

Derby City Council

Warwick House

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 

Overall summary

This inspection took place on 4 August 2015 and was unannounced.

Warwick House is registered to provide residential care and support for 22 older people and five people with a learning disability.

The service is divided into two – Warwick House offers short term care for older adults whilst Bonsall View offers short term care for younger people with profound multiple complex learning disabilities and autism. At the time of our visit there were 11 people using the service at Warwick House and one person using the service at Bonsall View, with two more expected that day.

Warwick House has 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 2008 and associated Regulations about how the service is run.

The registered manager is based primarily in Warwick House whilst the assistant manager is based at Bonsall View, however they share information and work closely as a management team.

We saw that people using the service felt safe. Staff had a good awareness of abuse and were confident about what

Summary of findings

action they would take if they had any concerns, this would include reporting concerns to the registered manager. Staff had received training which reflected the needs of the people who used the service and enabled them to provide support in a safe manner. We saw there were sufficient staff to support people's individual needs.

We saw people using the service were well cared for. People who used the service complimented the staff who supported them.

We saw that people received their medication in a timely and safe manner, administered by staff who were trained in the administration of medication. We saw risk assessments in place in people's plans of care to promote their safety.

Care records were personalised and accurately reflected people's care and support needs, the care plans included information about people's life histories, interests and likes and dislikes which provided staff with sufficient information to enable them to provide care effectively.

People's health and welfare was promoted and they were referred to relevant health professionals in a timely manner to meet their health needs.

The service had an atmosphere which was warm, friendly and supportive, we saw staff engaged with people who used the service and staff also encouraged people to participate in activities and entertainment.

Audits and checks were effectively used to ensure people's safety and the building and equipment were well maintained .

The registered manager ensured the service was involved with the local community.

The provider and the management team provided effective leadership to the service and sought regular feedback from people using the service. They encouraged staff and visitors to attend meetings to share their views in order for the managers and provider to review and develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient staff available to meet peoples assessed needs and ensure their safety.

People were protected from abuse because staff had a good awareness of abuse and how to report concerns.

Risks to people had been appropriately assessed both prior to using the service and also as part of the care planning process. Measures were in place to ensure staff supported people safely, whilst promoting peoples choices and independence.

Medicines were administered in accordance with best practice, people received their medication correctly, and at the right time.

Good



Is the service effective?

The service was effective.

Staff received appropriate training to enable them to provide the care and support people required. There were appropriate induction procedures in place for new members of staff.

People's choices were respected and consent to care and treatment was sought.

People's dietary requirements were met, their preferences, needs and risks were all taken into consideration.

Staff had a good understanding of people's health care needs and referred them to health care professionals in a timely manner.

Good



Is the service caring?

The service was caring.

The staff knew people well and there were positive relationships between the staff and people who used the service.

People were treated with dignity and respect.

People were encouraged to make decisions and choices for themselves.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to them coming in to the service and they were involved in the planning of their care.

A wide variety of activities were available within the service provided by staff and volunteers, the service had positive relationships with the local community.

Staff responded to people's needs in a considerate and timely manner.

Good



Summary of findings

Is the service well-led?

The service was well led.

Managers provided staff with appropriate leadership and support, staff were complimentary about the support they received from managers.

There were effective quality assurance systems in place to monitor the quality of care and to drive improvements within the service.

Managers and staff were open and worked collaboratively with other professionals and people who used the service in order to develop the service.

Good



Warwick House

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.

The inspection took place on 4 August 2015 and was unannounced.

The inspection was carried out by two inspectors.

We contacted commissioners for social care, responsible for funding some of the people that use the service. We also reviewed the information we held about the service

which included notifications of significant events that affect the health and safety of people that use the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who used the service of Warwick House and met one person accessing Bonsall View. We spoke with five members of care staff, the assistant manager and the registered manager, one volunteer, two visitors and three relatives. We looked at the records of six people (three on Bonsall View and three in Warwick House), which included plans of care, risk assessments and medicine plans. We also looked at recruitment files of six members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, feedback forms and minutes of meetings.

Is the service safe?

Our findings

One person who used the service also said “yes I feel safe here, I always feel safe when I’m here, it’s just so nice”.

Relatives we spoke with said “When I leave here I don’t have to worry as I know [person’s name] is safe, he is so well cared for, and loves all the staff”. Another relative said, “We asked for mum to come back here as we were so pleased with it the last time she stayed, everything about her just improves when she’s here”.

