Leeds Mencap

Leeds Mencap - The Rookery

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection carried out on the 22 December 2015. At the last inspection in October 2014 we found the provider had breached one regulation associated with the Health and Social Care Act 2008.

We found at the inspection in October 2014 that medication practice was not always safe and improvements were needed. We told the provider they needed to take action and we received a report in December 2014 setting out the action they would take to meet the regulation.

Leeds Mencap - The Rookery is a care home without nursing for 12 people who have a learning disability, autistic spectrum disorder or a sensory impairment.

There was a registered 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 and associated Regulations about how the service is run.

At this inspection we found improvements had been made with regard to medicines management. People were now protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

People told us they felt safe at the home. Staff showed they had a good understanding of safeguarding

Summary of findings

vulnerable adults and knew what to do to keep people safe. They said they would report all concerns and knew how to do so. There was not however, a fully robust system in place to monitor patterns and trends of incidents/accidents and this meant that there was a risk the service may not learn from incidents, to protect people from harm.

The premises were managed to keep people safe. However, window restrictors were not in place on windows that opened wide enough for people to fall out of and risk assessments had not been undertaken regarding the need for them.

Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. There were enough staff to support people and keep people safe. Staff training and supervision provided staff with the knowledge and skills to meet people's needs well.

People told us they enjoyed the meals and were able to practice their independence skills in meal planning and preparation. We saw healthcare needs were met promptly.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. Staff were trained in the principles of the MCA and could describe how people were supported to make decisions; and where people did not have the capacity; decisions were made in their best interests.

People were happy living at the home and felt well cared for. People's support plans contained sufficient and relevant information to provide consistent, care and support. People were supported by staff who treated them with compassion and kindness. Staff were respectful of people's privacy and dignity.

People led fulfilling lives and participated in a range of activities both in the home and community; this included paid employment. People said they enjoyed what they did.

Staff were aware of how to support people to raise concerns and complaints. There were overall, effective systems in place to assess and monitor the quality of the service and address any improvements that were identified.

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?

Requires improvement

The service was not always safe.

Systems in place to monitor patterns and trends of incidents/accidents and safeguarding matters were not fully effective. There were also some concerns regarding the safety of the premises as window restrictors were not in place and risk assessments had not been undertaken regarding their use.

People told us they felt safe. Staff knew what to do to make sure people were safeguarded from any abuse and there were appropriate arrangements for the safe handling and management of medicines.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had the right skills, competencies and knowledge.

People had plenty to eat and enjoyed the food in the home. People received good support that made sure their healthcare needs were met.

Staff could describe how they supported people to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring

Staff had developed positive relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were well cared for.

People were involved in planning their care and support.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Good

The service was responsive to people needs.

People's needs were assessed and care and support was planned to meet their needs and encourage people's independence.

People enjoyed a range of person centred activities within the home and the community.

Summary of findings

Systems were in place to respond to any concerns and complaints raised.

Is the service well-led?

Good

The service was well led.

People who used the service and staff spoke positively about the management team. They told us the home was well led.

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had systems in place to monitor the quality of the service. Where improvements were needed, these were overall, addressed and followed up to ensure continuous improvement.

Leeds Mencap - The Rookery

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 22 December 2015 and was unannounced.

At the time of our inspection there were twelve people living at the service. During our visit we spoke with ten people who used the service, five members of staff, the registered manager and chief executive officer. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans and four people's medication records.

The inspection was carried out by one adult social care inspector, a specialist advisor with a background in nursing and governance and an expert-by-experience who had experience of learning disability care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 also reviewed all the information we held about the home, including previous inspection reports and statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires improvement

Is the service safe?

Our findings

We found at our last inspection that medication practice was not safe and improvements were needed. There was a risk that people would not receive their prescribed medications as directed. People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This was a breach of Breach of Regulation 13 (Management of medicine); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds to Regulation 12(Safe care and treatment of The Health and Social Care Act 2008) (Regulated Activities) Regulations 2014. At this inspection on 22 December 2015 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 13 described above.

We looked at the way medicines were managed. Systems were in place to ensure medicines had been ordered, stored, administered, audited and reviewed appropriately. Medicines were securely stored in a locked cupboard and only the senior care staff member on duty held the keys for the treatment room. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse.

