

# Jeesal Residential Care Services Limited

## Salcasa

### 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

Salcasa is a service that provides accommodation for up to five people. It offers residential care for adults with learning disabilities and mental health conditions. On the day of our inspection five people were living in the service. This inspection took place on 3 March 2016 and was unannounced.

The service had a registered manager ('the manager') in post. 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 in the service were safe and benefited from the support of sufficient numbers of staff, who were well trained, supported and felt valued in their work.

Staff and the management team understood their responsibilities in safeguarding people from harm. When appropriate they contacted the local authority to report concerns. The home knew how to support people's needs without restricting their freedoms.

Appropriate recruitment procedures were followed and pre-employment checks were carried out to ensure staff were suitable to work with people receiving care and support. There was a robust induction programme for new staff.

Medicines were managed and administered safely in the home and people received their medicines as the prescriber had intended.

Staff were skilled and motivated to support and care for people. Staff also knew people and their needs well. All staff received appropriate training and were supported well by the manager.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager told us that some people living in the home did not have capacity to make certain decisions for themselves. The manager had appropriately made DoLS referrals to the local authority because they were restricting some people's freedoms in order to keep them safe.

People had enough to eat and drink and the staff who prepared food provided good quality food and catered for individual preferences. People also had access to the community on a daily basis and often had meals out.

People had regular access to healthcare professionals and were supported to attend appointments. Staff managed people's health appointments and made appropriate health and social care referrals.

All staff at the service 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 and people were supported to be as independent as possible.

People were happy living in Salcasa and their interests were encouraged and supported by staff. There was a positive atmosphere in the service and people were supported to have regular access to the community if they wanted to. People were also involved in planning their care.

There was an open and positive culture at Salcasa. People using the service and their relatives were given opportunities to raise issues about the quality of the care provided. Relatives knew how to make a complaint if needed.

The service was being well run and people's needs were being met appropriately. The manager was approachable and communication between the manager and staff was frequent and effective.

There were a number of systems in place to ensure the quality of the service was regularly monitored and maintained. The provider carried out regular audits to identify areas that needed improvement and an action plan was put in place for the manager to complete.

## 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 and the management team understood their responsibility in reporting safeguarding concerns. Identified risks to people's safety were recorded on an individual basis and responded to.

People's freedom was supported and protected.

The service ensured there were appropriate numbers of staff to meet people's needs and keep them safe.

Medicines were stored and given in accordance with good practice so people received them safely.

### Is the service effective?

Good ●

The service was effective.

Staff were skilled and motivated to meet people's needs. New staff had an induction before they started working with people and all staff received training and supervisions.

People's consent was always sought and their rights were promoted.

People's dietary needs were supported and people were given choices of what to eat and drink.

People had regular access to healthcare professionals and were supported to attend appointments if needed.

### Is the service caring?

Good ●

The service was caring.

People were well cared for and treated as individuals. People were supported to express their own views and supported to make their own decisions about their lives. People's privacy and dignity was respected.

Relatives were welcome to visit as and when they wished and

people were encouraged and supported to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

The service understood people's needs prior to admission and continually reviewed people's needs. The service responded proactively to changes in people's behaviour and needs. People were involved in planning their care.

Staff knew people's likes and dislikes and supported people to pursue interests they found enjoyable.

People and relatives could voice their concerns. Relatives felt listened to.

### Is the service well-led?

Good ●

The service was well-led

The service was being well run and people's needs were being met appropriately. The manager was approachable and communication between the manager and staff was frequent and effective.

Systems were in place to ensure the quality of the service was regularly monitored and maintained. Regular audits were carried out. Action was taken on areas that needed improvement.

# Salcasa

## **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 3 March 2016 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

On the day of this inspection we spoke with three people living in the home, three relatives, the manager, deputy manager, and six care staff. Most people had complex communication difficulties and were unable to communicate with us verbally or in detail. During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received.

We reviewed two people's care plans to see how their support was planned and delivered. We also reviewed the manager's records of checks that had been made to ensure people received a good service and a selection of other records that related to the management and day to day running of the home.

# Is the service safe?

## Our findings

Most people had complex communication issues and we were unable to fully gather their views in detail. However, we asked one person if they felt safe and they said, "Safe yes." The relatives we spoke with said they felt their relatives were very safe. One relative we spoke with said, "Safe absolutely, without a shadow of a doubt." Another said, "Absolutely."

