

National Schizophrenia Fellowship Wilton Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 11 September and was unannounced. The inspection continued on 13 September 2017 and was announced.

Wilton Road is a care home registered to provide accommodation and personal care for up to eight people diagnosed with mental health conditions. Seven people were living at the home at the time of our inspection all of whom received elements of personal care. There was four bedrooms on the ground floor and four additional bedrooms on the first floor. There was a shared bathroom on both the ground and first floors. People shared a communal dining and living area with a kitchen and laundry room. There was an enclosed rear garden area which led from the conservatory and laundry room.

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

We were told that everyone had capacity to consent to their care and treatment. However, there had recently been questions about one person's understanding of their health. There were no clear plans in place to support the person with their diet.

We have made a recommendation about training on the subject of capacity assessment and best interest decision making.

Regular management quality monitoring systems were not fully established or embedded at Wilton Road. We reviewed the monthly task sheets which listed staff checks and management audits. We found that between June and August 2017 the manager's finance, medicines, people's files and daily/weekly/monthly checks had not been completed or signed off. The gaps in management quality monitoring had impacted on people's files, risk assessments and goals being out of date and house meetings not being completed or recorded monthly.

Medicines were mostly managed safely. We found that temperature checks were not completed or recorded in medicine cabinets. One person received liquid medicines which could not be stored over a certain temperature. We noted that this medicine bottle did not have an open date recorded on it either. The registered manager told us that this would be addressed. Medicines were securely stored and only given by staff that were trained to give medicines.

Experienced staff knew what type of support people needed in terms of maintaining independence, attending appointments and achieving their occupational needs such as activities. However, this support was not always clear in their care files.

We were told that house meetings with people who lived at Wilton Road took place monthly. However found that these had not been taking place regularly and that there were long gaps between these meetings.

People were not supported to regularly review their goals or set new ones.

People, relatives and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training.

Risk assessments had been completed for people and staff. We noted that the assessments identified hazards, people exposed to risk, safety measures to follow, resources and a risk rating.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, mental health.

Staff told us they received regular supervisions which were carried out by management. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions and find them useful".

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs. Advocacy information was available to people at the home.

People told us that staff were caring. We observed very positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them. People told us that staff respected their privacy and dignity.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information 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.

Medicines were mainly managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines. However temperature checks were not completed or open dates written on liquid medicines.

Risk management systems were in place and freedom protected.

There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

Is the service effective?

Good ●

The service was effective. People's choices were respected and staff understood the principles of decision making. Capacity for one person was going to be assessed.

Staff received training to give them the skills to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to prepare, cook and choose their own meals.

People were supported to access health care services as and when required.

Is the service caring?

Good ●

The service was caring. People were supported to take responsibility for their living environment.

Staff had a good understanding of the people they supported and enabled them to make decisions about how they liked to live

their lives.

People were supported by staff who they felt comfortable around and able to approach.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

The service was not always responsive.

People were not being supported to regularly review their goals or set new ones.

People were supported to access the wider community both independently and with staff support.

A complaints procedure was in place. People and their families were aware of the complaints procedure and felt able to raise concerns with staff and management.

People's feedback was used to make improvements to the service that benefited people.

Requires Improvement ●

Is the service well-led?

The service was not always well led. Management quality audits had not regularly been completed which meant that records were not always up to date.

People, staff and relatives told us that the management were good in their roles and led by example.

The management were flexible and delivered support hours as and when necessary which people and staff told us was important.

Requires Improvement ●

Wilton 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.

The inspection took place on 11 September and was unannounced. The inspection continued on 13 September 2017 and was announced. It was carried out by a single inspector on day one and an inspector and expert by experience on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to services supporting people with mental health difficulties.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. The provider had 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 five people who used the service and two relatives. We met with the registered manager. We discussed the service with five staff who were made up of contracted and bank workers. We walked around the building observing the safety and suitability of the environment and observing staff interactions with people and practice. We used these general observations to help us understand people's experience of living in the home.

We reviewed documents related to the running of the home. For example; four people's care files, incident reports, medicines, menu planning, policies, risk assessments, quality audits and the complaints log. We sat in on a staff handover meeting. We looked at three staff files, the recruitment process, staff meeting notes, house meeting notes, training, supervision and appraisal records.

Is the service safe?