During our inspection staff told us that they had received safeguarding (protecting people from abuse) training and they all knew where the whistle blowing policy was kept. They all said they would feel confident to report any concerns regarding abuse and one member of staff said “I would not hesitate to use the whistle blowing policy, it is my duty of care to our customers”. Staff were aware of different types of abuse and they were confident that the registered manager would act promptly if they approached her with concerns. This meant that people who used the service could be confident that issues would be addressed and their safety and welfare promoted.

Before people came to the service a needs assessments was carried out which included the identification of risks. The assessments enabled the registered manager to determine whether a person’s needs could be met safely, whilst also taking into account the needs and safety of other people who used the service.

Care Plans contained risk assessments (an assessment to evaluate or analyse the risks to the individual), including those related to nutrition, falls, pressure care and moving & handling. There were also general risk assessments which were individual to that particular person. In the files for the people who lived at Warwick House we saw that these risk assessments had not always been reviewed on a regular basis, however it was documented in the actual plans of care that these risks had been considered and reviewed regularly and therefore staff knew what the individuals risks were, and how to manage them safely. The registered manager was unaware that these risk assessments had not been updated and was putting a plan in place to ensure the link worker would review on a regular basis.

Staff informed us they were aware of how to deal with emergencies, they had received training in first aid and fire safety. We saw evidence that people had personal

evacuation plans within their records to be acted upon in the event of a fire. A risk assessment had identified which people would require greater assistance in the event of fire. The risk assessment had been used to develop a traffic light system using red, amber and green. This was to help ensure people received the appropriate level of support in the event of a fire to help keep them safe.

We saw there was an accident and incident file in place which was up to date. We saw evidence that appropriate actions had been taken when accidents and incidents had occurred. An example was where a person had fallen, the person’s plan of care had been reviewed to reflect that the person was to be supervised by staff when they moved the within the environment in order to promote their safety.

Our observations during the inspection identified that there were sufficient staff to meet people’s needs. One visitor informed us, “there are always staff around when we visit and even when they are busy they always find time to talk”. A member of staff said “there are definitely enough staff now, since they reviewed the staffing levels”. We observed that when a person required assistance of two staff this was provided straight away which meant they were safe

The registered manager informed us that there had recently been an increase in staffing levels. She and the assistant manager had used a ‘Care & Staffing Hours’ Tool to work out the individual needs of the people who used the service and the appropriate level of staffing required. The service provided short term breaks and therefore the number of people accessing the service regularly changed and which meant staffing levels were regularly reviewed to ensure they were appropriate to meet people’s needs and ensure their safety. During our inspection we saw there were call bells in every room. During the inspection call bells were not heard regularly but when they were they were answered promptly which showed that there were sufficient staff and that people who used the service were not waiting long for assistance and their safety was maintained.

The recruitment process was done in accordance with Derby City Local Authority’s recruitment process, staff files were looked at and there was evidence of an induction as well as on-going training. We saw that new staff were not able to assist with aspects of personal care and support until they had done the appropriate training, for example a member of staff who had not yet attended moving and

Is the service safe?

handling training was not able to assist with the moving of people. This was to ensure that people who used the service were being moved safely by trained, competent staff.

There were effective systems in place for the maintenance of the building and we saw records of services for equipment as well as testing of gas, heating and water. On the day of our visit the lift had broken but this had been acted upon quickly and made a priority for repair, in order to maintain people's safety.

People received their medicines safely, when they needed them. Medicines were dispensed to each person directly from the medicines trolley and medication had been stored and administered safely, this included the medicines of the people who were able to self-administer their medication. All staff who administered medication had received appropriate training, and undergone competency assessments. This meant people's health was supported by the safe administration of medicines.

Covert medication (the administration of medication in a disguised form) was given to one person. There was a letter from their GP in the person's file that detailed instructions of how the medication should be given covertly and why, this was to ensure the person was given the correct dosage of medication, and at the correct time by the senior staff..

We saw that there were directions written on the Medication Administration Records (MAR) for PRN medication (medication, which is to be taken as and when required), this meant that people were given their prescribed medication safely.

We saw evidence that the GP was contacted straight away if directions were not clear, for example one prescription had instructions of 'once daily' and therefore the senior member of staff had contacted the GP to clarify exactly what time of day the medication should be given. We observed the senior member of staff explaining to the person about the medication and them supervising the person whilst they took it so that they receive them safely.

Is the service effective?

