Linkage Community Trust

Bellamy's Cottage

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?	Outstanding
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of the service on 3 and 4 December 2014. Bellamy's Cottage provides accommodation and personal care for up to eight people with learning disability, male only. At the time of our inspection six people were using the service. The last inspection took place on 6 December 2013 during which we found there were no breaches in the regulations.

The service had a registered manager in place at the time of our inspection. 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's human rights were protected by staff who had received training in the Mental Capacity Act 2005. We saw where a person may not have the ability to make a certain decision, an assessment was completed to see if they understood the choice they were asked to make. Where people were not able to make a decision we saw these had been made in their best interest by family members and professionals involved in their care.

Summary of findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider had followed the correct process to submit applications for a DoLS where it was identified a person needed to have their liberty restricted in order to care for them safely, and that this was in their best interest. At the time of the inspection six people who used the service had their freedom restricted and the registered provider had acted in accordance with the Mental Capacity Act, 2005 DoLS to seek authorisation.

People were supported by sufficient numbers of staff who knew and respected them as individuals. There were systems in place to protect people from the risk of abuse.

We found the registered manager and staff put the care and welfare of people who used the service at the centre of what they do. We found they encouraged people to be as independent as possible and ensured that everyone who was important in people's lives were involved in their care and support and able to contribute to the development of the services they provided.

We saw the care people were provided with met their needs and was delivered in a way which was intended to keep people safe. People received their medicines as prescribed.

Staff made referrals to health and social care professionals when people's needs changed and people who used the service were supported to attend health appointments. We found staff were knowledgeable about people's health and social care needs.

People were treated as individuals. Staff knew them well and understood their individual preferences and respected their choices. We saw examples of people being supported with kindness, respect and dignity throughout the inspection.

People had access to sufficient quantities of food and drink. Staff monitored their nutrition and hydration requirements regularly.

The service's training records showed the courses staff had undertaken and when they were due to be refreshed. The majority of training was up-to-date and the outstanding training had been scheduled. Staff told us they had regular supervision meetings and the registered manager was supportive and approachable at any time.

The registered provider had a set of corporate values and staff we spoke with demonstrated how they were used to provide a quality service to people. We saw there were systems in place to continually review and improve the quality of service people received.

We saw the registered provider had systems in place to capture the views and concerns of people who used the service to see if any improvements were needed. There was a complaints policy in place and people and relatives we spoke with told us they knew how to complain.

Summary of findings

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 told us they felt safe living in the home. Staff understood how to identify and report any concerns about people's safety.

Risks to people's health, safety and well-being had been managed in an appropriate way.

There were enough staff on duty to support people's needs. Staff were recruited safely.

Is the service effective?

Good

The service was effective. People were supported to develop their independence and to maintain lifestyles that were meaningful to them by staff that were appropriately trained and supported to carry out their roles.

Arrangements were in place for people to have a nutritious diet and receive appropriate healthcare whenever they needed it.

Staff understood the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant they could take appropriate actions to ensure people's rights were protected.

Is the service caring?

Good

The service was caring. People's opinions mattered to staff and they were encouraged to express their views and choices in ways that were suitable for them. Families were fully involved in the way care was being provided.

We saw people's privacy and dignity were supported.

People were being treated in a kind and caring manner and were encouraged to be independent.

Is the service responsive?

Outstanding

The service was responsive. People who used the service and everyone who was important to them were involved in developing and reviewing how their support was provided. Individual goals were developed, agreed and reviewed.

There were arrangements in place to ensure people had the opportunity to engage in activities, interests and hobbies that were meaningful for them.

Arrangements were in place to manage concerns or complaints about the service. The arrangements took account of the different ways in which people communicated.

Is the service well-led?

Good

The service was well led. People were encouraged to express their views and be involved in the development of services. Staff were well supported by the registered provider and the registered manager and enjoyed working at the service.

The registered provider had a set of values which staff promoted in their working practice.

Summary of findings

Appropriate arrangements were in place for monitoring and improving the quality of the services people received.	

Bellamy's Cottage

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 was 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 took place on 3 and 4 December 2014 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Before the inspection we received information from two healthcare professionals who worked with people who used the service. We also looked at the information we held about the service. This included notifications, which are events that happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies.

People were not always able to fully express their views about the services provided. However, we spoke with four people; two other people were unable to tell us about their care. Therefore we spent time observing how people were supported to help us better understand their experiences of their care.