Staff confirmed they had safeguarding training and told us what constituted abuse and how to identify the signs of abuse. Staff said they would feel confident to raise any safeguarding concerns with the management team. The home had a policy on 'safeguarding, harassment, and bullying'. Staff had signed this to confirm they had read and understood the policy. The manager and deputy manager also had a very clear idea of what a safeguarding issue was, and how to report it to the local authority's safeguarding team. The manager said, "My role is to safeguard these people and report it." We could see from our records that the manager had notified us as required when they had made previous safeguarding referrals to the local authority.

The home had an 'equality and diversity policy'. From looking at the training records and speaking with staff, we could see that training in this area had taken place. We spoke with two members of staff who were able to explain to us different types of discrimination, and how they would challenge discrimination.

There were risk assessments and plans in place to keep people safe. Salcasa had recently introduced new care plans; we looked at some of these plans. The plans gave clear detailed guidance on how to manage people's needs. On each person's support plan there was a summary on one page detailing their needs, risks, and their level of independence. This included information on how to manage behaviour which challenges staff and other people who live at the home. One staff member said, "The support plans have good behaviour charts and we know how to recognise the triggers to behaviour and how to use de-escalation techniques to reduce people's anxiety when necessary. We know each person so well that we soon notice even the smallest change or sign." Some members of staff described to us some people's needs, we looked at these people's care plans and risk assessments. Staff were able to correctly describe the care and support needs for each person and they understood the risks and how to minimise them.

Staff managed risk in a way which did not restrict people's freedoms. One person was at risk of falling but they wanted to walk, so two members of staff walked either side while the person walked with a frame. A member of staff told us about another person, when they were in the community, they could potentially put themselves and other people at risk through their behaviour. In this case two members of staff walked either side of the person and engaged with them.

People who lived at the home had a monthly review of their needs. Staff had a hand over session at the beginning of each new shift. This was to share information if there had been any recent changes to people's needs or wellbeing. Staff told us these sessions were useful sources of information.

Salcasa had a detailed system of reporting accidents and incidents. The manager showed us a standardised

form used for recording such events. The form prompted the member of staff completing it to analyse what had happened and consider ways to prevent the incident from happening again. The form included 'body mapping' if there was bruising and staff witnesses if appropriate. The report would be completed by the staff member and then passed to the manager or deputy manager; they would check it was completed correctly and appropriate actions were taken. The manager said staff would be informed and advised of changes to someone's care plan and needs. A copy of the form would be sent to head office where the quality assurance lead would check this information.

In the deputy manager's office, there was a list of various suppliers of utilities the home uses, so if there was an issue with their water supply for example staff could respond to this. There was a maintenance number to call, (provided by the Jeasal group). The manager stressed this number could be called 24 hours a day. All this information was clearly displayed. There were general safety tests carried out weekly regarding heating, and electricity. Staff also carried out weekly safety checks on the vehicles staff used to enable people to access the community, to ensure they were safe. During our inspection a member of staff was carrying out a safety check on a Salcasa vehicle.

There were weekly fire safety checks carried out by an individual member of staff. There were evacuation plans and fire extinguishers around the building. The fire safety lead told us when a new member of staff started they would be trained on fire safety and evacuation. The staff we spoke with confirmed they knew what to do in an emergency. Staff said they had regular fire practice that included an evacuation of people living in the home.

Most people living in the home required the direct support of one or two carers for all or part of the day and night in order to keep them safe and meet their needs. The service commissioners from the local authority or health service would determine the level of support someone needed as part of their assessment before the person moved in to the service.

There were sufficient numbers of staff to support people. The level of staff people were assessed to need was reflected on the day of our visit. One relative said, "There are more staff than residents." Staff told us they felt there was enough staff and if they have any absences in the staff team, this was covered. One member of staff said, "Yes absence is covered. We have agency staff, but we have the same people all the time so they are like part of the team." This was confirmed by the manager. We observed staff were able to spend time with people, responding to their needs and talking with them at length.

People were kept safe through appropriate staff recruitment processes. These ensured only people suitable for working in care were employed. We looked at the personnel files of two members of staff, which included the person's completed application form, and interview notes taken by the managers. References, proof of identity and confirmation of up to date security checks were also included in the staff files.