Our findings

One member of staff told us “we do plenty of training, we have a training officer come here, I enjoy the training”. Records showed that staff had accessed a range of training that was specific to the needs of people who used the service and to the promotion of the health, welfare and safety. We found staff training was out of date for some members of staff who worked within Warwick House. We brought this to the attention of the registered manager who told us they would liaise with the training officer and secure dates for the necessary training. Records held within Bonsall View had not been completed to reflect the training staff had received the previous month, however staff had received the relevant training in order to provide effective care and support.

Newly recruited staff were due to undertake the Care Certificate (standards that give all workers the same introductory skills, knowledge and behaviour) and this was to be rolled out to the other staff in the future in order for them to refresh or improve their knowledge. These standards ensure that the care staff are caring, compassionate and provide quality care to the people using their service.

One member of staff told us “I have regular meetings with my manager as part of my MIP, which are used to determine our competence and we’re provided with feedback as to how we are working”. Staff records showed that supervision (meetings between staff and their line managers in order to enhance performance and effectiveness) were in the form of a document – Managing Individual Performance (MIP) – which combined supervision and the setting of objectives, the MIP was reviewed on a quarterly basis. In addition records also showed us that competency assessments were carried out by the training officer and/or managers for safe moving and handling of people, and also medication for the staff who administered medication. This was to ensure that the management team were satisfied that the staff were competent in these areas.

Staff meetings were held on a six weekly basis and they discussed topics such as dignity as well as encouraging staff who had attended training to share their knowledge with other members of the team. One member of staff told us they were a ‘Strategies for Crisis Intervention and Prevention’ (SCIP) ‘practice monitor’ (SCIP is training for

managing and preventing challenging behaviours). Their role was to ensure staff were kept informed of changes to practices. A recent staff meeting on Bonsall View had incorporated the use of SCIP techniques as a practical session to ensure staff had the opportunity to practice practical skills. This shared knowledge helped staff to know how to diffuse incidents and keep people who used the service safe effectively.

People’s plans of care incorporated consent forms which were based on the principles of the Mental Capacity Act, these recorded people’s ability to make day to day decisions about their lives. For example, if they wanted something to eat, whether they wished to get up and other decisions.

Mental Capacity Assessments had not been carried out people accessing Warwick House or Bonsall View. The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

A person who was being given covert medication (the administration of medication in a disguised form), had no mental capacity assessment to identify if they were able to make this decision regarding covert medication, and neither did they have any Best Interest Decision documented to evidence that this decision had been made in their best interest. Despite the lack of Mental Capacity Assessments in the plans of care staff we spoke with had a good understanding and working knowledge of the Deprivation of Liberty Safeguards and the Mental Capacity Act, they were in the process of updating their MCA training and the registered manager was aware that they needed to be looking at mental capacity assessments for all the individuals who use the service to ensure that peoples human and legal rights were respected.

There were two people in Warwick House who had a Deprivation of Liberty Safeguard (DoLS) authorised by the Local Authority. A DoLS provides a process by which a provider must seek authorisation to restrict a person’s freedoms for the purposes of their care and treatment.

There were no DoLS in place on Bonsall View. The assistant manager had identified that potentially all people that use the service could be considered for a DoLS application as

Is the service effective?

people were supported on a one to one basis. The issue was how to manage this within a respite/short break service. This had been brought to the attention of Derby City Local Authority who were looking into the issue.

One person who used the service said, “the best thing here is the food, it’s lovely”, a relative informed us that they are happy their mother always gains weight when having a short term break in Warwick House because of the lovely food.

People’s plans of care contained information to their likes and dislikes with regards to food and drink. Catering staff were made aware of people’s preferences and were also aware of who were on specialised diets such as soft food or diabetic to meet their needs. Or diets which reflected people’s cultural or religious beliefs and values. One person who did not eat meat due to their cultural beliefs had this documented in their plan of care and the kitchen staff were aware of this.

People who used the service made their choice the evening before but there was always extra food prepared in case people changed their minds. The menu was also written up on the wall as a reminder and there was always a choice of different food. People were able to sit where they chose. In one persons plan of care it stated that they do not always like to sit in the dining room for meals and therefore they could sit in the lounge area if that is where they choose. Dinner was served from a hot trolley and each table had individual serving dishes with vegetables and potatoes on, and also a gravy boat. This encouraged people’s choice and independence. There was a choice of drinks with jugs of squash provided on the tables.

In the dining room there was a kettle, toaster, microwave and fridge so that people who used the service could prepare drinks and snacks whenever they wanted. There was also a display of crisps, biscuits and juice boxes for

people to help themselves to. This encouraged regular snacking in an attempt to prevent weight loss and dehydration. Friends and family were encouraged to come and dine with the people who use the service.