We spoke with four relatives of people who used the service, a care worker, the activity instructor, the deputy manager and the registered manager.

We looked at three people's care records. We looked at three staff files, supervision and appraisal arrangements and staff duty rotas. We checked all the medication administration records (MARs.) We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

One person we spoke with said, "I'm safe, happy here." Another person said, "Safe yes, staff are nice." We asked a relative of a person who was residing at the home if they felt people's safety was promoted. They told us, "It's definitely safe. Staff are very conscientious about everything; I have no worries about that at all." Another relative said, "Everyone is treated exceptionally well by all the staff; they are very safe and feel secure here."

Relatives also told us they considered there were enough staff available to meet people's needs. Comments included, "The staffing arrangements seem very good, they always have enough on when we visit and for all the activities and trips out" and "Staff are excellent; it is always calm and settled."

Our records showed the registered manager was aware of the requirement to notify the CQC of all safeguarding allegations and investigations. The registered manager discussed with us how the findings from a recent safeguarding investigation had resulted in them providing more training for staff in moving and handling and prevention of pressure damage.

In discussions, members of staff demonstrated they understood the safeguarding policies and procedures. They explained what action they would take if they suspected anyone had been abused, or was at risk of abuse. They were aware of the different types of abuse and vulnerability of the people who used this service and the things they would look for that may indicate someone had been abused. Staff told us they had never had any concerns about the way people were supported.

Staff were also aware of the registered provider's whistleblowing policy which identified who they could report concerns to and who to contact if they needed to raise anything outside the home. Staff told us they felt confident in reporting any concerns to the registered manager, senior managers within the organisation or escalating them to external agencies if required, and they would be supported appropriately.

The registered provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed, the registered provider requested a criminal records check through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. We looked at the recruitment files for three staff. These showed all relevant police checks and references had been obtained prior to employment and were satisfactory.

There were enough staff on duty to meet people's individual needs. Duty rotas for the previous month showed the required number of staff had been on duty. Staff told us the staffing levels were sufficient, based on the number and dependency of the people who used the service. The registered manager confirmed there had been some delays with the recruitment of a part time worker for the evening duty. The registered provider had a system to ensure that if the right levels of staffing could not be achieved for any reason; there would be cover available from their pool of bank staff. Duty rotas showed the registered manager had made use of this system.

People's care records showed risks to their safety and welfare had been assessed and planned for. There were individualised management plans for areas of risk such as fire evacuation, participation in community based activities and developing personal support skills. We saw the risk assessment records for one person which described the support they would need if they encountered a dog when in the community. The information guided staff how to engage with them and what action to take if the person became anxious or panicked.

Risks within the environment had been considered and planned for to protect people from unnecessary harm. Chemicals that could cause harm were stored safely. External doors and windows were secure and people were asked to sign in when they entered the home. Fire equipment was regularly serviced. Regular checks on utility systems, equipment and vehicles were in place to ensure that risks were minimised.

Records showed, and staff told us, they were trained to administer medication in a safe way and their skills were reassessed by the registered manager. Staff described how medicines were ordered, stored, administered and disposed of in line with national guidance on the safe use of medicines.

People's support plans gave information about what medicines they took, why they took them, what side effects to look out for and how they liked to take them. There was also detailed information about how staff should

Good

Is the service safe?

administer medicines the person only needed to take in specific circumstances, for example, when they were very anxious or agitated. We were informed that care staff were not able to administer these 'as required' medicines without approval from the registered manager. This meant when the registered manager was not present at the service, approval was sought from the duty manager via the on-call system. Although there was no evidence of delays in treatment, the registered manager confirmed this protocol was currently under review.

Records showed people's medicines were reviewed regularly by either their GP or a specialist doctor, such as a psychiatrist, to make sure they remained effective for the person. We observed members of staff administering medicines and saw they followed safe practice and did so in line with the person's wishes.

Good

Is the service effective?

Our findings

People who used the service told us they liked the staff. Comments included, "Staff are good, they take me out" and "Nice staff." People told us they liked the meals. One person said, "I like lasagne and I like sausages best."

We asked relatives if they felt the staff were suitably qualified to promote people's health and wellbeing. They told us, "The staff are very good at what they do. They are very committed, enthusiastic and genuinely care about the residents and their family" and "They make it look very easy, but we know it's not. The staff have the training and experience they need."

