Leyton House Community Care Ltd

Leyton Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 2 October 2018 and was announced. We informed the provider 24 hours in advance of our visit that we would be inspecting. This was to ensure the registered manager was at the location to facilitate our inspection. The service was last inspected in November 2014 where it was rated good. The service had closed in June 2016 following a fire incident for refurbishment work. The service reopened in May 2018.

Leyton Lodge is run by Leyton House Community Care Limited. Leyton Lodge is registered to provide accommodation and personal care support to five people who have a mental health condition. Leyton Lodge is a terraced house and accommodation is provided over three floors. The ground floor communal areas comprise of a sitting room and an open plan kitchen and dining room. All bedrooms are of single occupancy and have ensuite facilities. At the time of inspection, five people were living at the home.

Leyton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 2008 and associated Regulations about how the service is run.

People told us they felt safe with staff and trusted them. The provider had processes and systems in place to safeguard people against harm and abuse. Staff knew the risks to people and how to support them safely. They were provided with sufficient information in the form of risk assessments on how to mitigate risks to people's needs. Suitable and sufficient staff were employed to meet people's needs. Staff followed safe medication management practices. Appropriate infection control practices were followed to control the spread of infection. There were processes in place to learn and share lessons from incidents.

People's individual needs were thoroughly assessed before they moved to the service. They told us their needs were met by staff who knew their abilities and healthcare needs. Staff received regular and sufficient training and supervision to provide effective care. People were happy with the food and they told us their dietary needs were met. They were supported to access healthcare services. Healthcare professionals told us staff worked well with them to ensure people's needs were met effectively. Staff had a good understanding of the principles of Mental Capacity Act and Deprivation of Liberty Safeguards.

People told us staff were caring and treated them with dignity and respect. Staff met people's cultural and religious needs. People told us they were encouraged to learn independent living skills and felt more independent after moving to the service.

Staff knew people's likes and dislikes. People's care plans were personalised and they told us they received person-centred care. People were encouraged to raise concerns and they told us they knew how to make a complaint. Staff encouraged and assisted people to participate in activities. There was an end of life care policy in place and staff were appropriately trained.

People, staff and healthcare professionals spoke highly of the management and they told us the service was well-led. There was robust monitoring, auditing and evaluating systems and processes in place to ensure the quality and safety of the service. The registered manager worked with several services to improve the care delivery and people's experiences.

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 lived in a safe environment. Risks to their healthcare needs were identified and staff were provided with sufficient information to provide safe care. Staff knew how to safeguard people against abuse and neglect.

There were sufficient and suitable staffing levels to meet people's needs safely.

People were satisfied with medication support. There were clear records and systems in place that ensured safe medicines management.

Staff followed appropriate infection control practices to prevent the spread of infection. There were records of regular health and safety checks.

There were systems in place to respond and monitor accidents and incidents to learn and to improve.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they moved to the service. They told us their individualised needs were met. People were happy with the food and told us they generally cooked their own meals.

Staff told us they received regular training and supervision to provide effective care. Staff worked well as a team and liaised effectively with healthcare professionals. People were supported to access ongoing healthcare services.

Staff were trained in Mental Capacity Act and Deprivation of Liberty Safeguards. Staff gave people choices and encourage them to make decisions.

Is the service caring?

Good

The service was caring.

People told us staff were caring and treated them with dignity and respect. Staff were trained in dignity and privacy, and spoke about people in a caring way.

People's cultural and religious needs were identified, recorded and met by staff. People told us staff encouraged them to express their views and wishes.

Staff encouraged people to learn independent living skills and people confirmed that.

Is the service responsive?

Good

The service was responsive.

People told us they received person-centred care and were involved in developing care plans and care reviews. The care plans were comprehensive and regularly reviewed.

Staff were responsive to people's needs and supported them to achieve their set goals. People were encouraged to access community and participate in activities. LGBT people were encouraged to use the service.

People were encouraged to raise concerns and make complaints. There were processes in place to address people's complaints in a timely manner.

The provider had an end of life care policy and trained staff appropriately.

Is the service well-led?

Good

The service was well-led.

People, staff and healthcare professionals were positive about the management of the service. People told us they would recommend the service. Staff told us they felt supported.

The registered manager carried out regular audits and checks to ensure the quality and safety of the care delivery.

People and staff's views and feedback was sought to improve the quality of care.

The provider worked with several services to improve people's wellbeing.

Leyton Lodge

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 2 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit to ensure the registered manager was at the location to facilitate our inspection.

The inspection was carried out by one adult social care inspector.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. 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. This inspection was informed by the feedback from the funding local authorities and healthcare professionals.

