

# Linkage Community Trust Limited(The) Livingstone Court

## 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

We carried out this announced inspection on 28 July 2016.

Livingstone Court is a residential care service which is located near to the centre of the coastal town of Mablethorpe in Lincolnshire. The home provides a transitional environment for up to 13 people who have needs related to learning disabilities. In addition to individual rooms there are three single occupancy bungalows and five single occupancy and two double occupancy flats which make up the home. Each flat is self-contained. The overall aim of the service is to enable people to experience living in their own accommodation with support and so they can be as independent as they wish to be. It is part of the larger organisation of Linkage Community Trust and is supported by a team of regional and head office staff. Eleven people were living at the home on the day of our inspection visit.

There was a registered manager in place at the home. 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 living at the home benefited from the support of sufficient numbers of staff, who were well trained, supported and felt valued in their work. Staff were caring and supportive and treated people as individuals. The care provided was sensitive and person centred and people's privacy, dignity and wishes were consistently respected. Friends and relatives were welcome to visit as and when they wished. Staff knew how to support people's needs without restricting their freedom and people were supported to be as independent as possible.

Staff knew how to respond to any concerns that might arise regarding people's safety and when it had been needed the provider worked together with health and social care professionals to report on and act on any concerns they had identified. People's medicines were managed safely and staff worked with people in ways which helped to reduce the risk of accidents. There were enough staff on duty to provide the support people needed and background checks had been completed before any new staff were appointed.

Staff had received training and guidance and they knew how to care for people in the right way including how to respond to people who had different communication needs. People had access to the food and drinks they enjoyed and wherever needed staff provided support to ensure people's individual dietary preferences were met. People also had access to the community on a daily basis and often chose to eat out.

People had regular access to health and social care professionals whenever they needed to see them and they were supported to attend any appointments they had.

People's rights were respected and they were supported to make decisions and choices for themselves

wherever possible in line with legal guidance. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. The manager and staff understood the legal safeguards set out within the MCA and followed them when people needed any additional help to make their own decisions and choices. At the time of this inspection no-one who lived at Livingstone Court was subject to restrictions under DoLS guidance and the manager and staff knew how to apply for authorisations if there was a need.

People their relatives and staff could voice their views and opinions. The manager listened and took action to resolve any issues or concerns identified. Formal systems were in place for handling and resolving complaints. The registered manager ran the home in an open and inclusive way and they and the registered provider encouraged staff to speak out if they had any concerns.

The provider and registered manager had systems in place to regularly audit, assess and monitor the facilities at the home and staff care practice to ensure people received a good standard of care. The systems in place meant that any shortfalls in quality could be quickly identified and improvements made.

## 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.

Staff knew how to keep people safe from harm.

There were enough staff on duty to give people the care they needed and background checks had been completed before new staff were employed.

People were helped to avoid the risk of accidents and people who needed staff assistance to take their medicines were supported safely to do this.

### Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to care for people in the right way.

People were supported to eat and drink enough and to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. If people needed any help with making decisions the provider knew how to follow legal safeguards to ensure that decisions would always be made in people's best interests.

### Is the service caring?

Good ●

The service was caring.

Staff were compassionate, kind and caring.

Staff respected people's right to privacy and staff were imaginative in how they responded to people's care needs.

Confidential information was kept private.

### Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and staff had provided people with all the care they needed.

People were supported to maintain and further develop a wide range of hobbies and interests.

There was a system in place to respond to and resolve complaints.

### **Is the service well-led?**

The service was well led.

The registered manager promoted good team work. Staff were well supported and were encouraged to speak out if they had any concerns.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There were a range of quality checks in place which ensured that people consistently received all of the care they needed.

**Good** ●

# Livingstone Court

## **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 persons were 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.

We visited the service on 28 July 2016. We gave the registered persons a short period of notice before we called to the service. This was because the people who lived in the service had complex care needs and they benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

Before we undertook this inspection, 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. The provider returned the PIR and we took this into account when we made our judgements in this report.

We also looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

During the inspection we spent time in the company of five of the people who lived at the home. We also spoke with a visiting relative and another relative by telephone, three of the care staff team, the registered manager and the deputy manager. We observed care and support that was provided in communal areas of the home and looked at the care records for three of the people living in the home. In addition, we looked at records that related to how the service was managed including staffing, training and the registered manager and provider's quality assurance records and processes.

