Saint John of God Hospitaller Services

Saint John of God Hospitaller Services - 1-2 Dalby View

Inspection report

1-2 Dalby View
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Saint John of God Hospitaller Services – 1-2 Dalby View on 9 December 2016. This was an unannounced inspection, which meant that staff and the registered provider did not know we would be visiting. When we last inspected the service in January 2015 we found that the registered provider was meeting the legal requirements in the areas we looked at.

The home had a registered manager. 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.

Dalby View is registered to provide care and support to people in two separate bungalows. The service provides care, support and accommodation to eight adults who have learning disabilities and / or physical disabilities. The service is close to all local amenities. At the time of the inspection there were eight people using the service.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People who used the service told us that staff treated them well and they were happy with the care and service received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We did note there wasn't a cyclical routine for the testing of fire call points which meant some call points had not been tested as much as others. The registered manager contacted us after the inspection to confirm they had taken action to address this.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls, burns and scalds. This enabled staff to have the guidance they needed to help people to remain safe

There were sufficient staff on duty to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with people who used the service.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

Staff had received induction training and shadowed other more experienced staff when they were first recruited. The majority of staff had completed training in food hygiene, fire awareness, emergency first aid, moving and handling, safe handling of medicines and safeguarding. There were some gaps in training for behaviour that challenges, Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. We were informed that this training would take place early in the New Year.

Staff had an understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and acted in the best interest of people they supported, however at the time of the inspection, processes had not been followed to formally record this. Information was supplied to us after the inspection to confirm that staff at the service had commenced this process.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were kind, caring, respectful, and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

People's independence was encouraged. Activities, outings and social occasions were organised for people who used the service, however these had been limited in the last few months as some staff had left the service leaving a limited amount of staff available who were able to drive. We were told by the service improvement manager that new staff would be recruited in the very near future and there was a criteria that they must be staff who are able to drive.

People's needs were assessed and their care needs planned in a person centred way. We saw that risks identified with care and support had been identified and included within the care and support plans.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

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. Staff were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

There were enough staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Systems were in place for the management and administration of medicines; however the medicine audit was not always effective as it failed to pick up on a discrepancy that we noted.

Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and acted in the best interest of people they supported; however at the time of the inspection, processes had not been followed to formally record this. Information was supplied to us after the inspection to confirm that staff at the service had commenced this process.

Staff had the knowledge and skills to support people who used the service. The majority of staff training was up to date and where there were gaps this training had been booked for early in the New Year. Staff had received regular supervision and an annual appraisal.

People were provided with a choice of nutritious food. People were weighed on a regular basis and nutritional screening took place.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

This service was caring.

People told us that they were well cared for. We saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. Staff were knowledgeable about the support people required and about how they wanted their care to be provided.

People had access to advocacy services. This enabled others to speak up on their behalf.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a range of activities and outings, however these had been limited in the last few months as some staff had left the service leaving a limited amount of staff available who were able to drive.

People were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good

The service was well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Saint John of God Hospitaller Services - 1-2 Dalby View

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 checked 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.

We inspected the service on 9 December 2016. This was an unannounced inspection, which meant that the staff and registered provider did not know that we would be visiting. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed 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.

We sat in communal areas and observed how staff interacted with people. We spent time with seven people who used the service. Communication with some people was limited because of their learning disability; however people who used the service played a large part in the inspection and also sat and listened to the feedback we gave when our inspection had finished. We looked at communal areas of the home and some bedrooms.

The registered manager was not present on the day of the inspection. During the visit we spoke with the senior support worker, the service improvement manager and with two support workers. We also contacted commissioners of the service to seek their views. They did not report any concerns with the service, but had identified at their visits in March and August 2016 that there were some gaps in training.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medicine records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

We asked people who used the service about safety, one person told us, "I really like living here. All the staff are very kind." Another person said, "We like to answer the door but the staff are always with us to make sure we are safe."