Within Bonsall View there was a kitchen which was used to provide breakfast, drinks and snacks, lunchtime and evening meals were provided by the main kitchen in Warwick House. The assistant manager advised that catering staff were aware of the needs of the people accessing the unit and provided meals reflective of their individual needs and preferences. A member of staff said that they sit with people when they provide support, eating with them.

People’s plans of care detailed the level of support required. Appropriate cutlery was provided reflective of the needs of people and assessments carried out by health professionals.

One persons plan of care recorded they required a fork mash able diet, which had been determined with involvement from a Speech and Language Therapist (SALT). A second person’s plan of care identified they preferred “finger food”. This enabled staff to provide effective support at meal times.

There was evidence in people’s plans of care that health care professionals were consulted when needed. Even though the service was providing short breaks and respite care details of other health professionals were written in peoples plans of care. There was written evidence in the daily reports of District Nurses, GP, SALT and Community Mental Health Team visiting individual people who used the service, staff we spoke to said they knew how to make a referral to other professionals if it was needed, and it was apparent in the plans of care that advice and actions were followed by the staff in accordance with directions from the health professionals.

Is the service caring?

Our findings

People who used the service appeared happy in the home, they were smiling and talkative. Staff were observed to be spending time talking with people, asking them about themselves and their home lives. They spoke to people in a kind and reassuring manner. We observed staff to be sat with a person using the service massaging their hands and offering them sweets to eat.

People's comments included, "every-one is so friendly, it's nice to be where some-one can care for you", "I would happily recommend it here, it's considered to be the best in Derby, it's like a hotel". One visitor informed us "they provide excellent care, I would come to this home myself if I needed care".

Staff had a good background knowledge of the people who used the service and could tell you about a person's history when asked. This enabled staff to be able to talk about the person's family, or previous employment and be able to engage them in conversation. We observed a staff member respond promptly when a person appeared to be getting anxious and sat for a length of time just stroking their hand in order to provide reassurance.

Staff working within Bonsall View who we spoke with had a comprehensive understanding of the needs of people that used the service. They were knowledgeable about all aspects of their care and through conversation displayed a commitment to promoting people's health and welfare. A member of staff told us "we're here to support the customer and make sure their needs are met".

People's plans of care included information as to how people communicated through physical gesture, verbal sounds, objects of reference and behaviour, and also provided information to enable staff to respond to them should they become distressed. For example one person's plan of care stated that if they cried or became vocal they were indicating they were unhappy. Another person's plan of care said when they exhibited behaviour that challenges or became distressed then staff were to minimise their interaction and reduce external sensory stimulation. This showed that staff were able to respond appropriately to people in a positive and caring way, whilst also reducing people's distress.

It was evident from people's plans of care that the people using the service, as well as relatives were involved in the

planning of care, it clearly stated discussions that had taken place with people, and also their relatives. It also stated that they had been involved in the reviewing of the care plans. The plans were written from their perspective, and people's choices and preferences were clearly stated.

On Bonsall View people's records included how people expressed themselves, through behaviour, physical gestures and vocal sounds. For example one person's plan of care provided information as to the vocal sounds the person used and what these meant. For example, needing the toilet, seeking reassurance, requiring a cup of tea, or agreeing to something.

People's preferred daily routines were detailed, which enabled staff to promote consistency of care when at the unit which was reflective of people's routines when at home, this was especially important for those people with autism for whom a set routine is an integral part of their day to day lives for the promotion of their well-being.

People using the service told us they were treated with dignity and their privacy was respected by staff. We saw that in each toilet/bathroom they had dignity bags which were attractive cloth bags the staff used to carry any items of a personal nature. There were also dignity poems and dignity expectation cards in individual rooms as a reminder for people to be treated with dignity and respect at all times.

The registered manager informed us that the service had received their dignity award (an award presented to services in Derbyshire who are able to show they have achieved 10 key points to ensure high quality services that respect people's dignity). The registered manager also informed us that the majority of staff were dignity champions (a member of staff who pledges to challenge poor care, act as a good role model and educate those working around them).

People using the service had their own bedrooms, some of which had en-suite facilities. There were several lounge areas and a quiet room. Within Bonsall View there were sufficient lounges to enable people to have their own space, which supported them with the management of their autism and behaviour that challenges.