## Is the service safe?

### Our findings

People told us they felt safe living at their home. One person said, "I am very happy here and the staff are good at checking I am okay." Another person said, "The staff keep me safe through all the help they give me here and whenever I go outside." A relative we spoke with also told us they felt their family member was cared for in safe ways saying, "I know that [my relative] is kept safe. The support systems they have ensure the staff know what [my relative] is doing."

People's behaviour also showed us they felt safe. For example, the interactions and communication with all of the staff who were working were open and warm. People had no hesitation in checking things with staff at any time and we saw they laughed and joked with staff in ways which showed they knew and trusted each other.

Records showed and staff we spoke with confirmed they had completed training, which was regularly updated about how to keep people safe from harm. We saw there was relevant guidance on display in the home for people who lived there and staff to refer to if there was a need. Staff knew about the provider's procedures for reporting any concerns they had for people's safety. They also knew about the external organisations that they could report any concerns to. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC).

Potential risks to each person's safety had been assessed and a management plan to help each person manage the risks identified had been agreed with them. Care records included individualised risk assessments which staff used to ensure that care could be provided to people in a safe way. The assessments covered areas of risk such as developing people's personal support skills in the home and so that they could go out and enjoy a range of community activities. Care records showed and staff told us the management of any identified risk was reviewed regularly and assessments kept up-to-date in order to help maintain people's safety. We saw that this was done in such a way as to help people maintain their independence. An example of this occurred when person told us and their records showed how they had been supported to understand and manage risks whilst they travelled independently on public transport. Another person described how staff had supported them to manage their behaviour and had developed strategies together with them, including talking with staff when they needed help to stay calm.

We saw that arrangements were in place to protect people from the risk of financial abuse. People told us that they had their own bank accounts and that they received support to help them access the money they used to buy their own food. Where staff had been asked to look after money for people we saw it was stored securely and the manager and deputy manager had kept records, which they signed when they took money out to give to people. During the inspection we checked a sample of three of the financial records held. The information was fully up to date and each person's remaining cash balance was correct.

Staff we spoke with and records we looked at confirmed that a range of checks had been carried out before they were offered employment at the home. These checks included the provider asking about and verifying any potential staff member's identity and work history. Previous employment references had also been

obtained. Disclosure and Barring Service (DBS) checks had been carried out to ensure staff would be suitable to work directly with the people who lived at the home.

The registered manager confirmed the level of staff cover provided at the home was based on an assessment of the care each person needed to receive. Rotas were in place to ensure staff worked flexibly and were deployed over each shift at the levels the registered manager had identified as being needed. Staffing levels were kept under regular review by the registered manager and deputy manager using information about any increase in care needs, care reviews and using feedback from staff. The registered manager also confirmed they had access to a small team of bank staff who knew the people who lived at the home. They and staff told us this helped with consistency and that they had never needed to use agency staff at the home. During our inspection a member of the bank staff arrived to work at the home and people indicated they knew them. Throughout our inspection our observations confirmed staff were available to speak with and help people with anything they wanted. Staff did not rush when they worked and spoke together with people and any support given by staff was centred on the person rather than the task.

People had guidance available in their rooms to explain the action they needed take if they had to evacuate the building in the event of an emergency such as a fire. People described actions they should take if a situation such as this occurred. One person said, "We just leave the building quick and we know the doors to go through." Another person said, "The alarms are tested and we run out. They don't tell us when the tests happen so we don't know which is good." The deputy manager confirmed fire tests were held weekly and that people were always quick to respond. We saw that those people who lived in the three independent flats had smoke detectors in their rooms. One person told us they knew what to do if the smoke alarms were triggered and they understood where to gather and to meet with staff if they needed to leave their rooms or their flats quickly. However, we saw the three flats were not linked to the main fire alarm for the home. When we discussed the associated risks linked to the arrangements the registered manager undertook immediate action and consulted with the local fire officer about the arrangements in place. They also confirmed they had revised the guidance available to the people who lived in the flats so it was clearer about the procedure they should follow. They also confirmed they were undertaking a further review of the fire safety systems together with the provider's Health and Safety officer.

