

Dr Morgiana Muni Nazerali-Sunderji

# Edgar Street Residential Home

## Inspection report

3 Edgar Street  
Huncoat  
Accrington  
BB5 6ND  
Tel: 01254 872119  
[www.edgarstreetcare.co.uk](http://www.edgarstreetcare.co.uk)

Date of inspection visit: 30 June & 1 July 2015  
Date of publication: 06/08/2015

### 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 

### Overall summary

We carried out this inspection of Edgar Street Residential Home on 30 June and 1 July 2015. The inspection was unannounced on the first day. Edgar Street provides accommodation and personal care for six adults with learning disabilities. The service does not provide nursing care. At the time of the inspection there were six people accommodated in the home.

Edgar Street is a semi-detached domestic style house in a residential area on the outskirts of Accrington. It is in close to local amenities and the town's amenities are within easy reach with a bus route and rail transport near to the home. Accommodation is in single occupancy bedrooms. There is a patio and garden for the residents' use.

# Summary of findings

At the previous inspection on 01 August 2013 we found the service was meeting all the regulations we looked at.

There was a registered manager in day to day charge of 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 told us they felt safe. They had been guided on how to keep safe when they were out and about in the community and what they should do if they did not like how they were treated.

We found individual risks had been assessed and discussed with people. Staff had guidance on how to safely manage risks whilst ensuring people's independence, rights and lifestyle choices were respected and they supported people to lead full and meaningful lives safely.

Staff expressed a good understanding of safeguarding and protection matters. They told us they were confident to take action if they witnessed or suspected any abusive or neglectful practice and had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered.

People using the service could be confident they would be protected from financial mismanagement. There were good procedures followed and staff guidance in place to support this. Confidentiality was also a key feature in staff contractual arrangements. This helped to make sure information shared about people was on a need to know basis.

A safe and fair recruitment process had been followed and proper checks had been completed before staff began working for the service. We found there were enough staff to meet people's needs in a flexible way. Arrangements were in place to provide management support with on call arrangements for evenings and weekends.

People were receiving safe support with their medicines. Staff responsible for supporting people with medicines had completed training. This had included an assessment to make sure they were capable in this task.

Arrangements were in place to promote the safety and security of the premises, this included reviewing and checking systems such as fire alarms. Staff had been trained to deal with emergencies.

People spoken with made positive comments about the staff who supported them. Staff were described as being very good and helpful. People were cared for by staff who had received a good standard of training and who were supported by the registered manager. People who used the service were involved in staff induction training.

Staff told us they worked very well as a team and were given enough information to care for people as they needed and wanted. Staff were knowledgeable about people's individual needs and promoted people's rights and choices. People using the service were seen to be valued and staff communicated very well with them. Achievements were celebrated.

Each person had an individual care plan. These were well written and sufficiently detailed to ensure people's care was personalised. People's changing needs were identified, recorded and regularly reviewed. People were given additional support when they required this and they had a key worker to support them. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

Health and social care professionals we had contact with told us "I have visited a service user at the home on several occasions and met with the home manager. The staff team were observed to support the service user appropriately, being responsive to her needs." Another gave details describing how the manager worked well with them to do care plans and risk assessments. They commented, "All the staff from Edgar St are a pleasure to work with and are very committed to the needs of people using their service".

People we spoke with were satisfied with the support they received with nutrition. They told us they enjoyed

# Summary of findings

their meals and could have what they wanted. People were supported to shop, prepare and cook meals and consideration had been given to healthy eating, likes, dislikes and dietary needs.

There were opportunities for involvement in meaningful activities both inside and outside the home. Activities provided people with appropriate skills whilst promoting enjoyment, improvement and independence. These included, for example, shopping trips, excursions and holidays, meals out, swimming, and domestic skills such as cleaning and baking. People told us they were supported to maintain contact with their friends and family. There were regular house meetings to discuss day to day matters, meals and activities.

There were suitable complaints processes in place. People were encouraged to voice any concerns in day to day discussions with staff and the registered manager, during their reviews, house meetings and in surveys. There was a formal complaints system to manage and respond to any issue of concern raised.