In Warwick House there was a designated bedroom that visitors could use if their relative were receiving end of life care, (care that helps those with an advanced, incurable illness live as well as possible until they die), and the

Is the service caring?

relatives wished to remain close to the person. For one person who was receiving end of life care we saw that staff went into their bedroom frequently to offer them small pieces of their favourite chocolate, there were sensory lights for them to look at, and relaxing music was played.

Is the service responsive?

Our findings

One relative informed us that they had been involved with developing the person's plan of care. People's care plans were detailed and informative. The care plan had been developed from the information provided during the assessment process and had been updated regularly to help ensure the information was accurate. The care plans provided staff with clear guidance on each person's individual care needs and they included clear instructions for staff to encourage people to be as independent as possible, this was important as the majority of people living at Warwick House would be returning to their own homes after their short stay.

The care plans reflected how people liked to receive their care, for example in one plan of care it clearly stated how a person liked to be supported with their personal care, this showed that both the person's choices and also their culture were being considered and respected.

One person in Bonsall View had a plan of care which detailed how they indicated whether they wished to have a hot or cold drink by using body language. A second person's plan of care recorded how staff were to provide sensory stimulation for a set period of time through the use of touch, lighting, equipment and music. This helped support the person to manage external stimulation in a calm and controlled manner so that their needs were responded to.

On Bonsall View people's plans of care were written from their perspective. The assistant manager advised that staff liaise with people's relatives/carers and previous placements where they have accessed respite/short breaks. Several people accessing the unit were transitioning/transferring between children and adult services and therefore staff liaised with children's services to ensure information about people's lives, preferences, care and support needs were communicated to enable staff to respond to people appropriately.

Activities and interests were evident to meet the individual's needs. Staff had made photo books for a person who was unable to communicate verbally. The staff were in the process of completing an interactive chart and had recorded recognised words familiar to that person so that they could identify their needs as well as encourage participation in activities.

In the quiet room there was a large selection of books, including audio books for those with poor sight, there was also a large selection of board games, which had been a request from a person who had used the service previously. During our visit we saw staff asking the people who used the service if they would like to join in a game and the people were able to choose which one they would like to play. There was a visitor playing organ music in the dining room during our visit and the people who used the service were singing along with him. They also had regular singers and entertainers come to the service. A visitor to the service told us "the home is always buzzing, you just get caught up in the buzz of it".

Volunteers from the local church came to the service each week to sit with people who used the service, and also to read them religious stories. One person who uses the service had a strong religious faith and so the staff would sit and say prayers with them on a regular basis, they also called for the Priest if the person became unwell as this was her request.

Within Bonsall View people continued to access their regular day care service or school when accessing the unit. In the evenings and at weekends people were supported to access the local community. For relaxation and entertainment.

Staff we spoke to within Bonsall view told us they encouraged people to take part in activities within the unit, which included watching television/DVDs, listening to music, playing games, accessing the garden, and the snoozelem facility which had a bubble machine and lights effects.

A communication book was in place that circulated between people's own homes, the unit, and their day care/school provision to ensure information about a person's welfare was shared. So that staff from the unit could respond to the needs of a person if something had occurred whilst they were away from the unit.

The unit had a system for people which enabled them to communicate their views. A range of symbols/pictures was detailed on a chart representing whether people were happy or sad, hungry or thirsty, required the toilet, whether they were hot or cold, yes or no etc. When the person touched the picture a recorded voice sounded out their request/answer.

Is the service responsive?

People were aware of how to make complaints, visitors informed us they were aware that they could go to the registered manager if they had any concerns, and one visitor said they were aware they could contact their social worker also. People who used the service also informed us they knew how to complain, there had been one recent complaint where a person who used the service had lost their glasses during a stay at Warwick House, this was actioned straight away by the provider sending the person a cheque to cover the cost of a new pair. There was a large display of thank you cards and compliments in the front entrance.

People who used the service were encouraged to complete feedback forms, there was evidence that suggestions which had been made on the feedback forms had been actioned, for example one person had suggested hot food be served at tea-time, another had suggested more board games, and another had suggested more staff. All of these had been acted upon.

Bonsall View had not received any complaints. One relative had emailed the assistant manager recently with a concern regarding the persons clothing, this had been addressed and the assistant manager had responded to the email. The concern was also discussed at the team meeting to ensure all staff were aware of the issue, which showed that systems were in place to respond and act upon people's views that were effective.

Questionnaires completed on Bonsall View were positive, they included comments such as "the staff are very good and very helpful, we have not had any problems. [person's name] has settled in very well" and "comfortable and peaceful environment, staff are all friendly and approachable and very caring whilst remaining professional and go out of their way to accommodate individual needs.