We reviewed four people's medication administration records (MAR's). These showed that staff recorded when people received their medicines and entries had been initialled by staff to show they had been administered. However, we found for one person that a pain relief gel was noted on the MAR as needing to be applied three or four times daily but was only being given twice daily. The deputy manager clarified this with the person's GP on the day of our inspection and the MAR was rectified to indicate the administration of the gel was twice daily. People's care records provided information about how to support people with their medicines. We saw this included instructions for medications people took to day centres.

Fridge temperatures were monitored and recorded together with the room temperature to ensure medications were stored at the correct temperatures. We noted however, there were three occasions in the last month when the room temperature was not recorded. The deputy manager agreed this was an oversight. There was a daily medication audit carried out after each administration of medication to check that medicines were being administered safely and appropriately. The provider had also recently had an audit from the pharmacist supplier of the medication in the home. This had resulted in some recommendations that we could see had been acted upon.

In the PIR, the registered manager said, 'all staff have been trained in the Bio-dose system, we have recently introduced a competency test for people giving out medication, this will be done by people who are new to this task, as a refresher, and when a training need is identified.' Staff who administered medicines told us they had completed medicines training and competency checks to ensure were administering medicines safely, and the records we looked at confirmed this.

People who used the service said they felt safe and well looked after. Comments we received included; "I like the staff", "Feel safe here" and "Staff are nice." People told us they liked living at the home and we saw positive interaction throughout our visit. People who used the service were happy and comfortable with the staff and others they lived with. Minutes from 'Resident's Committee' meetings showed that people who used the service recognised abuse and there was a visual poster available to explain this further.

Staff were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. They were familiar with the home's whistle blowing policy. Staff had received training in the safeguarding of vulnerable adults and the registered manager said this was refreshed every three years or sooner if needed, for example, in response to changes in legislation. Staff said they would have no hesitation in reporting any concerns of abuse or bad practice. One staff member said, "Bad practice would just not be tolerated here; under no circumstances."

We saw safeguarding incidents were reported appropriately to the local authority and the CQC. However, we noted that a recent incident had not yet been reported to the CQC as required. The registered manager agreed to rectify this on the day of our visit. We also saw that there was no overview analysis of safeguarding incidents to identify any themes and clearly show the actions taken in

Is the service safe?

response to safeguarding matters. The registered manager agreed the current system in place was confusing and could lead to errors in reporting which meant potential risks could be overlooked. The registered manager said they were in the process of setting up the safeguarding log to address this. We saw the documentation that was planned for use.

We found that risk assessments, where appropriate, were in place, as identified through the assessment and care planning process, which meant risks had been identified/ minimised to keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. For example, individual risk assessments included fire, finance, outings, travelling, moving and handling, health, food/eating, visiting parents, and swimming. Staff were able to describe the risk management plans of people who used the service and how they maintained people's safety while encouraging independence. One staff member said, "It's important for people to have the independence they want; but also for this to be done in as safe a way as possible."

We saw there were systems in place to record accidents and incidents. However, the registered manager did not have a robust system in place to ensure accidents or incidents were monitored or analysed for patterns and trends. It was not always clear from the accident records of the actions taken to prevent re-occurrence. It was however, evident from minutes of staff meetings that actions were taken in response to accidents or incidents and information was shared with staff.

The registered manager had identified the need to introduce a log of actions and told us they were in the process of doing this. Shortly after the inspection, the registered manager sent us the completed log of all incidents/accidents that had occurred in the last year. This now identified all actions taken and identified if there were any patterns or trends.

There were systems in place to make sure equipment was maintained and serviced as required. We carried out an inspection of the premises and equipment used in the home. We saw that the home was overall, clean, tidy and homely. We looked at window restrictors on a random sample of windows in the home. Health and Safety Executive guidance states that 'where assessment identifies that people using care services are at risk from falling from windows or balconies at a height likely to cause harm, suitable precautions must be taken. Windows that are large enough to allow people to fall out should be restrained sufficiently to prevent such falls. The opening should be restricted to 100 mm or less. Window restrictors should only be able to be disengaged using a special tool or key'. We found restrictors were not in place on upstairs windows we looked at and no risk assessment had been carried out to determine if people who used the service were at risk. The registered manager agreed to review this.

Through our observations and discussions with people who used the service, their relatives and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. Rotas we looked at showed that staffing levels were provided as planned and worked flexibly to meet the needs of the people who used the service. All the staff we spoke with said the staffing in the home was much better since their staffing numbers had increased. Staff said this meant they could provide a much more person centred service and had more time to spend with people. One staff member said, "It's great on a morning to be able to spend that extra time doing hair and make-up before people go off for the day." In the PIR, the registered manager informed us, 'sufficient staff numbers on duty so residents can access individual activities around their wishes and aspirations, our staffing numbers have increased from 14 to 22 in the last 12 months."