There were effective systems in place to assess and monitor the quality of the service. They included monthly checks of the medication systems, support plans, staff training, finance, nutrition, safety and the environment. There was evidence improvements had been made when any shortfalls had been noted.

Confidence was expressed in the management of the home by people using the service, staff and health and social care professionals who visited.

There were systems and processes in place to consult with people who used the service, other stakeholders and staff. Regular meetings and consultation surveys meant people had the opportunity to develop the service. Arrangements were in place to encourage and promote on-going communication, discussion and openness.

# 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?

The service was safe

People told us they knew how to keep safe and what they should do if they had any concerns with how they were treated. Staff received safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

There were sufficient skilled staff to meet people's needs in a flexible way. A safe and fair recruitment process had been followed and checks had been completed before staff began working for the service.

People had their medication when they needed it. Appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines.

Good



### Is the service effective?

The service was effective.

All staff received a wide range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to manage their dietary needs.

Good



### Is the service caring?

The service was caring.

We found staff were respectful to people and communicated well with them. People told us staff were very kind and caring.

People were able to make choices and were involved in decisions about their day to day care. People's views and values were central in how their support was provided.

Good



### Is the service responsive?

The service was responsive.

People's assessments were thorough and they received care and support which was personalised and responsive to their needs.

People were supported to take part in a range of suitable activities, both inside and outside the home in accordance with their preferences. People's right to be self-determining in how they lived their lives as valued citizens within the home and wider community was acknowledged.

There was a clear accessible complaints procedure. People told us they had no complaints about the service but felt confident they could raise any concerns with the staff or manager.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There was a management structure in the home which provided clear lines of responsibility and accountability. People made positive comments about the management arrangements.

There were effective systems in place to seek people's views and opinions about the running of the home. This was supported by a variety of systems and methods to assess and monitor the quality of the service.

Good



# Edgar Street Residential Home

## 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.

This inspection took place on 30 June and 1 July 2015 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. We contacted the community team for learning disabilities, who provided us with some feedback about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service.

We spoke with five people using the service. We made observations. We spoke with three members of staff, the registered manager and a relative. We looked at a sample of records including two people's support plans and other associated documentation, sample records from other people's support plans, recruitment and staff records, minutes from meetings, complaints and compliments records, all medication records, policies and procedures, communication records, a current business plan, training records and quality assurance audits.

# Is the service safe?

## Our findings

We spent time talking to people about what it was like to live in the home. One person told us, "I love living here. I can do what I want and the staff are my friends." Another person told us, "The staff are like my family. I can talk to them about any difficulties I have or if I am upset and they help me." And another person said, "It's brilliant here." We asked people if they felt safe. They told us they had been told how to keep safe and what they should do if they did not like how they were being treated. A relative who we spoke with told us they were confident people were treated well. They said, "I think they do a good job and (relation) is very happy and settled here."

We contacted health and social care professionals prior to this inspection and asked them for their views of the service. One person wrote, "The residents that we had the pleasure of meeting all appeared to be happy and very much empowered to be as independent as possible."

People using the service were guided to keep safe and had been involved in 'danger stranger' learning. This helped them keep safe when out and about in the community. People had mobile phones they could use to keep in touch with staff if they needed any assistance.

We looked at how the service managed risk. We found individual risks had been assessed and discussed with people and / or their relatives where appropriate, and recorded in their support plan. There were detailed strategies to provide staff with guidance on how to safely manage risks whilst ensuring people's independence, rights and lifestyle choices were respected with the minimum necessary restrictions. Records showed identified risks had been kept under review to ensure people were able to lead full and meaningful lives safely.

We spoke with staff and discussed how they would respond when people behaved in a way that may challenge others. They told us they rarely had any incidents because they dealt with every day 'niggles' immediately. By dealing with these promptly and by supporting people to find a resolution, people lived very well together. We looked at records of incidents that showed people were 'satisfied' with the outcomes. We found detailed information in the support plans to help staff recognise any changes in people's behaviour. This enabled them to support people before they became distressed. Staff training records

showed all the staff had been trained in 'breakaway and de-escalation techniques' to support and help them respond safely and appropriately to behaviour that challenged others.