Our findings

Wilton Road had comprehensive risk management systems in place. Risk assessments had been completed for people and staff. We noted that the assessments identified hazards, people exposed to risk, safety measures to follow, resources and a risk rating. Areas covered included self-harm, alcohol consumption, hallucinations, access to the community and staff lone working. We saw that where risks were identified as high or medium high then safety alert plans were completed. These reflected the risk and gave detail to staff on how best to support the person. For example one person had been identified as medium high risk harming themselves. The management plan gave staff a background summary, listed concerns for their safety and measures agreed by the person. These were personalised and included; drawings which may indicate agitated thought process and state of mind, bedroom checks for alcohol and items which could be used to harm themselves. This showed us that risks to people and staff were managed appropriately so that people were protected and their freedom was respected.

Medicines were securely stored and only given by staff that were trained to give medicines. A staff member said, "I received medicine training before I could administer medicines. My manager completed a competency assessment too". Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from their pharmacy packaging which indicated they had been given as prescribed.

A person told us, "The staff do my medication for me and I know what I take. I would know if something wasn't right. The staff help me morning, lunchtime and evening to do my medication and if I require painkillers I just need to ask. Staff can tell from my reactions how I am feeling and help me. I could do my own medication but I would forget to take it or would think I have already taken it."

People told us they felt safe at Wilton Road. One person said, "I feel very safe. When I first came here I was suffering from hearing voices and hallucinations. I couldn't go out on my own. The staff were very helpful and gave me the space that I needed. They started to go out with me and supported me with my medication". Another person told us, "I feel very safe here the staff all help me".

A relative told us, "My family member is safe and likes it at Wilton Road". A staff member said, "It's a safe environment for people. They feel happy to come to us (staff) and discuss things. Doors have locks on them. We have policies and procedures in place, risk assessments are completed". Another staff member told us, "I feel Wilton Road is a safe home for people. I believe people are looked after, well cared for and supported".

Staff were able to tell us how they would recognise if someone was being abused. For example, they told us that they would look for changes in behaviour, unexplained marks or the person becoming withdrawn. Staff told us they would raise concerns with management initially. Staff were also aware of external agencies they could contact if they had concerns including the local authority safeguarding team, police and the Care Quality Commission. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. There was a comprehensive local safeguarding policy in place which was up to date.

People told us there were enough staff to support them. One person told us, "Whenever I am here there are always plenty of staff around and if I didn't feel safe I would speak to the service manager". Another person said, "It is very nice here and there is staff around all the time". Some staff told us that they felt there were enough staff and others told us they felt more staff would benefit people in terms of supporting them outside of the service. A staff member told us, "There are enough staff to keep people safe". Another staff member said, "I don't feel there are enough contracted staff. We rely heavily on bank and agency staff. People would benefit from more 1:1 and interaction. We noted that the service used agency staff. We were told that they tried to use the same staff to maintain consistency. The registered manager told us that there were currently two staff vacancies which had been advertised and three applicants had been shortlisted. We noted that interviews were planned for the following week. We reviewed three weeks of rota and found that these reflected the staffing levels given to us by the registered manager. We were told that staffing levels were assessed on admission and regularly reviewed as and when people's needs changed. We saw that one person had recently been allocated four hours 1:1 in response to their changing needs. This was to be used to enable them to do more supported activities and go on outings with staff. The person told us that they appreciated this and that it was helping them.

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Is the service effective?

Our findings

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.

Staff were aware of the Mental Capacity Act and worked within the principles of this. We noted that people had signed their care plans and other additional consent forms for example medicines. A person told us, "I do have a care plan which I signed and we sit down and talk about it now and again". This demonstrated that consent to care had been sought from people.

The registered manager explained that people who lived at Wilton Road all had capacity to consent to their care and treatment and were fully involved in the planning of their care which meant that to date no capacity assessments or best interest decisions had needed to be completed.

The registered manager told us that there was question at times as to whether one person had full capacity to understand food choices which could impact on their health. Staff confirmed that they too questioned the person capacity in relation to this. We found that the person did not have a clear plan in place for staff to support them with their diet.

The registered manager told us that they were not aware if the provider had capacity assessment or best interest decision templates. We were told that the service would look into this and we were satisfied that this had not currently had a negative impact on the person.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the assessment of people's capacity and best interest decision making.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection no one from the home was subject to DoLS. There were systems in place to ensure DoLS were applied for if necessary.