We reviewed the arrangements for the storage, administration and disposal of medicines and saw that these were in line with good practice and national guidance. The temperatures of the medication room and fridge were recorded twice daily as being within the correct limits for the safe storage of medication. The medication administration records (MAR) were found to be correctly completed and there were no gaps in the administration of medication. Staff had consulted with health professionals about the safe administration of medication. For example, with one person their tablet medication was given with a spoonful of yoghurt to aid their swallowing. We could see from their record this had been approved by their GP.

For as required medication (PRN) medication to alleviate anxiety, protocols were in place that provided



detailed information for staff on when and how to administer this medication. There were no controlled drugs being administered.

## Is the service effective?

### Our findings

People received effective care from members of staff. One relative said, "Staff are very good." Another relative told us, "As you would expect I am very critical because [person] is my [relative]... staff are really good. I have made one complaint in four years, I think that says it all."

Staff we spoke with felt they had the necessary skills and knowledge to do their job well. All staff said that they had completed or had updated training in mental health issues, fire safety, health and safety, infection control, safeguarding, epilepsy and non-abusive psychological and physical intervention (NAPPI) training, and training in how to use positive behaviour. We were told training needs were identified via supervision. We could see from looking at staff 'training records' certain subjects had an expiry date, when this date had expired new training was arranged and completed. Staff told us training was regular and we could see this was reflected in staff's training files.

There was a robust induction programme for new members of staff. This was a two week programme, one week in the class room provided and delivered by the Jeasal group and a second week of shadowing staff. After this period staff were regularly observed by the management team. Feedback was given and the new member of staff had an opportunity to talk about their training, and whether they felt they were ready to start working unsupervised. The manager told us one person had asked for another week of shadowing, and he said this was provided. The manager or deputy manager needed to then make a decision if someone had the necessary skills to commence working. These conversations and observations were recorded and sent to the Jeasal head office to oversee and check. After a month the new member of staff would complete their 'Care Certificate.' This is a set of minimum standards, which was covered in the induction of new staff, in social care settings. We spoke with two recent members of staff, they said they felt very confident in starting their new role due to the induction process.

The manager and staff we spoke with confirmed staff had supervision every two months and a yearly appraisal. The deputy manager told us, if there was an issue around the performance of a member of staff, the supervision would be brought forward to discuss and resolve this issue.

We observed staff communicated with one another effectively throughout our visit. Staff divided tasks amongst themselves in a professional, discreet, and respectful way. Staff understood the communication needs of people living in Salcasa, speaking calmly and clearly with people. Some people had very complex communication needs, we observed them and staff having detailed conversations together. We also observed staff were effective in managing someone's needs when they were distressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had a good understanding of the MCA and DoLS. Following the assessments of people's capacity by the service and professionals involved, the service had made three timely DoLS applications to the local authority. This was to enable the local authority to determine whether the restrictions to people's freedoms were appropriate. We could see from looking at people's records best interests decisions were made. People's support plans we looked at had an assessment of the person's ability to give their consent and their capacity. Best interests assessments were in place and staff were provided with personalised details about how they could help the person to give their consent. The deputy manager told us about one person who had a fluctuating mental health condition. A best interests meeting was held with professionals about the ways to manage those periods when the person was mentally unwell. It was agreed that it would be in their best interests during these periods of ill health, to have time away from the main home. So a heated and furnished 'cabin' was provided in the garden where the person could spend time with a member of staff when they were unwell.

Staff managed people's behaviour which challenged them, effectively. A member of staff told us, "This is like an ordinary family, not everyone gets on all the time." One person sometimes used another person's name, who lived in Salcasa, to refer to as a general negative situation. Staff said this was upsetting the person and could make them distressed. Staff told us they tried to pre-empt the person using this person's name by using distraction tactics, suggesting different words, and talking to the person and explaining how this made the other person feel. Staff were also seen to encourage a more positive relationship between the two people. When one person was critical of the other person, a member of staff tried to support the person to understand why the other person behaved the way they did.

The deputy manager and staff told us that restraint was sometimes used. Staff said restraint was not routinely used. Staff had been trained on the use of restraint and how to prevent a situation developing where restraint may be needed. The deputy manager said, "Two members of staff would try and guide one person out of the situation." Staff said they moved everyone away from the person if they were expressing behaviour which could distress others and tried to calm the situation. When restraint had been used we were told this was recorded in the 'incidents book' and passed to the manager. The manager analysed the information and looked at ways to try and prevent the use of restraint in the future. This information would then be fed back to staff.