Relatives told us how people's health care needs were well met. One person said, "Staff arranged for (Name) to have a new wheelchair and it has made such a difference. Not only is it more comfortable for them but it's really easy to push."

Staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty. Records showed the registered manager and staff had received training about the subject. Staff told us people who used the service made the decisions they had the capacity to make. During our observations we saw staff responding to people's requests and decisions they made, such as where they wanted to be and how they wanted to spend their time. Staff we spoke with had a good understanding of the need to involve family and professional representatives if a person was unable to make a decision for themselves. Checks on care records demonstrated the assessment forms required to establish if a person had capacity to make a decision for themselves had been completed. One relative we spoke with confirmed they had attended best interest meetings when decisions needed to be made that the person was unable to make for themselves.

The registered manager told us they worked closely with the local authority adult safeguarding team to identify any potential deprivation of people's liberty. At the time of our inspection no person was subject to a DoLS authorisation. The registered manager confirmed they had recently submitted six applications to the local authority and were awaiting assessment visits to determine the outcome. The care plans for three people we checked showed staff were providing monitoring support which indicated they used the 'least restrictive practice.'

We found risk assessments had been completed in relation to people's health in areas such as medication, pressure damage and weight loss. One person had recently experienced a fall but checks on their records showed a risk assessment had not been put in place to reduce the risk of further falls. We mentioned this to the registered manager and the assessment was completed during the inspection. Records showed people's families and health and social care professionals had been involved in making decisions about risk. Support plans recorded where decisions about risks had been made in people's best interests.

Records showed, and staff confirmed to us, they received a varied training programme to help them meet people's needs. This included an induction programme based on nationally recognised standards. One member of staff told us, "The training is good; yesterday I attended a course about nutrition which was very detailed and gave us lots of ideas to bring back."

We saw the registered provider considered training in areas such as: fire safety, safeguarding, first aid, health and safety, infection control, medication and food hygiene as essential. Staff had completed additional training which included: autism, preventing pressure sores, moving and handling and Makaton (this is a language programme using signs and symbols to help people to communicate.) This meant staff received the training needed to provide good quality care. Records showed the majority of staff had gained a nationally recognised qualification in care and the remainder were working towards this.

Staff told us they had been trained to deliver positive behaviour support approaches to manage behaviours that challenged the service or other people. These minimised the use of restrictive practices and reduced the use of physical interventions. It was British Institute of Learning Disabilities (BILD) Accredited. Records showed some of the staff now required refresher training. We discussed this with the registered manager who explained there had been delays with arranging this training course but it had been rescheduled for March 2015. The registered manager confirmed that staff had not needed to use any form of restraint or control within the last two years, as people's behaviours had been very stable. However, if people's

Good

Is the service effective?

needs changed and their behaviour put themselves or others at risk of harm, then staff from other services who were appropriately trained and knew the people at the service, would provide any additional support required.

Records showed staff received structured programmes of supervision and appraisal. Staff confirmed they felt supported by the registered manager as they told us, "We have regular supervision meetings and receive excellent support from the manager."

People were involved in decisions about what they ate and drank. Their diet preferences were recorded and any support they needed with eating and drinking. Menus were discussed at the house meetings every two weeks. Weight records identified any new risks. We saw where necessary, people were referred to health care professionals such as dieticians and speech and language therapists to help meet their assessed needs.

We observed the lunch and evening mealtimes. They were positive and inclusive; everyone chose to have their meal in the dining room. The main meal was served in the evening; it was well presented and looked appetising. At lunchtime, some people were supported to go to the kitchen and make their own meal with assistance from staff; we observed people had a choice of meals such as sandwiches, soup or snack meals such as beans on toast.

People had health action plans in place. Records showed how people were supported to attend doctors, dentists, opticians and chiropodists to manage their on-going healthcare needs. Records showed staff made referrals to health and social care professionals when people's needs changed. We saw how interventions from health and social care workers were implemented.

The relatives we spoke with told us how staff picked up on changes in people which may indicate they were not feeling well. When we spoke with staff they were able to describe how each person's behaviour may change when they were not well. This meant people were supported to access prompt healthcare support when they were not well.