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record which showed that staff had received training in topics such as safeguarding, fire safety, support planning and first aid. We saw that staff had also received training in topics which were specific to the people they were supporting such as mental health. A staff member told us, "Training opportunities are good here. During induction staff receive specific training such as safeguarding, first aid, food hygiene and fire. I feel I am given enough training and it is regularly updated". We also noted that six out of nine staff had completed their diploma in health and social care qualification.

New staff completed a staff induction programme which involved training and shadow working. We saw that most relevant staff were working towards or had completed the care certificate or common induction standards. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training or experience. The registered manager told us that the organisation were currently reviewing the staff induction programme and that newly recruited staff would complete this.

Staff told us that they received regular supervisions. Staff records confirmed this and showed that annual appraisals also took place. We found that some supervisions were on a one to one basis whilst others were in groups. The registered manager said that group supervisions were often done in response to learning. For example, we saw that a group supervision had taken place following medicine errors and read that the service manager had gone through the medicines process with all staff.

People were supported to eat and drink enough. We found that people were involved in menu planning, food prep and cooking. We were shown how people were asked to choose meals and how these were reflected in a menu plan the week before so that ingredients could be purchased. The staff told us that they supported people to cook. On day one of the inspection we observed one person making a vegetable curry for everyone. On day two we observed a member of staff assisting a person to make a healthy choice of lunch and helping them to prepare it. A person told us, "The food here is faultless, it is all home cooked. I find it excellent. If I don't like something there is always an alternative. The main meal of the day we come together as a group and have it to the table. They ask everyone the week before what they would like on the menu for the following week". Another person said, "The food is lovely here and I don't like pasta so I can have an alternative. The staff offer us choice of menu". We observed people having free access to the kitchen area to make drinks throughout the day and also making their own breakfast and lunches. We noted that fruit was readily available to people. People chose to eat their meals in the communal living area with staff. We observed a relaxed atmosphere and noted good interaction between people and staff and often heard laughter.

People were supported to access health care services. We reviewed records and saw that people had recently been supported to see GP's and dentists. A staff member told us, "People are supported to health appointments which includes seeing specialists". People confirmed that they were always supported with appointments. On day one of our inspection we noted that one person was being supported to visit their psychiatrist in the morning and another person was being supported to visit their dentist in the afternoon.

People who needed an independent representative to speak on their behalf had access to an advocacy service. We noted that there was information and contact details for this service displayed in the home. The registered manager told us that currently no one was using the advocacy service.

Is the service caring?

Our findings

People, relatives and staff all told us that Wilton Road was a caring service. A person said, "I know the staff as much as I want to know them, they are respectful of me. If I ask for some minutes then they will drop everything and talk to me". Another person told us, "The staff are very good and deserve every pound they earn". A relative told us, "The staff are cheerful and kind". Another person said, "When I am anxious I know I can and have talked to staff. This helps me a lot".

A staff member told us, "I think I am very caring. I love my job. I'm a people's person and have experience of care". Another staff member said, "I'm caring. I wouldn't do the job otherwise. I have good understanding, empathy; I listen to people and never judge". Another staff member told us, "I believe the care team are all caring. We all care for the people's needs and best interests". We observed staff on several occasions having positive interactions with people and heard laughter at times which told us people felt relaxed and comfortable around staff.

We spoke with staff and asked them how they promote choice and support people to make their own decisions. A staff member told us, "We ask people what they want to do and where possible support them to achieve it. We always ask people and provide them with information to make decisions". We observed a staff member giving a person options on where to go for some shopping. The person was able to choose the shop they wished to go to and staff respected this. A person said, "The staff let me do the cooking and help with the washing up. I can manage my own laundry and they help me with going to appointments and other things I choose to do. They are very supportive respect my decisions and understand my needs.". Another person told us, "The staff help me to make informed decisions and tell me verbally what is happening like you being here today doing an inspection". This demonstrated that staff readily seek views and options from people and provide them with information to enable them to make their own day to day decisions.

Families and friends were able to visit people in their home. People were supported to spend time with their own family. We noted that a person's relatives had visited the home at the weekend to enjoy a BBQ. Staff told us they had a good knowledge of family and friends that were important to people and these were identified in the person's care files.

People's privacy and dignity was respected by staff. People had locks on their doors and held their own keys. People's individual records were kept securely in locked cabinets within the staff office to ensure sensitive information was kept confidential. A person told us, "The staff are all brilliant they always knock on my door and wait for me to answer before coming in". A staff member said, "I always respect people's privacy and dignity. I treat them like I would want to be treated myself". Another staff member told us, "I never enter rooms without people's permission. I knock on doors".

