

Kingston upon Hull City Council

Park View

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 ●

Summary of findings

Overall summary

Park View is a purpose built complex comprising of three individual bungalows located to the west of Hull city centre. The purpose built establishment consists of three bungalows, each of which have five single ground floor bedrooms, a lounge/dining room, one bathroom and two separate toilets. The three bungalows share a large garden but each has its own patio area.

The service is registered to provide care and accommodation for up to fifteen adults who have a learning disability, and who may also have physical needs. The home is owned and managed by Kingston Upon Hull City Council. At the time of our inspection there were 13 people using the service.

This unannounced inspection took place on 15 December 2016. The last inspection of the service took place on 5 and 13 May 2015 and we found the registered provider was non-compliant with the regulation relating to consent.

During this inspection we saw that the registered provider had taken action to ensure where people who were unable to give consent because they lacked the capacity to do so, the service was working within the principles of the Mental Capacity Act 2005 (MCA), which meant they had achieved compliance with the regulation.

The service had a registered manager. 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.

Not all of the people who used the service were able to discuss their experiences of the service with us. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who were unable to speak with us.

It was clear from our observations that the people who used the service trusted the staff that supported them and positive relationships had been developed. Staff looked for visual cues from people's body language, as well as listening to the tone and pitch of people's verbalisation to understand what they were trying to communicate.

People who used the service were supported by caring and attentive staff who understood their individual needs and knew their preferences for how care and support should be delivered. Staff explained things in a way that people could understand. They made eye contact and treated people with dignity and respect.

We found staff were recruited safely and there was sufficient staff to support people. Staff received training in how to safeguard people from the risk of harm and abuse and they knew what to do if they had concerns.

People were supported by staff who had completed relevant training and who were supported effectively to enable them to meet the assessed needs of people who used the service.

Staff understood how to gain consent from people who used the service. The principles of the Mental Capacity Act 2005 were followed when people were unable to make specific decisions themselves. People were supported to eat a healthy diet and drink sufficiently to meet their needs and were supported by a range of healthcare professionals to ensure their needs were met effectively.

The staff and registered manager were responsive to people's changing needs. Reviews of people's care took place on a regular basis. People and their appointed representative were involved in the initial and on-going planning of their care. Care plans had been developed which focused on supporting people to maintain and develop daily living skills whilst remaining safe. People took part in a range of activities and went to social events. The registered provider had a complaints policy in place that had been created in a format that made it accessible to the people who used the service.

The service was led by a registered manager who understood their responsibilities to inform the CQC when specific incidents occurred. A quality assurance system was in place that consisted of audits, daily checks and questionnaires. Action was taken to improve the service when shortfalls were identified.

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 who used the service were protected from abuse and avoidable harm.

Staff were recruited safely and deployed in suitable numbers to meet the assessed needs of the people who used the service.

Known risks were recorded and action was taken to ensure they were mitigated when possible.

People received their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

People were supported by staff that undertook a range of training, relevant to people's care needs. Staff received supervision, support and appraisal.

Staff understood the principles of the Mental Capacity Act 2005 (MCA), which meant they promoted people's rights and followed least restrictive practice.

People received a healthy and balanced diet. When nutritional or general health concerns were highlighted, healthcare professionals such as dietitians, speech and language therapists and GPs were contacted to gain their advice and guidance.

Is the service caring?

Good 

The service was caring.

We saw staff had developed both positive and caring relationships with the people who used the service and were seen to respect their privacy and dignity.

People were supported by staff that had a good understanding

of their individual needs and preferences for how their care and support was delivered.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Arrangements were in place to ensure people had the opportunity to engage in a variety of different activities both within the service and the wider community. People were enabled to maintain relationships with their friends and relatives.

People received person centred care. People had assessments of their needs and care support plans to guide staff in how to support them in line with their preferences and wishes.

There was a complaints procedure in place which was available in alternative formats.

Is the service well-led?

Good ●

The service was well led.

There was a quality assurance system in place which consisted of audits, checks and feedback provided by people who used the service.