Appropriate recruitment checks were undertaken before staff began work. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. We looked at the recruitment process for three recently recruited members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including records of Disclosure and Barring Service checks. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people. People who used the service were involved in the recruitment of staff. In the PIR, the registered manager said, 'potential staff are invited to a meet and greet prior to interview so residents can meet and assess new staff, they

Requires improvement

Is the service safe?

are asked to bring a pictorial one page profile for a discussion point with residents, and that this meeting is part of their assessment for the job, staff are also then able to give feedback on this meeting at their interview.'

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. We looked at training records which showed staff had completed a range of training courses including health and safety, moving and handling, first aid, medication and infection control. The training record showed most staff were up to date with their required training. If updates were needed they had been identified and the registered manager said they were booked to ensure staff's practice remained up to date.

Staff we spoke with told us they received good support from the registered manager and management team. Everyone said they had training opportunities and had received appropriate training to help them understand how to carry out their role. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we looked at. Staff told us they received good training and were kept up to date. Comments we received included; "There's a strong emphasis on training here" and "[Name of manager] makes sure we are kept up to date with everything."

People had access to healthcare services when they needed them. We saw records in the support plans of people who used the service which showed they had regular contact with healthcare professionals such as dentist, optician and podiatrist. People who used the service told us they went to the dentist regularly, saw a doctor when they needed to and those who wore glasses told us which optician they went to.

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked where they wanted to spend time, what they would like to eat and what activity they would like to be involved in. Staff showed a good understanding of the way people communicated their choices and we saw staff respected these. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent. The registered manager told us that care records were currently being reviewed and updated and people who used the service were being asked to sign their consent to care and treatment records or if they were unable to sign they were going to ask their relative or representative to sign on their behalf.

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.

Staff told us effective systems were in place which ensured people could make decisions about their care and support. They provided examples where people had been encouraged to make decisions. Staff told us they had received MCA training and were able to give us an overview of the key requirements of the MCA. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Care records confirmed that, where necessary, assessment had been undertaken of people's capacity to make particular decisions and it had been deemed that people did or did not have capacity. These were decision specific and we saw an example stated that the assessment covered, 'unable to go out independently no speech unable to always make wishes known'.

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).) At the time of our inspection we saw that three people's care plans contained an assessment which showed a DoLS was required. The registered manager had submitted the applications for these people and was awaiting confirmation these had been authorised. We saw the registered manager maintained a record of contact with the local authority who had responsibility for the authorisation.

People who used the service said they enjoyed the meals in the home. Some people who used the service took it in turns to plan, shop, prepare and cook their own meals in an

Good

Is the service effective?

upstairs kitchen. On the day of our visit we saw people were supported by staff to do this and were going through the safe use of opening a tin, disposing of it and safely using the oven. One person who used the service said, "We've been doing it ourselves." People who used the service said they were encouraged to get their own breakfast and make their own packed lunches to take to day centres. Staff said they offered the support people needed to ensure a healthy, well balanced breakfast and packed lunch was prepared.

We looked at weekly menus which showed people ate a varied and balanced diet. Staff said they could be flexible with the menu and there were always alternatives available if people changed their mind and didn't want what was on the menu. There were usually two meal choices available for main meals. On the week of our visit, it had been decided through discussion with people who used the service to limit the meal choice to one as it was Christmas week and food storage was limited. People who used the service had chosen the menu which included; pork chops, sausage and mash, chicken in sauce, fish and chips, roast turkey (Christmas Day), Buffet tea (Boxing Day) and Beef roast. We asked how two people who did not use verbal communication made their food choices known. Staff said that one person could point to a choice of two photos and would communicate if anything was not liked. The other one's preferred food choices had been built up though staff's knowledge of the person over time.

We observed the tea time meal in the home. The atmosphere was relaxed; staff interacted well with people who used the service. Those who needed it were supported with eating and drinking. The registered manager told us in the PIR that they were planning to make improvements to the service. They said they were planning, 'to introduce a healthy eating initiative, we will do this by having a traffic light system, so when residents are choosing items for the menu they will know what is good and not so good, so they can choose some balance in their diet by being able to make an informed choice.'