Is the service responsive?

Our findings

We were told that people met with staff on a monthly basis to discuss their care and support and go through goals which they had set. We reviewed these and found that they were not all up to date and that some were not relevant to people anymore. For example, one person had a set goal to purchase a bike in 2016 and complete their cycling proficiency test. We found that this goal had been partly achieved as the person had been supported to purchase their bike. The goal had last been reviewed on 30/05/2017. The person had set a goal for staff to support them get the bike out of the shed and ride it once a week. We asked staff if this was happening. Staff told us that the person is asked but chooses not to ride it. Another goal had been set on the 3/2/2017 for a person to be supported to go swimming on Wednesdays. We were again told that this person chooses not to go and hadn't been since June 2017. This meant that people were not being supported to regularly review their goals or set new ones. We discussed this with the person's keyworker and the registered manager who told us that goals would be reviewed with people by the end of September 2017.

Experienced staff knew what type of support people needed in terms of maintaining independence, attending appointments and achieving their occupational needs such as activities. However, this support was not always clear in their care files. We discussed this with the registered manager who showed us a new profile sheet and said that these will be completed with each person during the next five days. These profiles would give agency, new and existing staff a snap shot of support which included; prompts people needed with tasks, important health appointments, health checks required to be completed by staff and what people could do for themselves.

We were told that house meetings with people took place monthly and that people enjoyed the last one. A staff member told us that they often brought in cakes for these to encourage people to attend them and take part. We reviewed the meeting file and found that the last meeting took place on 1 September 2017 and noted that areas of discussion were about purchasing a new smoking shelter, people's tasks and activities in the home. Under this we read that ideas such as quiz nights, film nights, pamper nights and theme nights had been suggested by people. Staff showed us that these had been arranged in the diary to take place starting from next week. This showed us that the home was acting on people's feedback.. The last three house meetings were recorded in June 2017, January 2017 and February 2015. We discussed this with the registered manager who told us they would ensure these were completed more regularly and part of management monthly checks.

Wilton Road had systems in place which responded to people's changing needs. One person told us that they had chosen made a decision two days before our inspection and felt supported with this. Staff had supported the person to visit their doctor for a medicine review where medicines were changed to support this decision. We observed the persons keyworker contacting the local pharmacy to arrange collection of the medicines. We also noted the person's key worker reviewing and updating their safety assessments and management plans. On completion the keyworker showed us the updated version and explained how they would now sit down with the person and go through the plans with them to seek their input, any additions and agreement. We were told once this process had been completed and signed off by the manager then the plans would be published and shared with the rest of the team. This demonstrated how people received

personalised care which was responsive to their needs.

People told us that staff knew their likes and dislikes and that they felt staff supported them well to access the community both accompanied and independently. We noted on several occasions people telling staff that they were leaving the home to access local amenities and also letting staff know when they had returned. One staff member told us, "I go out a lot with people. We go to local cities such as Bournemouth and Bath and also enjoy the local areas around Salisbury".

A person said, "'I can make my own choices within reason and the staff help me to make informed choices. When I go to appointments staff accompany me and give me reassurance when I need it. I go to an alcoholic group. Staff take me there and come back later to take me home. When I feel sad and depressed I can go out for a walk on my own. I go to the park and sit and watch the river. It's nice and quite there. I sometimes go into town for a coffee. If I am going out on my own I just let the staff know where I am going. Staff always ask me what I would like to do. I can now go to the shop on my own but if I want to go into town they would say they would get someone to go with me. They have an allocated worker that comes in 3 times a week to enable us to do what we want to do". Another person said, "I go out on my own but the staff accompany me to appointments. My relatives come to visit me". Another person told us, "'I like to go to bed about 10pm and get up at 7.30 which is my choice and this is respected. I enjoy drawing and cooking during the day and staff take me out when I want. If I want to be left alone they do. You can sometimes have loads of people around and still be lonely. When I do want to be left alone the staff will come and check on me to make sure I am alright. If I have any complaints I can talk them through with the manager".