The registered manager demonstrated their understanding of how to report and review accidents and near misses and we saw the provider had systems in place to support this. Where and when accidents had occurred, the provider and registered manager had undertaken a review of the arrangements in place to keep people safe and agreed actions to reduce the risk of further accidents or incidents occurring.

People told us they received their medicines at the times they were prescribed and that staff helped them to understand the reasons for taking them. Staff who administered medicines had received training about how to support people with any of their medicine needs. Arrangements for the receipt, storage and disposal of medicines were in line with good practice and national guidance. We saw that where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. People told us and we saw they had been supported to take control of some of their own medicines following the completion of a risk assessed training programme. Some people had chosen to keep their own medicine records and were supported by staff to do this. One person showed us their record. It was completed and up to date and matched the information held by staff. Appropriate storage for the medicines was in place in the home and also in place for people who had chosen to have control over their medicines in their private rooms.

## Is the service effective?

### Our findings

People we spoke with told us the staff team knew them very well and how to support them. One person said, "I can honestly say the staff understand me. I have my moments but they are patient with me and understand where I am coming from, which always helps me."

People's care plans clearly recorded their involvement and what support if any, people needed to make decisions about key areas of their life. When we spoke with one person about the information in their care plan they told us, "I make my own mind up about the things I do. The staff and my key worker help me but I sign if I agree to what they think and what I want. We work together." We saw arrangements were in place which ensured staff followed legal guidance when supporting people with decision making. Records showed that staff had received training about the Mental Capacity Act, 2005 (MCA) and they demonstrated to us that they understood how to support people to make their own decision wherever possible. Throughout our inspection visit we saw staff asked people for their consent to provide support before they gave it. This included checking people were happy for staff to enter their rooms. One person told us, "If I don't want staff to come into my room they always honour my decision."

Where people needed additional support with their decision making, records showed that the registered manager and staff had worked with others who were important to the person, such as their family, keyworkers or their GP, to ensure these decisions were taken in the person's best interest.

Arrangements were in place to ensure people were not unlawfully deprived of their freedom and that they were protected by legal safeguards. People can only be deprived of their freedom 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that none of the people who lived at the home needed to be supported through the use of DoLS but were able to demonstrate they understood how to make any applications which might be needed to ensure people were supported to stay safe whilst protecting their legal rights.

Staff had received a structured induction and introductory training when they started to work at the home. This included time to get to know the people who lived there and to learn from more experienced staff members. The registered manager told us the induction programme was delivered in line with the Care Certificate, which is based on new nationally agreed standards for induction training.

Staff told us the training helped them to develop the specific skills they needed to care for the people who lived at Livingstone Court. Records showed, and staff told us, they received a varied programme of on-going training. This included support to undertake nationally recognised qualifications in caring for people. We saw training related to people's needs and, included subjects such as, communication, managing behaviours, supporting people who experienced epilepsy and risk assessing skills.

Staff told us they regularly met with the registered manager or deputy manager to discuss their work and plan any further training they may need to help to keep developing their skills. Supervision meetings were

held and recorded with staff signing to say they agreed with the information they contained. Staff also received an annual appraisal to enable them to explore any additional work needs they had and to give them feedback on their performance. Staff told us these were being undertaken and in the process of being completed. The registered manager told us they had fallen behind with the frequency of some of the supervisions but was addressing this together with the management team. Rota information showed and the registered manager and staff told us, that the registered manager and the deputy manager frequently worked alongside staff. This meant that they regularly observed how well staff carried out their roles within the home and provide further support whenever this was needed.

People had access to all the food and drinks they needed to keep them healthy. People told us they enjoyed the meals they had because they could choose them for themselves and shop for any foods or drinks they enjoyed. People had their own kitchen and cooking areas in their rooms. We saw people were supported by their key workers to plan their own menus and to buy the food they wanted to eat in line with their choices. People told us they kept their own food and were assisted to make their meals whenever this was needed. One person told us how staff helped them plan and cook their meals and that they enjoyed being as independent with this help. Throughout the inspection we saw people were able to help themselves to a range of hot and cold drinks either in their own living areas or in communal parts of the home and outside in the garden area. People told us, and records showed they were offered the opportunity to have their weight checked regularly. Support plans were in place for those people who needed their weight monitored and staff said this helped them to identify early on if anyone needed extra dietary support. One person told us about the help they had been given to lose weight saying, "The help I have had has literally saved me from being very very ill. I keep working on my health but the staff are helpful in all aspects related to my diet." No-one who lived in the home at the time of our inspection had any complex nutritional needs or cultural preferences for food but staff said they felt confident that they could cater for whatever people needed or wanted.