Staff told us of the different types of abuse and what would constitute poor practice. Staff were able to describe how they would recognise any signs of abuse or issues of concern. They were able to state what they would do and who they would report any concerns to. Staff told us they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. Staff we spoke with told us about the registered provider's whistleblowing policy. This ensured the welfare of vulnerable people was protected through the rigorous whistle blowing and safeguarding procedures.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Staff told us the registered provider promoted positive risk taking. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls, burns and scalds. This enabled staff to have the guidance they needed to help people to remain safe. Staff we spoke with told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We spoke with staff who were able to tell us clear triggers to people's behaviour that challenged. They told us of actions they took to minimise the identified risk. Staff told us how people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. For example, people carried their own personal money when out shopping within an agreed financial limit. One person attended the local cathedral on their own and some people travelled independently in taxis with a known taxi driver to day services and when visiting their friends and family. This meant that people were supported and encouraged to take responsible risks.

We looked at the recruitment records of the last person who was employed at the service in November 2015. Records examined confirmed that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

During our inspection we observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner. We saw people received support when they needed it and staff were available. The senior support worker told us there were two support workers on duty during the day and evening in each bungalow. At night there were two staff on duty. In one of the bungalows there was a waking night staff member and in the other the staff member went to sleep when people who used the service went to bed. We were told that a waking night staff member was on duty in one of the bungalows because one person was at risk of falling. Staff told us in the other bungalow people were able

to call for help if needed and the sleeping staff member would be alerted. We noted there were a number of occasions when the night staff member who went to sleep had been woken to support people and pointed this out to the service improvement manager. We also discussed potential risks to people and when people may not be able to summon the help of staff. The service improvement manager told us they were reviewing and discussing staffing levels at the service.

At the time of the inspection there were three vacancies for support staff. These positions were being covered by regular agency staff who had worked at the service for some time and knew people and their needs well.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers, electrical installation and the fire alarm.

We also saw that personal emergency evacuation plans (PEEP's) were in place for each of the people who used the service. PEEP's provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken.

We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order. We did note there wasn't a cyclical routine for the testing of call points which meant some call points had not been tested as much as others. The registered manager contacted us after the inspection to inform us action had been taken to address this and a new guidance had been issued to staff.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents in order to identify any patterns or trends and put measures put in place to avoid re-occurrence.

Staff told us how the registered provider had undertaken a medication awareness campaign to make everyone think carefully about the administration of medicines and to put people at the forefront when administering medicines. This part of the campaign involved seeking the views of people who used the service and what was important to them and their medicines administration. The campaign also looked at reducing the amount of medicine errors. Staff told us the campaign had been a real success and that medicine errors had reduced within the service and nationally.

Since the campaign staff told us they had followed a person centred approach and people's medicines were both stored and administered in their bedrooms. Staff told us this ensured privacy for people and enabled staff to concentrate on the individual person. Staff told us they thought this practice had contributed to the reduction in medicine errors.

Staff were able to describe the arrangements in place for the ordering and disposal of medicines. Each month senior staff completed a stock check of medicines and ordered what was needed for each person for the month ahead. Staff told us that medicines were delivered to the home by the pharmacy usually about three days before their current supply of medicines ran out. Medicines were checked in by senior care staff to make sure they were correct. Staff told us by having the medicines delivered three days early this ensured continuity of supply and enabled them to rectify any inaccuracies or incorrect prescriptions. Records of ordering and disposal of medicines were kept in an appropriate manner.

We asked what information was available to support staff handling medicines to be given 'as required'. We

saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw records to confirm staff did medicine audits, however the medicine audit was not always effective as it failed to pick up on a discrepancy that we identified at the inspection of the service. The medicine administration record for one person detailed they had been prescribed an antibiotic three times a day for five days, however we observed two gaps when the antibiotic had not been signed for as given and noted that the medicine had been given over seven days and not five as prescribed. We pointed this out to the service improvement manager at the time of our inspection. They told us they would take immediate action to review the medicine audit.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 the 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. At the time of the inspection the registered manager had submitted applications for DoLS authorisations to the local authority and was awaiting a response.

Staff told us that some people who used the service lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were to be made by staff, family and other professionals. However, people's care records did not contain decision specific mental capacity assessments and best interest decisions were not recorded within care plans. We pointed this out to the service improvement manager at the time of the inspection who told us they would commence work on capacity assessments as a matter of importance. After our inspection we received information from the registered manager informing that they had commenced the process of completing such assessments.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care and assisting with eating and drinking. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I get all the help and support I need."