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home and they liked the staff. They said they were treated well. We observed staff spoke with people in a caring and encouraging way and supported their needs well. We observed staff reassuring people if they were upset or anxious. We saw on the day of our visit that one person who used the service approached a staff member saying they needed to talk to them and the staff member said to find somewhere to talk privately.

People looked well cared for, which is achieved through good standards of care. People appeared comfortable in the presence of staff. We saw staff treated people kindly; having regard for their individuality. They provided a person centred service and ensured the care people received was tailored to meet preferences and needs. People who used the service enjoyed the relaxed, friendly communication from staff. It was clear they had developed good relationships.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. They said it was important to provide any support in private, making sure doors and curtains were closed. They also said they were aware of using respectful language such as people's preferred names rather than for example a shortened name. We saw staff responded to people promptly and discreetly when care interventions were required. Staff demonstrated they knew people very well and had a good understanding of their support requirements. Staff said they were trained in privacy and dignity; initially through their induction training and then through all other courses they undertook. One staff member said, "Dignity comes in to everything we do." Staff said the registered manager and deputy manager worked alongside them to ensure the principles of dignity and respect were always put in to practice.

Each person who used the service had a key worker who supported them with letter writing, medical appointments, budgeting, snacks, meal planning and preparation, shopping and clothes repairs. Staff encouraged people to be independent and take responsibility to care for themselves and each other. There were job rotas for the kitchen, clearing away at mealtimes, caring for the home's cat, washing up, keeping own rooms clean, putting own laundry away and support was provided where needed. People who used the service were encouraged to help each other and show kindness to each other. On the day of our inspection we saw one person assisting another to blow dry and style their hair and we heard another person say to someone, **"**You've got a big day coming up; you will enjoy it; I hope you have a nice time."

People who used the service and their relatives were involved in developing and reviewing their support plans. We saw evidence that people who used the service were included in their support plan development. In the PIR, the registered manager spoke of how they involved people who used the service in all aspects of their care. They said, they 'Promote a culture and ethos within the home that puts the resident at the centre of what we do, our strap line in our documentation is 'My Care My Way' we discuss this at team meetings, during supervision of staff, involve residents as much as possible in the running of their home in a genuine and valued way.'

The registered manager was aware of how to assist people who used the service to access advocacy support and spoke of how they had done this. We saw information was on display in the home on a local advocacy service people could access if they wished.

Good

Is the service responsive?

Our findings

Care records showed that people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care.

We looked at the support plans for three people who used the service. A personal support plan for people's individual daily needs such as communication, life skills, good health, personal hygiene, day and evening opportunities, community and culture and wellbeing were in place. The support plans gave staff specific information about how the person's care needs were to be met and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They also detailed what the person was able to do to take part in their care and to maintain some independence. The support plans were regularly reviewed to ensure people's needs were met and relevant changes added to individual support plans.

The support plans also included a one page profile of people where the information had been collected with the person and their family and gave details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle. A one page profile is a summary of what is important to someone and how they want to be supported.

Examination of support plans showed they were person-centred. Person centred planning provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. We found that care records reflected personal preferences, wishes and aspirations such as important places, people to maintain contact with and how to ensure effective communication with a person who did not use verbal communication.

In the PIR, the registered manager said, 'we have carried out person centred reviews for each resident' and 'our new care and support plans are being worked on with staff and service users, and will incorporate all the information associated with giving effective care and support.'

Staff were provided with clear guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people, people's preferences and routines. Staff said they found the support plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed.

People who used the service enjoyed a wide range of activities within the home and the local community, this also included paid employment and voluntary work. One person told us, "We do lots here." We saw the activity on offer to people included; chairobics, bowling, walking, shopping, theatre, gardening, art, cookery and money management. There were regular day trips to the coast and places of interest and people told us of their holidays which included trips to Scotland, London, Malta and Spain. Regular visits to two local clubs which welcome people with learning disabilities also took place. There were many photographs on display in the home of people enjoying these events. Some people who used the service attended church regularly and on the evening of our visit the local church were attending the home to sing Christmas carols. People who used the service were clearly looking forward to this.

In the PIR, the registered manager said, 'residents are encouraged to access community events and use local services so they can become a positive part of the local community. An example of this is that several of our residents go to the local church and now take an active role within the church on a rota basis' and 'we now have improved staffing levels which makes it much more possible to positively support residents in their chosen activities.'