People told us and their records confirmed they had been supported to access health services in the local community in order to help them with their health and well-being. These services included chiropodists, local doctors, opticians and dentists. Each person had a document that they could take with them if they attended a healthcare appointment or a hospital. This meant that health professionals could see how people wanted their healthcare provided and how the person communicated their needs and wishes. Most of the people who lived at the home chose to have staff accompany them to any healthcare appointments they attended. We saw that for one person this involved travelling with staff to Norfolk to attend their hospital appointments. When people had chosen to attend any appointments independently they also took a medical consultation form with them which health care professionals completed to include any feedback the person or staff needed to read. The registered manager told us about one person who had chosen to attend both their local doctor and dental appointments independently and a medical consultation form was taken with the person which was completed for each appointment. The information was then used as part of the on-going review of care and support provided for the person and people told us having access to the information helped them to better understand how their health needs were being met. One person told us, "I like to take the form because I can forget what the doctor tells me sometimes so it's good to have it with me to talk to my key worker about."

## Is the service caring?

### Our findings

People told us they thought the staff were very caring toward them. One person said, "The staff are always here to help me." Another person said, "I really like the staff here because they care for me like they would their own family." Staff said they understood the importance of promoting equality and diversity and their behaviours demonstrated this. For example, we observed staff supporting people as individuals, respecting their gender and identity in supporting them to wear the clothes they chose to wear, have their hair how they wanted it and to wear make-up if they chose to. One staff member said, "It's all about supporting people to be themselves." We observed the interactions and help provided by staff was warm and encouraging with people openly speaking with staff about their plans for the day and what they had been doing. The registered manager and staff clearly knew people and understood their individual behaviours well. We saw this helped people to feel relaxed in the company of staff and that they were able to freely express their wishes.

We could see through the relationships between people and staff that people were confident that staff knew what they were doing, were reliable and had their best interests at the centre of all the support they gave. One person said, "I love living here because I can do my own things with the staff. They are good to me and I like them all as friends." Another person told us, "The manager and the staff have a deep understanding of me. I have been through things in my life that they know and also understand. They listen to me and I know they have got to know me very well." We also spoke with the relative of one person who told us, "The staff here are very caring toward [my relative] and they respect us as a family. We work together as one team and all the communications help us to feel a valued part of the care."

Staff demonstrated respect for people in the way that they listened to their views and opinions and acknowledged how they were feeling. For example, we saw that when one person returned from an activity they had been undertaking staff asked then how their day had been and actively listened to them when they talked about what they had done. When we spoke with one person they told us how they often got anxious and when this happened staff were caring toward them. The person said, "They are calm. I need boundaries and I have set these together with the manager and staff. It has helped me to be independent without being held back in any way."

Another person showed us their accommodation together with a staff member. We saw the person had full access to all their own private facilities including a washing machine, cooker, kettle and fridge. They told us, "I only need some help with the little things and this is my own home. I like my own home and the staff help me be my own person." The person also told us they could relax and enjoy their own company if they did not want to use the communal areas in the home and the garden and they were always supported by staff to do this. The person also added, "I have my own keys to my own home. My aim is to one day live independently and the staff are helping me to do this."

Staff helped and supported people to deal with difficult issues related to areas such as loss and grief. We spoke with some people in the garden area of the home and they showed us part of the garden had been developed into a special place in memory of one person who had previously lived at the home. This part of

the garden had been developed through the full involvement and support help relatives of the person and all of the people we spoke with said this was a special place for them. One person told us, "I like to sit here and be in my own thoughts." Another person said, "I like it here in the garden. It is beautiful." People told us they were always supported to talk about their feelings and to ask for help whenever they needed it. One person said, "I'm not easy to live with sometimes, but the staff give great input to me and help me get through the difficult times I sometimes have with my emotions."