The registered manager reviewed all accidents and incidents that occurred in the service so learning could take place.

Staff told us the management team were approachable and encouraged people and staff to be actively involved in developing the service.

Park View

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 registered 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 unannounced; it took place on 15 December 2016 and was carried out by an adult social care inspector.

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 service, what the service does well and improvements they plan to make. We spoke with the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

During the inspection we observed how staff interacted with people who used the service, we used the Short Observational Framework for Inspection (SOFI) and to evaluate the level of care and support people received. We spoke with the registered manager, the deputy manager, three people who used the service, three members of care staff and four relatives of people who used the service to gain their views.

The care plans and Medication Administration Records (MARs) for three people who used the service were reviewed. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were deprived of their liberty or assessed as lacking capacity to make informed decisions, actions were taken in line with the legislation.

We also reviewed a selection of documentation relating to the management and running of the service; including, quality assurance audits and questionnaires, minutes of meetings, staff training and recruitment information and a selection of the registered provider's policies and procedures including; medication, complaints and risk assessment.

Is the service safe?

Our findings

People who used the service had communication and language difficulties and because of this we were unable to fully obtain each of their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We spoke with three people who used the service who were able to share their experiences of the service.

When we asked people who used the service if they felt safe living at the service they told us they felt safe. One person we spoke with told us, "We have lots of meetings with (Name of staff member), she tells us all the time if we have any problems or are worried about anything we should talk to her or any other of the staff. I'm fine, staff keep me safe."

Relatives we spoke with told us, "[Name of the person who used the service] is definitely safe, she has been here for a long time now and I know all the staff and they do a very good job of looking after them [all of the people who used the service] I know she is safe." Another relative told us, "She is very safe, staff are well trained and they look after her very well."

Staff had completed relevant training and understood their responsibilities to report any abuse of poor care they became aware of. The registered manager and other staff members we spoke with told us, "We work as a team for the benefit of the service users. It's all about them and ensuring they are all okay." and "We wouldn't tolerate any poor practice of any kind; we have a duty to report." Another commented, "I wouldn't hesitate to report anything I saw straight away."

People who used the service were protected from abuse and avoidable harm. The registered manager described the experiences of one person who had recently transferred to the service, they explained, "We have recently had a person transfer to us from another service, where some of their peers were becoming a bit too boisterous for them. Since they have come to us, they have really come out of their shell and are becoming more confident and are engaging well with us. They seem to have a constant smile on their face now." A member of staff said, "We have seen a big change in [Name of person using the service] since they came to us. They were quite withdrawn when they first arrived. Apparently they used to withdraw into quieter areas at their previous placement. Having been here a while now they are so much more confident, they will seek the staff out to engage with us and they spend the majority of their time in communal areas with their peers and staff. They seem much happier overall now."

Records showed risks were well managed through individual risk assessments that identified the potential risk and provided staff with information to help them avoid or reduce risks. We looked at the care plans for three people who used the service and found these identified potential risks and how this would be managed. These included examples of showering, posture management, epilepsy, holidays and outings and fire evacuation. We saw risk assessments also included plans for supporting people when they became distressed or anxious and detailed circumstances that may trigger these behaviours and ways to avoid or reduce these.

We spent time observing the support staff offered people and the interactions between staff and the people who used the service. It was evident that the staff had a good understanding of people's needs and abilities. Staff considered and managed people's desire to be independent with the need to keep them safe. For example, one person who used the service told us how staff was supporting them through a phased plan to enable them to take their medication independently in preparation for a move to more independent living accommodation.

People received their medicines as prescribed. We saw that suitable arrangements were in place for the ordering, storage and administration of medicines. Protocols had been developed to ensure when PRN [as required] medicines were used this was done safely and consistently. The Medication Administration Records (MARs) we saw had been completed accurately without omission. We observed people being supported to take their medicines. Each person had individual routines for how they preferred to take their medicines, which were clearly recorded in the care plans.