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process in a format they could understand. A weekly meeting for people who used the service also took place and we saw this was an opportunity for people to air any concerns. One person told us, "We all have a say." We also saw that 'committee meetings' were held monthly; chaired by an independent volunteer to enable people who used the service to be free to speak. Issues discussed included; understanding of support plans, abuse, keeping safe and complaints.

We looked at records of complaints and concerns received in the last 12 months. It was clear from the records that

Good

Is the service responsive?

people had their comments listened to and acted upon. The registered manager said any learning from complaints would always be discussed with the staff team. They gave an example of how they had increased communication with a person's day centre to prevent medication errors from occurring in response to a recent complaint. All staff we spoke with were aware of the new procedures described. We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order to prevent re-occurrence of issues. Staff confirmed they were kept well informed on issues that affected the service.

The registered manager told us in the PIR that they had received a number of written compliments on the service in the last year. Comments from these included; Atmosphere; being warm and friendly, homely, family atmosphere, staff and residents seem happy and relaxed, I'm always made to feel welcome, very clear service users are relaxed and happy', 'Management; appear supportive of staff and residents', 'the management at the rookery is excellent, very professionally run', 'The staff are to be congratulated for delivering such high quality caring service' and 'staff are interested in what service users have been doing and there are always activities planned.' We saw these compliments had also been shared with the staff team.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of care and support staff. The registered manager was highly visible in the service and was well known by the people who lived in the home. In the PIR, the registered manager said, 'I feel it is very important to continually observe and recognise good and bad practice and address this, I do this by making sure I am present on the home floor on a regular basis, by chatting to staff and residents, by constantly reminding staff that they are in the residents home and by reinforcing this with the residents.' It was clear from our observations the manager had developed good relationships with people who used the service and cared deeply that people who used the service led fulfilling lives. The registered manager also said in the PIR, 'My Care My Way this sets the tone within the home and makes it clear that the residents are at the centre of what we do as a staff team.'

Staff spoke highly of the management team and spoke of how much they enjoyed their job. Comments included: "I love working here" and "It's the best job I have ever had." Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and felt confident to contribute ideas or raise concerns if they had any. They also said they were encouraged to put forward their opinions and felt they were valued team members.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. In the PIR, the registered manager told us, 'we have regular staff meetings usually monthly, when we share information about care plans and any changes, health and safety, feedback from trustee visits or other regulatory bodies, families and carers. We also use the staff meeting as an opportunity to discuss plans and changes within the home, make time for training, and discuss good and bad practice and how we can improve things.'

People who used the service, their relatives and health and social care professionals were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in October 2015 and these showed a high degree of satisfaction with the service. An independent volunteer had supported people who used the service to give their feedback. People had said they felt safe and got the support they needed at the service. When asked what it was they liked about the service, one person had said; "All of it, residents, staff, everyone." A health professional had commented; "Residents appear content" and "The staff were excellent."

The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted from the service. They said they had made sure all relatives were aware of the role of keyworkers in response to a query raised in a survey. They also said they had sent the results of the survey out to relatives and health and social care professionals involved with the service. We saw the results from the survey were on display in the entrance hall of the service, giving information on what people had said about the service and thanking people for their input.

In the PIR, the registered manager told us they were currently setting up new systems for auditing the service to ensure continuous improvement. During our inspection the registered manager told us the service was developing systems, processes and policies to manage and monitor risks to people who used the service, staff and visitors to the home. They showed us the 'audit calendar 2016' and the 'audits overview', where we saw the plan for the home's audits and the associated frequency. These included; daily medication audits, weekly maintenance and fire safety audits, monthly care records checks, monthly chief executive officer visits, bi-monthly trustee inspection audits and annual health and safety, mattress and infection prevention and control audits.

We looked at the records of audits that had been carried out or were currently in progress. These included; health and safety, safety and safeguarding and infection prevention and control. Actions had been identified from the audits and action plans developed to improve the service. However, there were no formal sign off of actions completed. The registered manager told us that the agreed completion date was discussed with the chief executive officer and then discussed with the registered manager as

Good

Is the service well-led?

part of their supervision. They reassured us that going forward they would fully complete the action plan stating the problem, action required, by whom, timescale achieved, together with the confirmatory signatures of the registered manager and the auditor.

The provider had introduced bi-monthly visits by the trustees of the organisation to check the quality of the service. The registered manager and staff said they spoke with people who used the service, staff and the manager during these visits and looked at records. We looked at the records of recent visits and saw the registered manager completed and agreed the detailed action plans for improvement following these visits.