Is the service well-led?

Our findings

Staff and visitors to the home informed us they feel comfortable and confident to approach the manager and the assistant manager with any questions they may have.

Both the registered manager in Warwick House and the assistant manager in Bonsall View had an open door policy and worked alongside staff in the delivery of care to people. This helped to ensure that the service people received was reflective of the provider's visions and values for respecting people and promoting respect and equality for all.

The provider, as part of their quality assurance audit sent out questionnaires to users of the service and/or their relatives every three months, responses to the questionnaires were discussed between the provider and the registered manager during supervision to decide how the service could develop and assure the delivery of high quality care. Staff were regularly supervised to ensure they provide care in line with expectations of the provider.

The registered manager felt strongly about Warwick House forming relationships within the local community, the registered manager informed us they sat on a shared lives panel with the local college (offering education and placements to people with a learning disability) and taster courses were offered within the service for students in subjects such as office skills, catering, domestic and befriending. During our visit there was one student volunteering in the kitchen, she said "I enjoy working here, I help in the kitchen, the staff all help me and are nice to me. I like the people here and it's making me more independent". One volunteer came to the service to play music on the keyboard to the people who use the service and another volunteer came to paint people's nails and do their hair. One person who uses the service informed us "I like the young people coming here every week, it's lovely to have them here".

The registered manager was also meeting with the neighbourhood to discuss making a community garden as Warwick House has a large garden which requires some improvement. The local community have previously helped landscape an area of the garden before to make it a more pleasant area for the people that used the service.

A Customer Inclusion Group which involved some of the relatives of people who use Bonsall View met with

representatives of Derby City Council to ensure the views of people with learning disabilities were reflected within decisions made by the local authority. Carers meetings were facilitated by the unit and involved people's relatives and carers.

Meetings provided an opportunity for relatives/carers to meet with each other and staff to discuss the unit, and contribute to ideas for its development and comment on the service. Minutes of meetings showed relatives had raised concerns about the safety of people when they 'dropped them off' at the unit as there was no vehicular access to the unit's entrance. This had resulted in improvements, showing that people's involvement was acted upon and valued. A drive way had been provided and a canopy over the front door, which meant people's safety was now promoted as they did not have to get out of the car from the road side.

People who used the unit due to their complex needs were unable to take part in the recruitment of staff which is what the registered manager was keen to develop, instead a local college which supports people with a learning disability were involved in recruitment. The assistant manager advised that potential staff were given a question about care and dignity which required a written response. Written answers were then read by the students, with support, and commented on the answers. Their comments were then shared with the assistant manager of the unit. This supported the service in acquiring the perspective of people with a learning disability when recruiting staff and showed how the service is open and inclusive and works within the community.

Staff meetings were held regularly in both Warwick House and Bonsall View. Minutes of meetings evidenced how they were used to develop and improve the service. An example of this being where incidents involving medication have been identified and investigated, these were discussed at team meetings as lessons learnt.

Staff we spoke with told us they received good support from the management team, one staff member said "the management team are supportive and approachable", another staff member said "there is always help and support available from senior management, the manager is lovely, I'm able to go to them with any problems I have".

Is the service well-led?

Staff said that their regular MIP (Managing Individual Performance) meetings gave them the opportunity to discuss areas of concern as well as personal development. This showed they were promoting an open and fair culture

The attitude of the staff and management team showed they were committed to their work and to providing the best possible care to the people who used the service, the management team would regularly provide care and support at the week-ends which enabled them to work alongside the staff and develop relationships with the people who used the service.

Quality Assurance audits, including medication audits were completed every three months by the provider and the results were fed back to the management team. In addition to this the management team had also compiled their own feedback forms for people who used the service. These asked people questions such as 'Do you feel safe?' and 'Do you know how to make a complaint?' as well as asking for suggestions on how they could improve the service. This feedback was then used to make improvements and develop the quality of the service.

There was a complaints file, however there was only one complaint in it which was about a person who used the service having lost their glasses. There was a vast array of thank you cards in the entrance which complimented the registered manager by name as well as the team of staff. Incident forms were completed and there was evidence that actions were taken as a result of incidents, for example following a medication incident it was recorded the action which they had taken including contacting external agencies i.e. pharmacist, doctor where necessary. Managerial actions were included which identified a member of staff having their competency assessed for the administration of medication.

Visitors to the home spoke highly of the management team, one visitor informed us "the manager motivates every-one, she is such a hard worker that this then encourages the rest of the team, they are a great team and it's a great home".