The recruitment files for three staff were reviewed and we saw that suitable checks had been completed before prospective staff were employed by the registered provider. The files we looked at contained interview questions and responses, references and Disclosure and Barring Service (DBS) checks. The DBS complete backgrounds checks and enable organisations to make safer recruitment decisions. This helped to ensure people were not supported by staff that had been deemed unsuitable to work with vulnerable adults.

People who used the service were supported by suitable numbers of staff. The registered manager told us, "When I first came here, there was an eight hour vacancy which had never been recruited to. I also had some reservations about how staff were deployed throughout the service and felt they could be used better. We have reviewed this and now staff work either 7 to 3, or 3 to 11 and feel it is much better now. There is a care leader and six staff in the mornings and a care leader and five staff in the afternoons, with an additional staff working 8 to 2 and another 4 to 10. Myself and the deputy are both supernumerary and available for further support. There are also two activities coordinators who support with activities both on an individual and group basis. Domestic are also provided daily." Relatives and staff we spoke with confirmed they considered staffing levels were adequate.

Plans were in place to deal with foreseeable emergencies. Fire evacuations plans had been created for people who used the service and a pictorial version of the plan was displayed in the main entrance to the service so that the people who used the service were aware of it. The registered provider had created continuity plans which staff were expected to follow in the event of an emergency such as the loss of facilities and staffing crisis'.

Is the service effective?

Our findings

When we spoke with people who used the service they told us they enjoyed the meals provided and were happy with the variety of choices available. People who used the service told us, "When we have our meeting we talk about the menus and what we all like or want. New things are tried to see what we think and if we don't like them we can have something else." and "We go out for meals too, or for a drink and cake. We all went out for a Christmas meal the other day with all the staff, it was very nice." Relatives commented, "[Name] enjoys their food and they have never complained about anything. The menus are always displayed and look appetising." Another told us, "We are always offered refreshments and we have been given the opportunity to come and have Christmas lunch with our family member. It always smells very nice when they are preparing meals."

Relatives we spoke with praised the skills and abilities of the staff that supported the people who used the service. Their comments included, "All the staff are great, they are kind and well trained." A second relative said, "The staff are wonderful."

People who used the service ate a balanced and varied diet of their choosing. We saw that food was prepared by staff who were aware of people's dietary requirements and personal preferences. Food temperatures were routinely recorded to ensure food had been cooked thoroughly to the required temperature. The registered manager and staff we spoke with told us all meals were prepared on site from fresh ingredients. Menus were developed following consultation with people who used the service based on their likes and dislikes whilst considering healthy balanced meals. Staff told us, "We cook a variety of meals based on people's likes and dislikes and alternatives are always available should someone change their mind."

When issues with people's weight were identified appropriate action was taken. For example we saw clear guidance was in place to identify when referrals should be made to the dietician. Records showed necessary referrals had been made in a timely manner when this had been required in line with guidance.

Records showed the people who used the service were supported by a number of healthcare professionals including GPs, speech and language therapists, community learning disability nurses and liaison nurse specialists. This helped to ensure people received the most appropriate care and support to meet their needs. The registered manager told us that nurse led clinics were also firmly established within the service with a nurse from the Learning Disabilities team visiting every two weeks to monitor the health of people who used the service. This allowed people to access other professionals more quickly and enable staff to seek advice and support.

We saw people who used the service had health action plans in place that gave an overview of people's health needs, how they communicated their needs and identified areas of support the individual required with this. This document described what actions professionals and others needed to take to help and support the individual in their approach and what was not helpful to them.

We saw evidence to confirm staff had completed a range of training to ensure they had the skills and abilities to meet the assessed needs of the people who used the service. The registered provider had made certain topics mandatory for all staff including safeguarding vulnerable adults, health and safety, food hygiene, infection control, dementia awareness and equality and diversity and the use of person centred care. Other person specific training had also been undertaken by staff such as, end of life care, percutaneous endoscopic gastrostomy feeding (PEG), challenging behaviour training for people with a learning disability and epilepsy.