We checked to see the environment had been designed to promote people's wellbeing and ensure their safety. Rooms were personalised to the person's preference. Some rooms were brightly decorated and contained lots of photographs, ornaments and pictures. One person showed us their room and told us about the ornaments they had bought on their holidays. There was pictorial signage to assist people to recognise rooms such as toilets and bathrooms.

Good

Is the service caring?

Our findings

People who used the service told us they were, "Happy here" and "Alright." They also said staff were, "Okay."

We asked relatives to comment on the quality of care provided at the service. They told us, "(Name) is really, really well cared for. We can see he is happy there and well looked after, he always looks nicely dressed", "It's really excellent, I cannot fault it at all", "I'm very happy with the care. The manager has always been very kind and thoughtful and always keeps me up to date about (Name's) health and welfare" and "Because of the manager and her staff, (Name) has had such happy life there, and they all care about him very much. They keep us well informed of any changes."

Relatives told us staff were welcoming and supportive. One person said, "Sometimes I call in if I'm passing and have time to spare. They are always very friendly and welcoming." Another person said, "They do a marvellous job in caring for (Name). They are very good at arranging home visits."

The relationships between people who used the service and staff were positive and caring. People approached staff with confidence; they indicated when they wanted company and when they wanted to be on their own and staff respected their choices. When people spent time with staff the communication between them was relaxed and friendly. We saw staff were caring and offered effective support. Staff demonstrated patience with people by taking the time to understand what they wanted.

Throughout the inspection, there was a comfortable and calm atmosphere within the home. In discussions, staff demonstrated they knew the people they supported. For example, we observed situations in which people showed signs through their body language of increasing anxiety or excitement. Staff responded immediately to these signs and gave comforting support through gentle voice tones and touch which helped the people to calm quickly and resume their daily routines. We also observed a situation where one person showed reluctance after their lunch to transfer from their wheelchair back to an arm chair, or to go to bed for a rest. We observed the care worker talked with the person and gave them alternative options to go out shopping or to visit horses in a nearby field. The person chose to go shopping and this was supported straight away.

We found the care was person centred. People were supported to be as independent as they were able to be. Staff encouraged people to help prepare meals and drinks; supported them to undertake their own personal care and decide what activities they wanted to do. During the inspection we observed people making a sandwich for their lunch; staff supported people on a one to one basis giving them encouragement and direction where necessary during the activity.

Staff ensured people had their privacy and dignity maintained. For example, we saw staff supported people to carry out personal care in private areas such as bathrooms and bedrooms. We also saw staff were discreet and encouraged people to communicate their personal needs out of earshot of others. We observed people were well presented; they were well groomed, their clothing was age appropriate and well ironed. A relative told us, "They always help him to look nice and tidy. We know he likes his joggers on indoors, but when he goes out he chooses to wear something smarter."

Records showed annual reviews were held with commissioners, social workers, the registered manager and keyworkers. The majority of review meetings had included, where possible, the person who used the service and their relatives or representative. We found any goals which had been set were discussed and reviewed. Pictures and easy-to-read text were used to explore whether the person was happy or sad about things and what they would like to change. Their own aspirations and thoughts about the future were also discussed, where possible.

Information people needed to make decisions and choices was available in a variety of formats. For example, we saw information presented in pictures, photographs and words. We also saw staff used people's preferred methods of communicating to explain information to them. The information available to people included information about advocacy services. This meant that where people did not have the capacity to make their views, choices and wishes known they would have access to independent

Good

Is the service caring?

support to help them do this. The registered manager confirmed an advocate was currently involved with supporting one person with their decisions around their changing health needs and options for medical treatment.

The majority of people have used the service for many years. We discussed end of life planning for people with the registered manager. They confirmed some of the information about people's end of life care wishes was limited, but where possible they had obtained information about funeral arrangements from relatives and representatives. We directed the registered manager to an end of life assessment and planning record, entitled, 'What If - Celebrating My life,' which had been developed by the community learning disability team (CTLD) at the local authority. It was produced in pictorial format and may be useful when working with people and their families to gain a more detailed picture of the support and arrangements people may choose at this time. The registered manager confirmed she would follow this up.

Outstanding ☆

Is the service responsive?

Our findings

We asked people who used the service about complaints and concerns. They told us they would talk to the staff if they were upset or worried about something. One person said, "Yes, talk with staff, they help me." Another person said, "Talk at meetings." We asked a relative of a person who was residing at the home if they felt confident in discussing any concerns or complaints with the management team. They told us, "Absolutely. Not that we ever have anything to be concerned or worried about. The communication channels are excellent; they always discuss things and listen to our opinions."