There were safeguarding and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding procedures are designed to protect vulnerable people from abuse and the risk of abuse. Staff told us they had received appropriate safeguarding training and had an understanding of abuse. They were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. This helped to protect people. Records confirmed staff had received appropriate training in this area. From the information we held about the service there was evidence the registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns and working with other agencies.

We looked at the recruitment and induction records of two members of staff. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We saw DBS checks were renewed periodically.

We looked at how people's finances were managed. We saw there were good procedures followed to ensure this was managed properly. There was a policy in place for non-acceptance of gifts and this formed part of staff contractual arrangements.

We found there were sufficient skilled staff to meet people's needs in a flexible way. The registered manager told us people living in the home needed to be looked after by staff who they knew. We were told any shortfalls, due to sickness or leave were covered by existing staff. Staff we spoke with considered there were enough staff to ensure people's needs were met and to also spend quality time with them. The registered manager also told staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs. A relative told us, "I visit regularly and I find there is always someone around. The staff are always going out and about with people."

## Is the service safe?

During our visit we observed caring and friendly interactions between people living in the home and staff. Staff told us, “We have a good team who care about the people who live here.” We had received comments from health and social care professionals. One person wrote, “All the staff from Edgar St are a pleasure to work with and are very committed to the needs of residents. A job well done by all.” Other comments made about staff included, “polite”, “extremely helpful” and “professional.”

We looked at how the service managed people’s medicines and found the arrangements were safe. The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Policies and procedures were available for staff to refer to and these had been reviewed to reflect current practice. All staff had received training to help them safely administer medication.

We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines. People’s medication administration record (MAR) was kept in their care records and people could be identified by a photograph on their file. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to people. There was guidance for staff to follow to support each person when taking their medicines and people could take their own medicines if they were assessed as able to do this safely. We noted one person was supported to take control of their

medicines and we observed them sign the MAR to confirm they had taken their medicines. Records showed how people’s medicines were managed safely when they were away from the home.

The medication system was checked and audited on a regular basis. This helped ensure people’s medicines were managed safely. There were systems in place to ensure regular reviews of people’s medicines were undertaken by their GP. The manager told us every person had a health review that included a review of their medication. This helped ensure people were receiving the appropriate medicines.

Staff training records showed all the staff had received training to deal with emergencies such as fire evacuation and first aid and were trained in the safe moving and handling of people. Plans were in place for staff to renew and update their training. Security to the premises was good and visitors were required to sign in and out. People using the service had front door keys to enable them to come and go with minimal intervention by staff.

We found the home to be well maintained, clean and hygienic. Regular checks on systems in the home were carried out such as fire detection systems and equipment and regular testing for Legionella. The manager had kept a maintenance record of work that was required and this was discussed with the provider during their regular meetings. Business planning included the general maintenance of the home. Staff had been trained in infection control and a social care professional told us, “The home appeared to be a very pleasant environment for all that lived there.”



# Is the service effective?

## Our findings

People we spoke with told us they had confidence in the staff team. One person told us, "I have a key worker and she is really good. She helps me sort out what I would like to do. I can ask her about anything." Another person told us, "All the staff are very good. I don't have any preferences. I get all the help I need." Comments from a quality assurance survey recently carried out by the service included, "The staff are very good and will always listen." And "the staff work really hard all the yearlong, day in day out to provide the best support and care possible."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), management of medicines, nutrition, moving and handling, fire safety, first aid, food safety, equality and diversity and health and safety, infection control, breakaway and de-escalation and record keeping. All the staff had achieved a recognised qualification in care.

From our discussions with staff and looking at records we found there was an in depth induction programme for new staff. This would help to make sure they were confident, safe and competent. We also noted people using the service were involved in new staff induction training and gave feedback on new staff performance at their house meetings.