People were supported to have enough to eat and drink and maintain a balanced diet. One person we spoke with said, "The food is nice." We observed two people having their lunch; they were offered a choice of food and drinks. Staff remained with the person and checked that they were enjoying their meal or if they required more to eat. On the day of our visit most people were having lunch out; the main meal was served in the evening. We observed the evening meal being prepared and when served this looked very appetising and people appeared to really enjoy the food.

Some people had complex needs in relation to eating and drinking. These people had involvement from specialist speech and language professionals. We observed one person who was at risk of choking. They had their food cut up into small pieces and a member of staff sat with them to monitor how they were eating. Another person who was also at risk of choking had a similar system in place. There was detailed advice given by the health professional involved, we observed this person having their evening meal and could see

this advice was closely followed by the member of staff.

People had access to a variety of health care professionals to support them to maintain good health. We could see from people's care plans professionals had been involved and referrals made to dietitians, speech and language therapists, the falls team, the continence service, mental health consultants and GPs. On one person's record they had been taken to the GP (with the persons consent) by a member of staff to address a particular health issue. Some people living in Salcasa had dietician involvement due to their weight levels. We could see from one person's care plan there was a regular recording of their weight and a diet plan. We were told that some people needed to lose weight in order to have an operation. The deputy manager said they would always offer a healthier alternative. They tried to encourage them to choose this option and remind them of their goal of weight loss.

One person was experiencing changes to their health needs. Staff told us about how they made a referral to the occupational therapist team as this person's mobility had changed. Members of staff said they wanted to maximise the person's independence with walking whilst managing the risk of falls. We could see this person had input from the occupational therapist and appropriate equipment was supplied.

## Is the service caring?

### Our findings

Some people had complex communication needs which meant we were not able to fully gather their views. One person said, "Happy" to the question of whether they liked it at Salcasa. Another person said, "All staff treat me nicely and work very hard for me." Someone who is moving out of the home said, "I will come back and visit."

Relatives were very clear they found staff to be very caring towards their family members and other people who lived in Salcasa. One relative said, "I have never met a member of staff treat [person] other than as one of their own." Another relative said, "I am very happy with the care my [relative] receives, as long as [relative] is happy, I am happy, and [relative] tells me they are happy."

A staff member told us, "There is a family feel here. Everyone cares about each other." When we visited we entered the communal lounge to find one person and a member of staff both laughing. They had been painting a picture, and the person had also put paint on the member of staff's face. The member of staff said with a broad smile, "I better go and wash this off." We observed a friendly and kind approach to the people living in Salcasa. One member of staff asked someone living in the home to tie their apron for them when preparing dinner. Another person asked a member of staff to link arms as they walked.

Staff were respectful and supportive of people who formed close relationships with people outside Salcasa. Two people living in the home had partners, who would visit. We spoke with one person who confirmed staff were respectful of their privacy. The deputy manager said they encouraged people to invite their partners to Salcasa. The deputy manager also said they encouraged people to talk to staff if they had any difficulties within these relationships or needed any kind of advice. A relative we spoke to confirmed this support happened.

One staff member told us, "We get the chance to spend time with the tenant we are working with and we get to know what they like to do and what they are interested in." We observed staff listened and had two way conversations with people who lived in Salcasa, including people who had complex communication needs. Staff knew the people they supported well. For example, there was a model train set in the communal area; staff told us about two people who were interested in trains. We observed another member of staff talking to a person about where they could go out for lunch and the shopping they needed to do together, this person appeared excited during this conversation. We were told by the deputy manager these were two activities the person really enjoyed. People's records we looked at gave detailed information about people's likes and dislikes. One person had a comprehensive list of what types of music they liked, and what animals they liked.

We observed practical action being taken to relieve people's distress. One person was becoming anxious and distressed about waiting for dinner, which was going to take a while. A member of staff offered to make them a sandwich. Another person started raising their voice; a member of staff quickly spoke with the person in a calm way asking them why they were distressed.