People who used the service told us there were activities for them to participate in. They said, "(Name) does things with us. We go out and we do art", "Like my music", "Watch TV", "Have house days and clean my room", "Help with my room", "Go for meal", "Shopping and driving round." One person told us about the outing the previous day to a garden centre where they said had seen, "Santa and the reindeers." We looked at the photographs which showed how all the group had enjoyed their day. Relatives we spoke with told us the activity programme was very varied and they considered their relations received a lot of support on an individual basis and in groups. One person said, "They are always doing something or going somewhere; it's brilliant, he has a really good social life." Another person said, "They are well occupied and happy at Bellamy's."

The registered manager described the positive relations they had developed with the riding stables nearby which meant people who used the service could visit the stables regularly to see the horses and ponies. Records showed people had favourite places in the community they preferred to visit such as pubs, café's, restaurants and local places of interest.

We looked at three people's care records. 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 to be supported within the home environment and the broader community. They also included information which was important to the person such as their likes and dislikes, health needs and communication needs. We found few of the records within the care file had information provided in meaningful ways for people such as pictures, symbols or photographs. The registered manager confirmed they still used an older style record format at the service and they would be introducing the registered provider's new recording system in the near future.

People's care plans included individual goals and these were used as a basis for the regular support plan reviews which took place with the key worker each month. We saw everyone who was important in the person's life was consulted about the plans. We saw people's care plans contained a 'This is me' record. The record was designed to ensure that should a person be admitted into a hospital environment, the hospital staff would have important information to effectively care for the person.

We found the staff were able to provide a thorough account of people's individual needs and knew about people's likes, dislikes and the type of support they required whilst they were in the home and within the community.

An instructor was employed full time to provide individual and group activity support. The programme included outings to places of interest and activities at the service such as: art therapy, crafts, visiting the local stables, gardening, reading and music. During the inspection, we observed people completing art work with support from the instructor; for some people this meant the instructor provided hand over hand assistance. We observed people really enjoyed the session; they were focussed and pleased with what they had produced. We also observed people making Christmas decorations, watching TV, listening to music, participating in chair based exercises and going on outings for walks and to the shops.

During the inspection visit one person went out with their family. When they returned we spoke with the person's relatives. They told us, "We take our son out once a week and we always go to the same place; it's what he likes. He doesn't like to go anywhere else as he gets too anxious. Once a year though he will go on holiday with the manager to a chalet by the sea. They book the same one each year and he likes this and doesn't get too upset. The staff understand him so well and he has made such progress here. We never want him to leave, he is so happy here." Another relative described how supportive the staff were with arranging home visits. They told us, "Staff go out of their way to be as accommodating as possible and to ensure my son comes to visit when he can."

Outstanding ☆

Is the service responsive?

Staff told us that routine was very important to some people who used the service and so activity plans were carefully followed. We also established that the activities programme was flexible and people's wishes were respected if they did not wish to participate in the planned activities. Care files we looked at contained individual programmes to help people to plan their day; these were in line with their known likes and preferences and aimed to maximise their independence. Staff told us about activities people enjoyed and we saw staff following the plans to organise activities as scheduled.

We found people were encouraged to promote their life skills within the home and the community. Activity plans included 'house days' where people were supported with activities such as cleaning their room and managing their laundry. People were also encouraged to participate in educational programmes specifically designed for learners with profound learning difficulties. One person attended a woodwork class each week at the registered provider's educational facility. Records showed another person in the service had 'retired.' The registered manager explained how the person now enjoyed a more relaxed lifestyle, participating in activities and outings of their choice and no longer needed a formal activity programme.

Discussions with health care professionals involved with the service confirmed how the registered manager and staff worked positively with other agencies to ensure a smooth and effective transfer or transition when moving to or from other services. We found evidence the registered manager had liaised closely with various health care professionals to ensure one person's discharge from hospital was properly supported. This transition work had involved ensuring appropriate equipment was in place and staff having received training in managing the person's changing health needs. One health care professional told us, "The manager is good at liaising with other agencies and professionals."