Staff told us they were supported by the management team and provided with regular supervision. Records showed checks had also been completed on staff working practice. All staff had received an annual appraisal of their work performance. These checks help to identify any shortfalls in staff practice and support the manager to identify the need for any additional training and support required.

Staff told us handover meetings were held at the change of every shift. A communication diary and daily diaries helped them keep up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff we spoke

with had a good understanding of people's needs. One member of staff said, "We have a good team; we all work well together. Our work is flexible to accommodate individual needs and choices."

The manager showed us a record she maintained of important information about people's health, safety and welfare that was brought to her attention. This was used to make sure action taken to address these issues was followed up. The information was also used to update care plans and inform staff of any changes they needed to know about as a result of this. Care plans were reviewed twice a month.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA 2005 sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

The service had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS and the registered manager and staff expressed a good understanding of processes relating to this. At the time of the inspection we noted appropriate DoLS applications had been made for two people which would help to ensure they were safe and their best interests were considered. Staff spoken with were aware of people's capacity to make safe decisions and ability to make choices and decisions about their lives. This was clearly recorded in the support plans.

We looked at how people were protected from poor nutrition and supported with eating and drinking. There were effective systems to identify whether people were at risk of poor nutrition, dehydration or had swallowing difficulties. Records showed people were supported to eat healthy food and to and drink sufficient amounts of fluids to meet their needs.

We observed people were given the support they needed to develop and maintain skills in the kitchen and were supported to prepare simple meals/drinks where

## Is the service effective?

appropriate. People's food and drink preferences were recorded and taken into consideration when planning meals. Records showed people had access to snacks and drinks throughout the day and night. We observed people helping themselves to fresh fruit and drinks during our visit. Staff told us the menu was discussed with people at their meetings and would be changed to meet people's needs. People we spoke with confirmed this and also told us friends sometimes had a meal with them.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs and dentists. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care such as Speech And Language Therapists (SALT) and the chiropractors.

# Is the service caring?

## Our findings

People we spoke with said they were cared for very well. They were happy with the staff who they described as “good” and “my friends”. One person commented, “The staff are like my mum in some ways, always there for me. I’d hate to leave here because of all the things I would miss, it would be them. They are always there for me and I can ask them for anything.” Another person told us, “The staff are good and they help me with everything I need help with. They are good to ask advice from and we can talk to them in private.” And “The staff are really lovely and willing to listen to us if we need to talk about things. They do their very best to support us in everything we do.”

During our visit we observed staff responding to people in a kind and friendly manner and we observed good relationships between people. From our discussions and observations it was clear staff had a good understanding of people’s needs, interests and preferences. There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee people’s care and support. One relative made a comment about the good relationships that had developed between their family member and staff.

We observed people were treated as individuals and were helped and supported by staff in line with their recorded preferences and routines. Throughout our visit we saw that staff communicated very well with people and openly spoke with high regard to their accomplishments such as

achievements with work placements and new skills learned. We also observed people being as independent as possible, in accordance with their needs, abilities and preferences.

The service had policies in place in relation to privacy and dignity and a charter of ‘resident’s rights’. Staff were expected to familiarise themselves with these and induction training covered principles of care such as privacy, dignity, independence, choice and human rights.

Staff we spoke with explained their role as a key worker. The system helped them support people in a person centred way. For example one staff member told us, “Every day is different here and every person is different. We support people to live fulfilling lives doing what they want with our help when they need it.” Another staff member told us, “People living here are valued and we support them to live as independently as is possible within the home and in the community.” We saw that staff time was flexibly provided, including evenings and weekends as part of their duties.

The manager told us people were aware of, and were supported to access advocacy services. An advocacy service is provided by an advocate who is independent of social services and the NHS, and who isn’t family or friend. They support people, especially those who are most vulnerable in society, to have their voice heard, access their rights and have more control over their lives. We were told this service had been used at times for people needing this level of support.