During the inspection visit, we spoke to two people who used the service, the registered manager, the nominated individual and the director, and a senior care staff member. We reviewed three people's care plans, risk assessments, daily care logs and medicines administration records. We looked at three staff files including recruitment, training, supervision and appraisal records, and records related to the management of the service.

Following the inspection, we spoke to one care staff member. We reviewed documents provided to us after the inspection including policies and procedures, training matrix, residents' and staff meeting minutes.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and trusted staff. A person said, "Yeah, I feel safe. Of course, I trust them [staff]." Healthcare professionals told us the service provided a safe environment to people. A healthcare professional told us, "I feel we have placed our patient [person who used the service] in a safe and caring environment."

The provider trained staff in safeguarding and whistleblowing, and had processes in place to safeguard people. Staff we spoke to demonstrated a good understanding of how to keep people safe from harm and abuse. They could describe the types and signs of abuse, the actions they would take to report abuse and how to escalate concerns. A staff member said, "Safeguarding is to protect people from abuse and harm. For example, financial, physical, sexual, neglect. Signs could be loss of money, bruises, marks, reclusive. First, I would let my manager know, have one to one with the person, where necessary report it to the police. [My] manager would report it to social services and the CQC." A second staff member commented, "I will go to [nominated individual] if he [registered manager] doesn't do anything. If [nominated individual] doesn't do anything I would go to the local authority and the CQC. If you are working in care, you have to safeguard people."

There were processes in place to identify, assess and mitigate risks to people's health and care needs whilst respecting their freedom. The provider information return form stated, "We strongly believe in positive risk taking and encourage people to make choices although at times these may seem unwise, however, we will work with people in our care and their teams to support them to achieve their goals." We found people's risk assessments stated the identified risks, factors leading to risks, indication risk may occur and risk management guidelines for staff to follow to mitigate risks to ensure people's safety. Risk assessments and the corresponding care plans were individualised and covered areas such as relapse of mental health, risk of harm to others, self-medicating, violence and aggression, activities of daily living and the environment. For example, there were detailed strategies and interventions for staff to follow in situations where people displayed behaviour that challenged the service. Staff we spoke to had a good understanding of people's mental health and behavioural needs. They could describe actions they would take to manage the situation where people posed behaviour that challenged them.

The provider also maintained risk assessments specific to people's health and care needs such as diabetes, asthma and smoking. For example, one person who occasionally smoked cigarettes in their bedroom, had been correctly identified at risk of fire. There was a smoking risk assessment in their file that gave instructions to staff on the actions they were required to take if they suspected the person was smoking in their bedroom. The risk assessment instructed staff to educate the person about the hazards associated with smoking in their bedroom, to carry out random checks, to encourage the person to use the designated area, and to call 999 in case of fire and follow the procedure. This meant staff were provided with sufficient information to provide safe care.

Staff were appropriately recruited to ensure people were supported by staff that were safe, of good character and with appropriate skills and knowledge. Records confirmed that the provider carried out

suitable checks on potential staff before they started working at the service. These included two references, criminal record checks, proof of identification, right to work in the UK check and a record of the staff's previous employment.

The staffing levels were determined as per people's assessment of needs. A lone working policy was in place which meant one staff member supported people during the day and at night people were supported by a waking member of staff. Extra staffing was provided when people had appointments and activities. The provider had a team of bank staff that they used during staff absences and emergencies. The registered manager worked as supernumerary. The provider also had an out-of-hours service that people and staff could access during evenings and weekends. People and staff told us there were sufficient staff on duty to meet people's care and support needs safely.

People's medication administration records (MAR) had their allergies documented so that the prescriber could ensure the appropriate medicines were prescribed safely. Records in relation to the administration of medicines were appropriately maintained without any gaps and errors. People's medicines were safely stored in a lockable medicines cupboard. Temperature record charts were maintained as per National Institute for Health and Care Excellence guidelines to ensure medicines given to people remained effective.

The provider identified various levels of support people required with their medication. Some people were more independent than the others and could self-medicate. A person said, "I self-medicate, my GP approved it. I feel confident [in taking medicines] and I took mine earlier." There were clear self-medication support plans and risk assessments in place to ensure people that self-medicated were not at risk of missing medication and medication errors. The registered manager told us staff would carry out random medicine checks for people who were on self-medication support plan to ensure the stocks were accurate and there were no missed medicines. People that were prescribed with 'as required' medicines had protocols in place so that staff could identify when they were in pain and could give the appropriate treatment. Records confirmed this.

There was no malodour and people were satisfied with the cleanliness of the service. A person said, "The home is always clean and smells fresh." The provider had an infection control policy and staff were trained in infection control practices. The registered manager told us care staff carried out daily cleaning activities and the cleaning staff carried out deep cleaning at least once a month or more when needed. We found the service was generally clean. However, the kitchen cupboards, surfaces and electrical equipment including the oven were not clean. The provider told us they would schedule the cleaner straightway and carry out deep cleaning of the kitchen and dining area. We were reassured by the provider's response.