There was a complaints procedure in place which was available in picture and symbol formats. The registered manager recognised some people who used the service may have difficulty understanding or using the procedure. To support this need each person had a keyworker who regularly spent time with them to make sure they were happy with the support provided. The keyworker also supported the person to raise any complaints or views they had. Records showed there had been four complaints in the previous 12 months (made by people who used the service) and these had been managed effectively.

Good

Is the service well-led?

Our findings

People who used the service told us they liked the registered manager and the staff. A relative told us they felt confident in discussing any areas of service provision with the registered manager. They said, "The manager and staff strive to make sure all the residents receive everything they need. You can't fault the quality of the service; it's their home in every sense." Another relative said, "I am very impressed with all aspects of the home. The manager is brilliant. She works very hard to ensure residents are always the priority and fights very hard on their behalf." They went on to say, "The change in (Name) since they moved to Bellamy's Cottage has been so positive. It is definitely their home and over the years the other residents and staff have become their family. We couldn't wish for more."

The registered manager was experienced and had managed the service for many years. Throughout our inspection visit we saw the registered manager was visible and available at all times; they took time to speak to staff and people who used the service and assisted with care duties. We found the service was well organised which enabled staff to respond to people's needs in a proactive and planned way.

The registered manager told us they were supported by a senior management team and by having regular meetings with the registered managers of other services within the organisation. The registered manager told us the meetings were a place where they could share best practice and discuss ideas to improve the service.

Social and health care professionals told us the registered manager and staff were welcoming of ideas and views and made every effort to include and co-operate with appropriate professionals, such as doctors and care managers, to ensure people's needs were met. One health care professional told us, "(Manager's name) clearly wants the best for her residents and is a strong leader for the team."

Staff told us they had regular team meetings where they could discuss any concerns about the people they cared for. They told us the registered manager was receptive to any suggestions they made which may improve the care offered to people. One member of staff gave an example of a suggestion they had made to provide new storage in a person's room for their continence pads. They said this had improved access to the equipment they needed when delivering personal care and meant there were fewer interruptions for the person to experience.

Staff told us the registered manager was available for guidance and support when they needed it and they encouraged them to develop their skills. Staff also told us the registered provider had arrangements in place for support when the registered manager was not available. One staff member said, "Many of us have worked with the people here a long time. We all work together well and have a good manager; the needs of the service user always come first."

Staff understood their roles and responsibilities within the service. Staff were able to tell us about the registered provider's organisational values which formed the acronym, 'IRESPECT.' We found a copy of this was posted on the office door, was provided in people's care files and staff confirmed these values were discussed at training courses provided by the organisation's training and development team.

House meetings were arranged at the service every two weeks. Records showed most people chose to attend and the regular topics discussed included meals, activities and concerns. The registered manager confirmed the registered provider had set up a client led parliament group in the organisation, although no-one from this service was currently involved.

An annual survey had been carried out in 2014. It gathered views from people and their families. Alternative communication formats were available to help people to take part in the survey and staff supported people to take part where they were able to. The summary report of the 'residential' survey dated July 2014, showed the average satisfaction rate for the service scored 90%. The registered manager confirmed the three areas which had received a more negative response were followed up in reviews and house meetings. Results for the relative's surveys hadn't been identified for the service; they showed an overall satisfaction rate of 86% for all the registered provider's services.

There were arrangements in place to regularly assess and monitor the quality of the service provided. The registered provider had introduced a new monitoring system to ensure the processes were consistent across all of their

Good

Is the service well-led?

services and learning could be shared. This involved a structured programme of peer reviews by registered manager's from other services within the organisation. The quality reviews were completed every two months and covered all aspects of service provision. We looked at the review records for 2014. These showed positive results with few issues identified. The records showed where shortfalls had been identified, action plans had been developed and compliance dates achieved.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. The registered manager confirmed how all accident, incident and safeguarding reports were sent to the senior management team for analysis and review to identify any patterns and outcomes to inform learning at service and organisational level.

We found the registered manager regularly completed a range of internal checks of areas such as care plans, personal finance accounts and medicines management. Although these showed very positive results we found staff were completing some of the checks and counts on a very frequent basis. We spoke with the registered manager about reviewing and developing the programme to carry out more detailed audits on a less frequent basis, which could free up staff time. The registered manager confirmed they would review the in- house audit programme.

The registered provider had secured the Investors in People Award for the organisation in 1995 and this had been regularly reassessed and accredited. A member of staff we spoke with had received their long service award in recent months having worked for the organisation for 15 years.