# Is the service responsive?

## Our findings

We asked people using the service how they were involved in determining the level and type of support they needed and wanted. One person told us, “I have chats with my key worker to see how things are and if I have any difficulties that need sorting out. We go through all the things I do. I do voluntary work and really enjoy this. I also went on a holiday with the church. We’re going away this summer to Spain.” Another person told us, “I like things to be organised. I do talk to staff and ask for advice at times. We look at the options available and discuss these. I think I make the right choices to suit me. The staff are always helpful.”

The registered manager told us people had bus passes they could use to travel to different places locally and further afield. People told us they went shopping, prepared and cooked meals, did baking and had shared responsibilities for household chores. They took responsibility with staff support to keep their bedrooms clean and they did their own laundry. We spoke with a relative. They told us they had been involved in supporting their family member move into the home. This had involved assessments carried out by the registered manager and introductory visits. During these visits they had the opportunity to meet with staff and other people living in the home. They told us they had the opportunity to raise any questions they had over the care to be provided at the service with staff and the registered manager. They said “I’m quite happy with how everything was dealt with and I felt listened to.”

The registered manager told us people considering moving into the home always had an introductory period. This provided people with an opportunity to spend time at the home, meet with staff and be introduced to other people living there. It also provided staff with an opportunity to prepare for the person’s stay and produce a transitional support plan that would support people during this time.

People were provided with good information in an appropriate format about the service, as well as a contract highlighting the terms and condition of residence. Information people received included for example, policies and procedures, philosophy of the home, aims and objectives and a charter of rights. This supported people to have a good understanding of what standards they should expect from the registered provider and staff whilst living in the home.

Each person had a support plan that was personal to them and which focused on them. These were thorough and covered all aspects of people’s lives and reflected their needs and choices. A variety of methods such as pictorial material helped to make the support plans more accessible for people. Where people had specific needs these were reflected in the support plans for example, in ‘My hospital passport’ and ‘What is important to me’. People’s continuing assessment showed they had the opportunity to make and change decisions they made regarding their care and support. Records showed people’s right to be self-determining in how they lived their lives as valued citizens within the home and wider community was also acknowledged.

Support plans covered people’s health and special needs. People had been registered with a local GP and routine healthcare appointments were recorded. Records showed staff supported people to attend healthcare appointments and they liaised with other health and social care professionals involved in people’s care and support. This helped to make sure people received coordinated care based on specialist advice and they had staff support to help them maintain their continuing health care.

One health care professional we contacted prior to this inspection told us, “I have visited a service user at the home on several occasions and met with the home manager. The staff team were observed to support the service user appropriately, being responsive to her needs. When I became involved they had already identified a number of areas that needed to be addressed and already had a number of support strategies in place. The manager was keen to work alongside professionals and in discussions was clearly planning to use Speech & Language Therapy recommendations to support this service-user more effectively with regards to communication.”

A social care professional told us, “I would like to say, that I have worked alongside Edgar St for almost 12 months now with one of the people living there. The registered manager has always worked with us to find the best possible outcome that enhances her day to day attendance, and always kept us informed of any changes and worked with us to do care plans and risk assessments, so we are all working from the same angle.”

People were involved in the planning for events and activities. They told us they had regular ‘house chats’ and ‘girl’s house chats’. They discussed their life in the home

## Is the service responsive?

and what they wanted. They had recently discussed their summer holiday and were going abroad. The registered manager told us the owner of the service financially supported people to take a holiday. People had been involved in gardening at the home and showed us fruit trees and bushes, potato plants, onions, green beans, strawberries and herbs they were cultivating.

We found positive relationships were encouraged and people were being supported as appropriate to maintain contact with relatives and others. Important occasions were captured in care records which displayed a diary of dates to remember such as family member's birthdays and photograph albums kept of activities including holidays. We looked at two people's photographs with them and observed from their response that these were a reminder of happy times at the service and of events that were significant in their lives.