People told us they were supported to have regular contact with their relatives and friends and to develop meaningful relationships in ways people had chosen to. For example, one person told us they had recently attended a family wedding where they had been the bridesmaid and smiling they told us they, "Really good and enjoyed it." The registered manager told us how they had just returned from a holiday they had supported one person to go on together with a person who lived in another home owned by the provider who they had developed a personal relationship with. The registered manager described how both people were supported to do this discreetly and safely so they had time to be on their own together, to undertake a range of social activities and to develop this relationship in the way they wished.

The registered manager had developed links with local lay advocacy services and there were arrangements in place to enable people to quickly access a lay advocate if this was needed. Lay advocacy services are independent both of the service and the local authority and can support people to make and communicate their wishes. Contact details for the local lay advocacy service were available in the home and the registered manager and staff were aware of how they could support people to access these services if they needed them. The registered manager told us how one person was receiving support from the advocacy service in regard to supporting them with their wishes and plans their move to another home owned by the provider.

Staff understood the importance of keeping people's personal information in a confidential manner in order to respect and protect people's rights. People knew that staff were responsible for keeping their personal information in a confidential manner. One person showed us where their personal records were kept. We saw these were located in an office which was locked when no-one was in the room. All of the people we spoke with told us how they had access to their records at any time they wanted and said staff would unlock the office for them if they needed to look at them.

## Is the service responsive?

### Our findings

Staff had consulted with people about the everyday care they wanted to receive and had recorded the results of the discussions and decisions people had made in their individual care plans. People told us they regularly spent time with their key workers discussing their support plans and making any changes they wanted. Care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes.

People showed us that staff were providing them with all of the help and support they needed to make their own choices. We saw that this support was given with sensitivity and understanding of the person by staff. People were gently encouraged to do things for themselves with staff enabling people to keep a focus on being as independent as they wanted to be. Staff we spoke with had a detailed knowledge of people's individual preferences, needs and wishes. Staff were able to identify situations where people may become anxious by the events taking place around them and information we looked at one person described in detail how staff took positive steps to reduce the impact upon one person who needed to attend a hospital appointment. After the person had attended the appointment their relatives sent feedback to the registered manager and staff, complimenting them on the reassurance and support they gave to their family member.

We saw that people were supported to develop active social lives and engage in a wide range of individual hobbies and interests of their choice. These included attending a local resource centre, visiting places of interest and attending social functions. One person described their love of photography and how staff supported them to follow this interest. The person said, "I also love making things." They showed us they had access to a shed where they kept a range of tools and that they had made a range of items from wood they had collected. All of the people we spoke with described being able to go on holidays abroad and outings with staff support and how much they enjoyed these. People also told us they discussed their choices and preferences with staff and helped to think about and plan the arrangements for the trips. One person told us they had recently "Been to Whitby with everyone." The person's relative told us how much they enjoyed this day trip saying, "The staff do this sort of thing to help [my relative] and all of the people here experience as much as possible."

People had individual daily and weekly activity and leisure plans in place which incorporated any leisure routines they had chosen to follow. We looked at the timetable sheets for the previous six weeks leisure activities people had chosen to undertake. The activities ranged from, swimming, local beach walks and trips to the cinema to visits to some people attending dance classes and going to events organised by the provider. One person told us they were looking forward to attending a forthcoming event saying, "I am going to the ball and really looking forward to it." The person proceeded to talk to the deputy manager about their travel arrangements, which they planned and agreed together.

People told us they worked with their key workers and the registered manager to think about ways in which they could keep developing their independence. One person told us, "I want to have my own place one day and I like to think I will get there. Yes, the staff help we with all of this." Some of the people who lived in the home had been supported to secure work placements. During the inspection one person returned from a

work placement they had attended saying, "I had a good day at work."

People told us they would not hesitate to let the registered manager and staff know if they were unhappy about any aspect of the care and support they received. One person said, "I know how to raise a complaint. It's pretty easy here to just say what we are needing and they do sort our issues quickly." The provider's complaints policy was available in words and pictures so that everyone was able to access the information. Records showed that one complaint had been received by the registered manager in the 12 months preceding the inspection. We saw that the complaint had been managed and resolved in line with the guidance in the provider's policy. The registered manager also showed us they kept a record of any positive feedback they had received. We saw this included positive feedback from relatives and a social care professional who had worked together with one person and the staff team.