People who lived in the home were encouraged to express their views and be involved in making decisions about their care. A relative told us, "[Person] is always part of their review. What [person] wants and how [person] wants it to happen." There were weekly meetings when staff asked people their views about their week, their views on the food and meals they had last week, and what they wanted to do in the coming week. The records of the meetings were written in a concise way. When people gave an opinion it showed a picture of them with a speech bubble quoting what they said. There were also pictures showing what they wanted to do. At a recent meeting one person had wanted to go to a 'sea life' centre, this was later arranged, we were shown the pictures of staff and people who attended.

The deputy manager told us one person always had a female carer, because this was what they felt comfortable with and, "...what they asked for." In people's care plans there was an 'all about me' section, which recorded how each person liked to live their life and to be cared for.

A relative told us that Salcasa always championed the rights of their relative, "I've never had to intervene." Most people had very supportive and involved relatives who the manager said also contacted the home if there was an issue. People also accessed a variety of day services as part of their care plans. These services also acted as people's advocates, for example one organisation was supporting one person to move from Salcasa into supported living.

From speaking with staff and looking at people's records we could see people's privacy was respected. One person liked spending time in their room in the evening watching TV. Another person, when they were unwell, wanted to spend time away from the main home in a cabin in the garden. Sometimes they did not want staff with them, but staff needed to be sure they were safe, so a member of staff observed from some distance away. One person told us, if they were going out a staff member would seek permission to enter their room to clean it. The deputy manager told us one person was at risk of seizures, at night they had a monitor next to their bed, so this person's evening member of staff could monitor this person's needs, "Without having to go into their bedroom every 15 minutes, this is their own space."

We asked a person's relative if their relative was treated with dignity and respect, the relative said, "Very much so." This relative also said they noted from their regular visits that everyone living in Salcasa were treated the same as their relative, with dignity and respect. We observed staff involving people in conversations. Staff were seen explaining their actions more than once to people in a calm and polite manner.

All the relatives we spoke to said they felt very welcomed in visiting Salcasa, at any time. One relative said they would always call first, because their relative was often out.

## Is the service responsive?

### Our findings

The care people received was person centred and reflected people's needs. One person had become increasingly independent and was moving out into supported living accommodation. They told us Salcasa had been very supportive about the move. Their relative told us the process of moving had been and continued to be a joint effort between, their relative, Salcasa, and an advocate group.

We observed staff talking to people about the activities they wanted to do. One person said, "I want to go out in my car for lunch." The member of staff discussed the places they could go, the person chose, and the member of staff said they would inform staff for the following day. We also observed times when staff encouraged people to make their own decisions about certain tasks.

We could see from 'tenant's meetings' and reviews, people were clearly expressing what they wanted to do regarding social events and elements of daily living. People were maintaining interests which were important to them, and giving their views about what meals and drinks they wanted to have.

Most people were unable to make decisions around the care they wanted or needed to receive. In these cases the home would act as advocate to address care issues. Some people due to the conditions they were living with could become very focused on a particular material item. The deputy manager told us if this was not managed effectively the person could become very distressed. The deputy manager talked us through how they managed this need through a planned system throughout the day.

Another person had complex mental health needs. There was a clear plan in place to manage these needs. The plan directed staff to monitor the person's wellbeing and respond to changes in their wellbeing when they occurred. When this person was unwell they wanted to be away from people, but as their health improved and because this person liked being in social environments, the staff would slowly introduce them to social situations, but closely monitor how this person responded to this. We concluded people's care was person centred and there were clear plans in place for staff to follow to ensure people's needs were being met.

People were supported to follow their interests and take part in social activities which were important to them. One person enjoyed a range of outdoor activities, their relative told us, "[Person] never gets a boring moment, they're often out horse riding, swimming, and skiing." We could also see this person had a variety of activities and interests to explore when they were in their own environment. On the day of our visit we were met by two people leaving Salcasa for a visit to the cinema. People told us what film they were going to see, and they told us they were, "Going out for lunch." People appeared very excited about this and had clearly chosen what they wanted to see at the cinema. Staff told us the home often planned social events, such as barbecues in the summer, there was a Christmas party, and Salcasa and the neighbouring home also part of the Jeasal group went on a summer holiday every year. One member of staff said "I think it is Sandringham this year, we go to different places to make it more interesting for people."

Throughout our visit we could see people had choices over day to day life. When a member of staff was

preparing the evening meal for everyone one person changed their mind and didn't want what was being prepared. They were offered a range of different options, and they chose something off the menu which was then made for them. People's bathrooms were being renovated, and people were asked what colour flooring they wanted. The manager showed us what one person had chosen.