Records showed staff received effective levels of one to one support and mentorship. One to one meetings were used to look at areas staff had performed well in, could improve on, team work and any additional training staff thought would be beneficial to their role within the service. The registered manager explained, "When I came here I quickly identified that care leaders hadn't had the level of support and development they needed to fulfil their roles. We prioritised supervision and meetings for all staff; this has been effective in supporting them in their roles and identifying any training needs they may have and promoted communication within the team." Staff we spoke with confirmed they received regular supervision and had the opportunity to discuss development and training.

Throughout the inspection we heard staff offering people choices and discreetly explaining the care and support they wanted to deliver before doing so. Staff waited patiently for people to respond to their requests and assessed their reactions before proceeding further.

When we spoke with staff about people's individual ways of communicating, they were able to clearly describe how people communicated with them and what different sounds and gestures indicated. We saw staff communicated with people effectively and used different ways of enhancing communication. For example using symbols and signing in people's preferred way or offering people objects to choose from and confirming their choice with them. This approach enabled staff to create meaningful interactions with the people they were supporting.

Care records contained clear guidance for staff on how to support people with their communication and how to engage with this. This supported people to make day to day choices relating to how they wanted to spend their time, activities, meals and about their care and support.

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. We saw evidence that the registered provider followed the principles of the MCA and ensured best interest meetings were held when people lacked the capacity to make informed decisions themselves. The best interest meetings were attended by relevant professional and other people with an interest in the person's life such as their families.

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. At the time of our inspection eleven people who used the service had a DoLS authorisation in place.

Staff we spoke with they told us they had completed training in the MCA and were aware of the legislation. They were able to provide examples and demonstrate their understanding clearly and how they would

apply this in practice. An example was given about a situation where a person required medical investigations and was unable to consent to this, so a best interests meeting had been held with all involved professionals in order to discuss this further.

Is the service caring?

Our findings

When we asked people who used the service if the staff who supported them were caring they told us, "Yes the staff are very caring, they are always happy to help me. I am going to live in my own flat and they are helping me with everything I will need." Another person told us, "I love it here, the staff are all really good and they are my friends."

Relatives told us, "There has been such a dramatic change in them since they came here. They are able to sleep in and have their medication before they get up and this has had a dramatic effect on their general well-being. We hadn't anticipated this. The staff are wonderful" Another relative told us, "The care and attention is second to none, they listen to us and involve us in decisions about our relative. We are kept fully informed about everything and are very happy with the care they receive. We feel really lucky to have found such a lovely place." Other relatives told us, "I couldn't wish for anything better, they are very well cared for and I am welcome to visit at any time." and "My relative has been here for a long time now and they see this as their home. The staff are like extended family. I know they are there to do a job but it's like they are just one big family throughout all of the bungalows. I can't fault it."

It was clear from people's reaction towards staff and their interactions throughout the day that supportive and trusting relationships had been formed. Staff told us, "We all work together as a team for the benefit of everyone who lives here. It is all about them and making sure they get the best care possible."

We heard staff using different tones of voice when communicating with people. Staff consistently started each part of a conversation with the person's name so it was clear to the person who was being spoken to. We observed staff making eye contact with people when speaking to them. The registered manager told us, "Effective communication is such a key part for everyone living here and staff being able to understand what people want if they do not have verbal skills, that is why people have detailed communication passports which describe clearly, how we can support each person with this."

We saw staff followed the guidance from people's communication passports in their interactions with people who used the service and this was different for each person based on their individual need. When staff gave people instructions or asked questions such as, 'Are you ready for lunch?' or 'Would you like to go for a walk?' they did so in a calm and encouraging way. We noted that staff used their awareness of people's body language and vocal sounds to interpret people's wishes and needs and to identify any potential triggers in their behaviour before they escalated.

When we spoke with staff they told us, "A lot of the staff have been here for some time and know everyone well. However this doesn't mean that we can become complacent as people's needs are changing all of the time and they continue to learn new things. It is important we share this information as a team and keep people's communication passports up to date so we are offering an enabling and consistent approach." We saw that staff had undertaken Makaton and other training to aid effective communication with the people who used the service.