## Is the service well-led?

### Our findings

The provider had an established registered manager in post who told us they always worked to ensure people were maintained at the centre of all of the services staff provided. Discussions we had with the registered manager indicated that they had a detailed knowledge of all of the people they supported and the specific skills of each staff member. They knew which staff members were on duty at any given time and which senior managers were on call to provide staff support when they were not on duty. This level of knowledge helped them to effectively manage the home and provide consistent support and guidance for the staff team. The registered manager also told us about, and review records showed the strong links they had developed with other professionals and agencies and that this had helped provide the services people needed in a co-ordinated way.

We observed people were able to be themselves and throughout our inspection we saw them going in and out of the registered manager's office and freely speaking with them. The interactions between people and staff were very positive. People said they liked the registered manager and that they knew her very well. One person said, "The manager is a good one and we all like her." Another person said, "The manager always has the time to listen to us even when she is busy." We observed people were consistently asked for their views about their home as part of the everyday process of living at Livingstone Court. We saw examples of this throughout our inspection when staff spoke together with people about plans for trips out into the community to take part in activities, the meals they were having that day and a day out to Blackpool they were planning together. We observed staff checking with one person about their choice to go out with a family member who they were meeting later that day and going to stay with.

Staff we spoke with told us the registered manager was supportive to them and was available to discuss any issues or concerns they had whenever they needed to. They said this support helped them to reflect on and keep developing their skills and teamwork together. In addition staff told us and records showed that staff meetings were held regularly and covered topics such as people's needs, staff rotas and deployment, specific roles and tasks, and training and development. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed in order to care for people in a responsive and effective way.

The registered manager told us that the provider supported all staff to raise any concerns or issues they had in an open way so they could be responded to and addressed. Staff said they knew what to do if they had concerns about practice and would be confident that the registered manager and provider would respond quickly to anything they raised with them. An up to date whistleblowing policy was available for staff to access if they needed to raise any concerns and staff told us they knew about and fully understood the provider's whistle blowing procedure. Staff said they would not hesitate to use it if they had concerns about the running of the home or the home owners that could not be addressed internally.

The registered manager further promoted an inclusive and positive culture within the home by encouraging people who lived there to share their views and opinions and take part in how the home was run through meetings they held together with them. Records of the last two meetings showed people had discussed

their leisure preferences so these could be supported, plans for inviting people to share meals together with them and their right to vote in a recent national referendum so they could make their own decision on how to vote. People had also discussed a recent holiday they had been on to Tenerife. People who attended the meeting had signed the record to show they were there and agreed with what was written down. Copies of the record were available for people who did not attend to read.

In addition people who lived in the home, those who were important to them and the staff team were also invited to give their feedback about the quality the service by way of regular quality surveys. We saw the results of the last survey carried out in May 2016 showed a high overall satisfaction with the services provided.

We also saw monthly meetings were held between the managers of all the homes owned by the provider. Records available from the last meeting held in June 2016 showed that they were used to discuss any operational issues they had needed to respond to so they could share their learning. The information showed issues related to infection control, health and safety, the development of activities for people and the providers quality assurance processes. The registered manager told us the process involved a manager from another of their services carrying out quality checks within their home and that they were part of the team that carried out visits in return so they could learn from each other. We saw the results of the latest quality check carried out in June 2016. The feedback provided was positive overall and the registered manager confirmed the recommendations made regarding frequency of formal supervisions for staff had been responded to and was being addressed.

The registered manager understood their role and their responsibilities under the Health and Social Care Act 2008 and associated Regulations. The registered manager had informed CQC and other appropriate agencies of any untoward incidents or events which happened within the home. Records showed they and the provider had regularly reviewed the incident records so that they could ensure the risks of them happening again were minimised.

These audit checks also included making sure that people were being given all of the practical assistance they wanted, that medicines were safely managed, people were correctly supported to manage their money and staff were receiving all of the support they needed.