Staff told us the service was flexible and responsive to people's needs. We asked people what they did all day. One person told us they went to social clubs, went out for meals sometimes, visited family members and had holidays. Another person said, "I do a lot of voluntary work and I'm going to do a sponsored swim for charity. I like to go swimming and the staff will go with me." And another person told us they had enrolled on an IT course. We also noted people went to Zumba classes and one person went running with the registered manager. We looked at charts

people had made for daily living. These helped people remember what activities they had planned to do throughout the day and helped staff to plan for the support people required.

We looked at how complaints were managed and responded to. We asked people for their views on the complaints processes. They commented, "I've no complaints. I'd probably tell the [manager] if I had or I would tell one of the staff." And, "I'm treated very well and this is my home. It's brilliant here. If we have anything that bothers us we talk about it together during our house chats."

The service had policies and procedures for dealing with any complaints or concerns. This was provided in an easy read format for people to understand how the procedure worked. There had not been any complaints at the service within the last 12 months. However, we found processes were in place to record, investigate and respond to complaints.

The registered manager told us they were in dialogue with people on a daily basis and if any issue was to crop up this would be dealt with straight away which meant concerns were less likely to occur. They kept a record of minor issues people raised referred to as 'niggles' that they dealt with immediately.

# Is the service well-led?

## Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. The manager at Edgar street was registered with the Care Quality Commission to manage the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was supported and monitored by the registered provider who visited the service on a regular basis as part of the company quality monitoring.

People we spoke with expressed confidence in how the home was managed. They told us they were involved in how the home was run in their best interest. People told us they had their own 'house rules' which they agreed. These were aimed at making sure they respected themselves and each other. When changes were planned, people told us they were kept informed and asked for their views.

We looked at a quality monitoring survey that had been carried out. This showed an overall high satisfaction with the service provided in areas such as, respect, dignity and privacy, staff and the environment. One person commented, "Our home is a warm welcoming environment." An analysis of the responses and a report had been completed. This was discussed with everyone which supported people using the service and staff that worked there to be confident in knowing their views mattered.

There was evidence the service had a clear vision and set of values. These were outlined in the homes 'philosophy of care' and supporting literature given to people. From speaking with people using the service, staff and health and social care professionals and in the records we looked at, people were treated with respect and their right to choice, dignity, independence and privacy was promoted. A social care professional we had contact with prior to this inspection told us, "All the staff from Edgar St are a pleasure to work with and are very committed to the needs of people using their service".

The registered manager told us she attended care forum meetings with other managers and had developed good links with appropriate professionals in the area. For example, she recently chaired the East Lancashire Network (ELNET) for registered managers. The forum provided

opportunities for all managers to look at current legislation and best practice issues together. The service had also signed up to the health checks and health action planning that was promoted by the NHS for people using the service.

Training was also given priority in the service. We saw good evidence the provider had invested in staff training and development opportunities, with the ultimate purpose of improving care for people who used the service.

The registered manager told us the provider was very good in making sure they had everything they needed. There was never any financial constraint placed on them. We were shown a business plan that showed a refurbishment plan of ongoing decoration and improvements. The proposed quality improvement plan showed other improvements being considered to drive up the quality of the service such as Investors In People (IIP).

From our observations we could determine the manager was frequently involved in providing direct care and support and led the staff team by example. There was an open culture which was positive and supportive and based on good relationships between the staff team which had developed over a long period of time. Staff we spoke to were positive about working at the service. One member of staff said "I love working here and I wouldn't want to work anywhere else." Another member of staff said, "We work well as a staff team. Here everyone matters. The manager is very good and we feel valued." Staff told us that the registered manager was approachable both informally and at supervision and team meetings. Staff told us that they felt able to raise their concerns with the registered manager and that they responded positively to any issues they raised.

There were effective systems in place to assess and monitor the quality of the service. They included for example regular checks of the medication systems, support plans, staff training, finance, nutrition, safety and the environment. There was evidence improvements had been made when any shortfalls had been noted.

Information we hold about the service indicated the registered manager had notified the commission of any notifiable incidents in the home in line with the current regulations. During the inspection we found the service was meeting the required legal obligations and conditions of registration.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.