the registered manager was required to submit information to the area manager about the service. This included key performance indicators such as details of any incidents, safeguarding issues, complaints and compliments. This helped senior management monitor events within the service and helped provide assurance that the service was operating effectively.

We identified audit paperwork created by head office was not focused on respite care and could be adapted to make it more relevant to the type of service provided at Old Park Road.

There was a culture to report incidents and accidents within the service which were then investigated and reviewed by the manager. Measures were put in place to learn from incidents and help prevent a re-occurrence. Details of any incidents and actions taken to were also sent to the area manager as part of the monthly submission to provide assurance that incidents were appropriately managed.

Staff meetings were regularly held. These included full team meetings and senior staff meetings. We saw these were an opportunity to discuss people's care and support and whether any changes were needed, any complaints and service user feedback. These meetings helped to maintain and improve quality within the service.

People's views and feedback about the service were regularly sought and they were empowered to air their views. Some of this was undertaken on an informal basis through regular chats between people and staff. Regular resident meetings took place. These were completed on an individual or group basis dependant on the needs and preferences of people who used the service. We saw a range of topics were discussed at these meetings, such as food, activities, staff and any concerns or worries.

We saw parent/carer meetings were also held which were an opportunity to discuss any events which were occurring in the service and future plans or changes to the service. Relatives we spoke with confirmed these took place.

Annual satisfaction surveys were sent out to people and their relatives. We saw these had previously been analysed to look for any themes and trends. The survey results for 2016 had recently been received, and the manager told us they were in the process of collating and putting in place an action plan to address any negative comments. We reviewed the responses and saw they were mostly very positive with most people very satisfied with the service provided. For example, comments included, "Feel safe, staff know me well, my likes , dislikes, feel content to stay overnight," and, "If I was away or in hospital in an emergency, I know [person] feels safe and relaxed with the routine [person] knows," "[Person] really likes Old Park Road as [person] can talk to others and spend quality time with them."