Staff told us they had received induction training and shadowed other more experienced staff when they were first recruited and only began working with people unsupervised when they were confident and the registered manager felt they were competent. We looked the training chart and saw that 91% of staff had completed training in food hygiene, fire awareness, emergency first aid and moving and handling, 100% of staff had undertaken safe handling of medicines training and 82 % of staff had completed safeguarding training. However, training for staff in some areas was not up to date. Only 9% of staff were up to date with their training in behaviour that challenged. We were told that the hub trainer for this course had been on long term sick and that all staff were to receive this training early in the New Year. Records indicated that 55% of staff had completed training in MCA and DoLS. The registered manager told us after the inspection that they were aware of the gaps in training and staff would also receive this training early in the New Year

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "I love my job. [Name of registered manager] is very approachable, supportive and available whenever you need her."

We looked at the service menu plan. The menus provided a varied selection of meals and choice. Each Sunday staff involved people in menu planning for the week ahead and people who used the service made individual choices. Staff told us how they supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this.

We saw that meal times were a sociable event with staff and people interacting with each other and people confirmed they were always offered a choice. People told us they liked the food provided. One person said, "The food is pretty good really. I like paella, king prawn curry and scampi." Another person said, "I like chicken." And another said, "We can choose what we like to eat."

Some people who used the service were unable to maintain adequate nutrition orally and as such had a PEG tube (Percutaneous Endoscopic Gastrostomy). This is a way of introducing foods and fluids directly into the stomach. We looked at the care plan of one person, which informed of the feeding regime. We spoke with staff who were able to tell us about the feeding regime but also told us how they worked with the dietician to give tasters of food safely to the person.

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition or obesity. In addition to this senior staff had contacted the district nursing service who were to visit the home early in the New Year to provide training on the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished.

We saw records to confirm that people had access to the dentist, optician, chiropodist, dietician, speech and language therapy, their doctor and other health and social care professionals as needed. Staff told us they had good relationships with the doctors and that they would visit people at home whenever they needed. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to. One person told us they had been unwell and staff had contacted the doctor. They told us how staff had been very attentive and caring. Another person told us, "I went to the doctors and was told I needed to lose some weight." They told us how staff had supported them with their diet and to participate in exercise and how they had successfully managed to lose weight.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Good

Is the service caring?

Our findings

People spoke very positively about the care and support they received, and described staff as kind and caring. One person told us, "I like [Name of staff member], she always looks after us." Another person said, "Oh yes they are pretty caring."

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication and respectfully helped us to communicate with people and understand their views.

Staff were kind and caring and supported people in a calm and gentle way, working at the person's own pace and offering reassurance throughout. Staff made an effort to speak with people as they were moving around the building, and often stopped in the lounge area to chat. We saw that people and staff had friendly conversations, and knew each other well. Staff were able to talk with people about their families and interests, which people clearly enjoyed.

Throughout the day we saw staff interacting with people in a very caring and friendly way. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person. On one occasion a person who used the service approached staff for comfort. We could see from the person's smile that this brought about comfort and reassurance.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed. Staff interacted well with people and provided them with encouragement.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of providing people with choices and allowing people to make their own decisions. They told us the importance of encouraging the person to be independent and making sure curtains and doors were shut when providing personal care. One staff member said, "People here are individuals and it is important that they are treated as individual people." This showed that the staff team was committed to delivering a service that had compassion and respect for people.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them and that relatives and friends could visit at any time.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process to follow should an advocate be needed.

Good

Is the service responsive?

Our findings

Care and support was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People told us the care they received was responsive to their needs. One person said, "I have been poorly but [Names of staff members] have helped me to get better." Another person said, "Staff give us all the help we need." And another person said, "The staff are pretty good."

Seven of the eight people who used the service attended day services. The amount of time spent at day service varied for one person to another. At other times staff supported people with social activities and with their hobbies. One person told us how they liked to read the daily newspaper and staff brought this in for them every day. This same person told us, "I went on holiday to the Lake District. We [person and staff] jumped on the Haverthwaite Railway it was brilliant." They spoke with enthusiasm and told us how much they had also enjoyed a visit to the Lakeland Motor Museum. This person told us how staff regularly chatted with them about their interests and how much they enjoyed this.