Throughout each of the bungalows we saw that policies and procedures were displayed in pictorial formats along with pictorial menus and other information.

There were no restrictions on visiting times. Relatives told us, "There are no restrictions with visiting we can come at any time." Another told us, "I had met most of the team but hadn't had the opportunity to meet the night staff, so I visited early one morning. They were very welcoming and appreciated the chance to meet me."

Throughout the service we saw information about accessing advocates was displayed. When we spoke with the registered manager they told us some of the people who used the service had advocates.

Care files and other private and confidential information were stored safely. The registered provider's IT systems required personal log in and password details to gain access and staff confirmed that confidentiality was covered in their induction. This helped to ensure unauthorised people did not have access to personally sensitive information.

Is the service responsive?

Our findings

People who used the service told us they were involved in the on-going planning of their care. One person explained, "I had a meeting as I wanted to live in my own flat, my brother came too. [Name of keyworker] has been helping me get ready for the move, learning all of the things I will need to do and choosing paint colours and furniture. I am really excited."

Relatives we spoke with told us their family member's received personalised care. They also confirmed that they were involved with initial and on-going planning of their family member's care. One relative said, "It has been a learning curve for all of us. We have been fully involved from the start and still want to control everything, but we are able to come to a compromise and get things sorted. Some things we took for granted at home like staying in touch with relatives via Facebook. We hadn't considered this may have implications for the service, but we were able to sit down and work through it, so everything we have done at home with [Name] can be done within the service. I am kept fully informed about everything that is happening." Another relative commented, "I come to all the meetings, the reviews, the assessments; everything. They always let me know what is happening."

The registered manager assessed each person's needs before they came to live at the service. This involved visiting the person prior to admission and liaising with families and other involved professionals to ensure the service was able to meet people's needs before any decision was made. The registered manager and staff encouraged people and their families to be fully involved in their care. This was confirmed when we spoke with people who used the service and their relatives.

We looked at the care plans for three people who used the service. People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and wider community.

We found care plans to be well organised, easy to follow and person centred. Sections of the care plans had been produced in an easy to read format, so people who used the service had a tool to support their understanding of the content of their care plan. Easy read information is designed for people with a learning disability and is a way of presenting plain English information along with pictures or symbols to make it more accessible.

Details of what was important to people, such as their likes, dislikes and preferences were also recorded and included, for example, their preferred daily routines and what they enjoyed doing and how staff could support these in a positive way were available. We saw that when there had been changes to the person's needs, these had been identified quickly.

When we spoke with staff, they confirmed they read care plans and information was shared with them in a number of ways including a daily handover, communication records and staff meetings. Staff spoke about the needs of each individual and demonstrated a good understanding of their current needs, previous history, what they needed support with, what they may need encouragement to do and how they

communicated and expressed their wishes. Staff told us that care plans provided them with sufficient information about people.

Staff told us how they kept relatives informed about issues that affected their family member and ensured they were involved in all aspects of decision making. Relatives were also invited to reviews and if they were unable to attend their views were sought and shared in reviews and other meetings. Records seen confirmed this.

We saw people's care plans were reviewed monthly to ensure people's choices, views and healthcare needs remained relevant. When there had been changes to the person's needs, we saw these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed.

People who used the service were also supported to attend regular reviews with community psychologists and specific health related reviews such as epilepsy and mental health. This helped to ensure people's care was effective and responsive to their changing needs.

Care plans had been developed to ensure people received consistent and effective care in all aspects of their lives. The registered manager explained, "Since I started here we have reviewed all of the care plans in order to make them more person centred. Person centred reviews have been introduced and staff, the individual and their families are fully involved in this. We have had really positive feedback from professionals about them." They told us about a 'staff matching tool' where the personalities, characteristics and skills of staff were looked at against people's identified support needs and shared interests so people could be 'matched' with keyworkers with similar interests and who were willing to support them. For example a relative told us, " Their keyworker and staff have ensured they continue to attend the clubs and activities they attended before they came to live here. They remain in contact with their friends, either visiting them or their friends being supported to visit them at the service."