We spoke with one person living in Salcasa who had a job. From speaking with their relative and staff we could see the home was supportive of this person working. Occasionally staff would take this person to their place of work. The management in Salcasa had established links with this person's manager at work to ensure this person was supported at work. Their relative told us there had been an issue at this person's place of work but that the manager had resolved the issue with person's employer. This demonstrated that the service was encouraging of this person's choice and ambition to work.

People were supported to maintain relationships which were important to them. One person went home as and when they wanted to as long as staff were aware where they were. We contacted one relative via telephone; they told us during our conversation their relative had just "popped in" to collect something. The deputy manager told us that one person had wanted to see some of their relatives they had not seen for a while. The deputy manager said they contacted this person's relative to try and arrange this. We could see this was recorded in their care notes. People had also formed friendships within a neighbouring home. We could see that both services encouraged people to visit the other home to maintain and establish these relationships. The deputy manager told us about one person who had a partner, "I keep suggesting to [person] to invite [partner] over." We spoke with the person and they said their partner visited them at Salcasa.

There was a complaints system in place and there had been a complaint made in the past. The manager told us he is in regular communication with people's relatives and they raised issues with him when they arose. When we spoke with relatives, none had any complaints to make but said they would speak with the manager if they needed to.



## Is the service well-led?

### Our findings

We spoke with relatives and members of staff who were complimentary of the management team at Salcasa. One relative told us, "[Manager] was absolutely brilliant." The relative told us there were issues with the funding authority and the manager and deputy manager helped to resolve the problem. Another relative said the manager was, "Very dedicated, and exceptional." Staff felt supported by the management team, one member of staff said, "We have a good manager." The manager said he also felt supported by the operations manager and attended regular meetings held for managers, in the Jeasal group.

There was a manager in post and there was good communication with staff. The information we hold about the service told us the manager reported incidents to the CQC as required.

We found that there was an open positive culture in the home. All the staff we spoke with said they enjoyed their work and being in Salcasa. One staff member said, "I love it". Another said "I love it here." Staff talked about Salcasa as being like "a family." They said they felt confident in approaching the manager and raising issues. One member of staff said, "Yes we have staff meetings about every two months. We can speak freely." Another member of staff said, "Their door is always open."

We could see there was a real sense of team work amongst the staff. The deputy manager told us they encouraged staff to contribute to people's support plans. If there was something which was not working or could be done better then staff were encouraged to talk to the management team about this. People and staff were comfortable with each other. Staff interaction was professional and positive. We observed positive and caring interactions between staff and people living in the service. Staff did not appear hurried or rushed.

There were strong links with the community. People were often out pursuing their interests and maintaining their friendships. People were accessing day services and staff made regular contact with health and social care professionals. Relatives told us they were very much involved in the care that their relatives received and the manager and staff welcomed this. From observing people talking with staff and seeing the records of the 'tenants meetings,' this level of contact with the community, was very much a collaborative effort from staff and people who lived in Salcasa.

The manager told us that the management team were all carers once, "So our expectations (of staff) are high." The manager spoke of the induction programme for new staff and the interview process, and how important it was to get the right type of person to work at Salcasa. "Through observations of staff, continual training, and supervision we hope to achieve this." People had regular reviews and were attending meetings each week. They were encouraged to have a voice and give their views about the service. This told us there were systems in place for the manager to monitor the general culture of the service.

The manager spoke passionately about their and the staff's responsibility in keeping people safe, and to give people choice and control in their lives. The manager said he completed a social work course because he wanted to give the best possible service to people at Salcasa. We found the manager and deputy

manager were personally committed to the service, and demonstrated compassion, and knowledge in their roles.

We were told by the manager he held the budget to fund improvements to the home. On the day of our visit we could see and were told about the planned upcoming renovations to the building. As a result of water damage people were having new bathrooms and during the weeks holiday a new roof will be fitted.

The service had an effective system in place to check the quality of the service provided. Regular audits were carried out by the Jeasal group quality assurance lead. These audits checked the quality in key areas such as, staff supervisions, concerns and complaints and medicines management. They also checked how the service gained people's views about the care they received. Accidents and incidents were recorded and analysed in detail by the management team. Where quality improvements were identified, a comprehensive action plan was put in place.