Another person told us they liked to sing and listen to their music. They told us how they had enjoyed a holiday to Blackpool. Another person said, "I like it when we go to the pub for drinks and dinner." Staff told us how people who used the service visited the local pub on average once a week. Another person said, "I like to go shopping and buy clothes."

People told us they generally had a busy social life, however, over the last few months they had needed to rely on taxis to get out and about as some staff had left the service leaving a limited amount of people who could drive. They told us this had restricted the amount of times they were able to go out because of the cost implication with a taxi. Senior staff told us they were in the process of interviewing and recruiting new staff and it was part of the criteria that staff were able to drive.

During our visit we reviewed the care records of two people. People and their relatives had been involved in developing the care and support plans. Staff had carefully assessed people's needs and support plans had been developed clearly highlighting how people wanted to be cared for. Care records contained a one page profile, which is a simple summary of what is important to the person, how they want to be supported and what people appreciated about the person. This helped staff to provide people with person centred care and support. Care plans provided clear guidance to staff about people's varied needs and how best to support them. Individual plans of care had been written for when people woke on a morning and these detailed step by step instructions for staff on the person centred support people needed. For example one person liked their disco lights to be turned on when they were getting ready on a morning. In addition it informed staff that the person liked a full body wash on a morning and a shower on an evening. There was another plan for when people retired to bed and this detailed how the person liked their music playing when they were in bed. Although there was detailed plans of care and support in place for when people woke on a morning and went to bed there was limited information about the support they needed during the day. We pointed this out to senior staff during the inspection who told us they would add to the plans as a matter of importance.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

Staff told us people who used the service and relatives were given a copy of the easy read complaints procedure when they moved into the service. We looked at the complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. There had been one complaint made in the 12 months leading up to our inspection. People told us the registered manager and staff were approachable and should they feel the need to raise a concern then they would without hesitation.

We saw records to confirm that the service received many compliments. We looked at a recent compliment from a student nurse which read, 'I was attending for placement with university, service is amazing, staff are all friendly and welcoming and good at their roles. Made to feel part of a team. Have loved my time here and sad to leave. Would recommend their service and definitely would consider a role here. Service is well set out and suited to their clients.'

Good

Is the service well-led?

Our findings

The home had a registered manager who was registered with the Care Quality Commission in June 2015. People who used the service told us they liked the registered manager and they were very approachable. One person said, "I like [Name of registered manager] very much she always helps us." Staff spoke positively about the registered manager, describing them as supportive. One member of staff told us, "[Name of registered manager] is a very caring and supportive person and they have both their [people who used the service] and staffs best interests at heart."

The registered manager was supported by a service improvement manager who visited the service on a regular basis. During these visits they carried out a baseline audit and monitored the quality of the service provided. The baseline audit was created around the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and during each visit, a number of different regulations were evidenced against. In addition they spent time with people who used the service. It was clear from observation that people who used the service knew the service improvement manager well and enjoyed their visits to the home.

Staff had a clear sense of the culture and values of the service, which they described as providing good quality care and treating people as individuals. One member of staff said, "This is a great place to work. We work as a team and provide a really good quality of care." Another member of staff told us, "As this is a small place with only eight people living here we are able to provide them [people who used the service] with individual care and support. We get to know people very well and know all of their likes and dislikes."

A number of quality assurance checks were carried out to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager and senior care staff carried out regular audits of medication and health and safety.

Feedback was sought from people who used the service, parents and carers, staff and professionals visiting the service through annual questionnaires. We looked at the results of recent surveys which were very positive.

Meetings with people who used the service were also held, and minutes from these confirmed they were well attended and that people could raise any issues they had. We saw records which confirmed people talked about valuing people, comments and compliments, house safety, activities and holidays and anything else they wanted to discuss in relation to the running of the service.

We saw records to confirm that staff meetings had taken place on a regular basis. Staff told us meetings were well attended and that they were encouraged to share their views and speak up. One staff member said, "Our manager is very good and listens and takes on board everything we say."

Services that provide health and social care to people are required to inform the CQC of important events

that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.