People who used the service were encouraged to take part in a range of activities. Daily records showed the people who used the service had recently been on outings to garden centres, been involved in Christmas shopping, going to pantomimes and other seasonal activities. They had enjoyed a Christmas meal, participated in cycling, swimming, aromatherapy, visiting friends at other services and other varied activities. The provision of two activities coordinators provided people with the opportunity to go out on an individual basis or participate in group activities dependent on their personal preferences.

The registered manager told us, "A lot of the people who live here visit the local pub. We were really surprised when they invited us to have Christmas lunch there and offered to stand the cost of all of the staff lunches; it was a really kind gesture. We discussed it with the people living here and following this everyone wanted to go and they had a really good time."

The registered provider had a complaints policy in place which was available in an easy read format which ensured its accessibility to the people who used the service. Relatives we spoke with confirmed they knew how to raise concerns or make a complaint, but had never had the need to make any formal complaints. They told us the staff were very responsive to any minor issues they had raised.

We reviewed the minimal amount of complaints received by the service and saw each complaint was investigated and responded to in line with the registered provider's policy in a timely way. Whenever possible, lessons learnt were shared with staff to improve the level of service provided.

Is the service well-led?

Our findings

We observed people who used the service were comfortable in the registered manager's presence and although they did not always approach them directly, they engaged with them confidently when they were approached. Other people who used the service greeted the registered manager and we observed they took time to speak with them.

Staff told us the registered manager was approachable, supportive and a consistent presence within the service. One member of staff said, "We were all a bit wary when we knew a new manager was coming, but in fairness there have been no dramatic changes. There have been some changes to paperwork which was needed. She is very supportive of us as a team, there is improved communication and we have regular supervision and meetings." Another told us, "If we need help we only have to ask and we will get it. The senior staff are all more than willing to roll up their sleeves and help. We all work together as a team for the same goal, the people living here."

The registered manager said, "The people who use the service always come first. I want to promote a culture of independence for people and support for the staff team. We learn from incidents and move forward. I value and respect my team and feel we all have an equally important role to play in the delivery of the service. I would say I am firm but fair, I like jobs to be done well and lead by my own example. I have an open door policy, and staff can come to me at any time with any queries or ideas and I will make time to listen." They told us they felt supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed.

We found there was a system of quality monitoring which consisted of audits, checks and surveys to obtain people's views. Daily checks of medicines, food temperatures, fire checks and the cleanliness of the service were completed. Additional; monthly audits of care records, supervision, training, risk assessments and the environment were also in place. The audit systems had worked effectively in identifying shortfalls from which action could be taken to improve practice. For example, when they reviewed supervision records, they felt the promotion of learning and development could be improved and met with senior staff to discuss, plan and implement this further. People who used the service, relatives, staff and other professionals were actively involved in the development of the service. We looked at the results from annual reviews and found that information from completed questionnaires had been collated and action was taken when this had been identified.

We saw recently completed quality assurance checklists had highlighted areas of the service that required maintenance and we noted that the work had been completed in a timely way.

Residents meetings and relatives meetings were also held regularly to give people the opportunity to express their views of the service. Regular newsletters were also sent out to relatives and friends on a three monthly basis to share information and updates about the service.

Team meetings were held regularly which were used as an opportunity to discuss training requirements,

standards within the service, activities and team work. This helped to ensure staff were aware of their responsibilities and had a forum to raise any concerns or make suggestions about how the service was run. The registered manager told us, "We encourage the staff to make suggestions and are keen to develop them in their roles and offer them new opportunities."

The registered manager was aware of and fulfilled their responsibilities to report accidents, incidents and other notifiable events that occurred within the home. During the inspection we reviewed the accident and incident records held within the service and saw that they matched the information that had been sent to the Care Quality Commission.

A selection of key policies and procedures were looked at including, medicines, safeguarding vulnerable adults, consent, health and safety and infection control. We found these reflected current good practice.