People, staff and relatives were all able to tell us who they would go to if they had a complaint or concern. We noted that there was information available to people regarding the complaints procedure which included contact details. The registered manager told us that they saw complaints as a positive thing and an opportunity to continually improve the service delivered to people. We read the most recent complaint made by a person in relation to having a friend visit for dinner. This was rectified by the management and the person's friend was regularly welcomed into the home. This demonstrated an open culture where people were supported and encouraged to raise concerns and/or complaints should they have any. We found that the service had a complaints record which captured the complaint and logged steps taken to address them. We noted that there were no outstanding complaints.

The service gave people and staff the opportunity to feedback using an annual quality questionnaire tool. Feedback from these were collated, analysed and a you told us, we did poster was created. We asked the registered manager for a copy of this years. However they were unable to locate this. The registered manager showed us a template of the service experience survey that is sent to people and said that this will be sent out again in May 2018. The survey captured people's experiences and views across a number of areas which included; whether people felt; respected and treated with dignity, they received relevant information about their service; they were involved in their care and felt safe living at the home.

A person told us, "I have filled out a questionnaire. I feel that I have my medication issues under control and that I have freedom and receive help when I need it. I can say how I feel about going out and don't get judged on it. I can't think of anything I would want to change. When I first came here I felt totally welcome and there was someone at the door waiting to greet me. I came to visit before I moved in and could tell straight away that it had a good atmosphere".

Is the service well-led?

Our findings

The registered manager explained that they were registered by CQC to manage more than one location. We were told that there was a service manager in post at Wilton Road who worked four days a week. The registered manager said, "I work closely with the service manager and base myself at the service whenever possible during a service manager's absence. I ensure that any areas of improvement identified are actioned and have clear communication and regular contact with the service manager".

Regular management quality monitoring systems were not fully established or embedded at Wilton Road. We reviewed the monthly task sheets which listed staff checks and management audits. We found that between June and August 2017 the manager's finance, medicines, people's files and daily/weekly/monthly checks had not been completed or signed off.

As a result of the managers medicine audits not being completed we found that temperature checks were not being recorded in the medicine cabinet. One person received liquid medicines which could not be stored over a certain temperature. We were satisfied that on the day of the inspection the room had not reached over 20 degrees centigrade. We noted that this medicine bottle did not have an open date recorded on it either. The registered manager told us that this would be addressed.

Other gaps in management quality monitoring had impacted on people's files, risk assessments and goals being out of date and house meetings not being completed or recorded monthly. We discussed our findings with the registered manager who told us that they had assumed the service manager had completed these. The registered manager developed a service manager audit form to rectify this omission which we were given a copy of at the end of the day. This audit covered the shortfall areas we had found. The registered manager also found the organisation's managers service review tool which they told us they had not used before. Rethink Mental Illness (the provider) had created this to enable registered managers to maintain an overview of their service and focused on risk, outcomes, safeguarding and impact (ROSI). The registered manager told us that they would meet with the service manager and ensure that they complete the new service manager audit monthly and that they would complete two monthly service reviews for the next six months and review it again then. We were told that these would start from the end of September 2017. The registered manager assured us that the monitoring tools will enable the management of the service to be more proactive in delivering high quality care to people living there.

We found that checks completed by staff were up to date. For example daily/weekly/monthly health and safety checks, fire checks and tests as well as cleaning.

We were shown an online incidents and accidents management tool. This captured the people and staff involved details of what had happened and any injuries sustained. We were told that the manager had 10 days to investigate all incidents and complete the online form with actions, an outcome and learning. The registered manager explained that there was an information governance overview group within the organisation who then analysed all incidents for each location to identify trends and seek further information if required.

Staff and people told us that the management worked care shifts as and when required. People told us that they knew the registered and service manager and liked them. We observed the registered manager having various conversations with people who appeared comfortable and relaxed in their company. A person said, "There is a good atmosphere here everyone is friendly and helpful. I know both the managers and talk to them a lot". A relative told us, "My loved one has been happy with management there over the years".

Staff told us that the registered manager was professional and good in their role. One staff member said, "The registered manager is nice, approachable and deals with issues as and when they occur". Another staff member told us, "The registered manager is good; they lead by example and work on the floor as and when needed. They have a good relationship with people who live here which I think is really important". Another staff member said, "The registered manager always listens to staff and makes decisions based around feedback they have received. They are very on the ball, are a good leader, knows the people very well and makes time to speak to them".

We found that the registered manager had good knowledge about their area of work and were open to learning and further developing the service. They were responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. The management team and director were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.