The provider carried out regular health and safety checks including fridge and freezer temperature checks, fire alarm system and equipment tests, emergency lighting, gas, electrical and water safety checks. Staff were trained in fire prevention and knew how to protect people in the event of fire and took part in practice fire drills. Records confirmed this.

There were systems in place to report, record, investigate accidents and incidents, actions taken and lessons learnt. Since the reopening of the service in May 2018 there had not been any safety, safeguarding or police incidents. The provider told us they would share lessons learnt with staff via meetings and one to one supervisions to improve the practices and reduce the reoccurrences to ensure people's safety. As part of lessons learnt, the provider told us following our inspection they would have a discussion with the registered manager in relation to what went well and what could be done better. Following this discussion, the registered manager would meet with staff to improve cleanliness and the learning would be shared across other services run by the provider.

Good

Is the service effective?

Our findings

People told us staff knew their needs, abilities and met their needs. A person commented, "These guys [staff] are very good." Healthcare professionals told us it was an effective service. One professional commented, "[They] provide a high level of support that our service users [people who used the service] need."

The provider had systems and processes in place to assess people's needs before they moved to the service. The registered manager told us on the receipt of a referral they requested further information on people's background, medical and forensic history to get a better understanding of the person's history. Following the receipt of the information they organised a visit to wherever the person was staying to assess their needs. They invited relatives where necessary and the healthcare professionals involved in people's care. The provider used an in-depth assessment tool to ascertain people's needs to decide whether they could meet their needs. The assessment form was in line with National Institute for Health and Care Excellence. It included information on people's mental health state, speech, mood and affect, thoughts, cognitive state, sleep and appetite, other biological symptoms, insight, physical health factors, living skills, religious, cultural and beliefs, relationships, dependent children and sexuality. The provider also requested the person's latest review at the time of assessment and attended community psychiatric nurse meetings to gain the understanding of person's mental health needs.

Following the assessment, the provider carried out accommodation assessment prior to admission to check if prospective people would be suitable for the service. People were then invited to stay over at the service for some nights before they decided whether they wanted to stay at the service for a longer period.

Staff we spoke with told us they received sufficient and refresher training to meet people's needs effectively. Records confirmed this. Staff comments included, "They provide training, online and in person training. You have to update as things keep changing. I feel confident in my job. We all are well trained and have the required skills to support people" and "We get some classroom type and online trainings." Records showed the training included safeguarding, medicines, nutrition and diet, infection control, health and safety, food hygiene, first aid, fire, challenging behaviour, mental health awareness, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

All new staff were given a detailed induction before they started working with people. Records confirmed this. A staff member who had recently started working at the service told us, "As soon as I was confirmed in my role, they gave me induction and a lot of training in mental health awareness and challenging behaviour." Staff also completed the Care Certificate after they had received their induction training and records confirmed this. The Care Certificate is a set of standards that social care and health workers use in their daily working life.

Staff told us they received one to one supervision every two months and found it helpful. Their comments included, "We have bi-monthly supervisions and monthly meetings. They are helpful" and "One to one supervision with [registered manager]. I express my feelings, discuss about ways of working. He is helpful, he listens to me." Topic discussed in supervision included review of work performance, training, support and

development, work targets and standards required, personal needs and matters arising. Staff also received annual performance appraisals where their performance was appraised and objectives set for the following year. Records confirmed this.

People told us they were happy with the food and arrangements around their nutrition and hydration needs. Staff encouraged people to maintain a nutritionally balanced diet and assisted them in preparing and cooking food where requested. A person said, "We get [amount of money] for shopping every week, which is good. During the week, I cook my own meals. They [staff] cook normally on a Sunday. Gone Sunday they cooked chicken biryani, it was very nice." Another person commented, "They provide us food, everything, they buy fruits, vegetables and dinner. Food is very important. For breakfast we can have anything we want, cooked breakfast, cereals, it is up to you." Staff maintained food and fluids charts where they recorded what people had consumed and as a good practice weighed people monthly. Records confirmed this.

Staff told us they worked well as a team to ensure people received effective care. Their comments included, "Yes, we work well together as a team" and "We have a very good team and good teamwork." Healthcare professionals told us staff communicated well with them and in a prompt manner to ensure people's needs were met effectively. People told us they were supported to access ongoing healthcare services. One person said, "I am supported to access healthcare services. They [staff] encourage us to call GPs and make appointments but if struggling they help us out." Staff maintained records of multidisciplinary meetings, GP reviews, consultants' visits and reviews. A healthcare professional said, "Staff are helpful and provide extra support when needed, including escorting patients to various appointments."

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). People living at the service had capacity to make decisions regarding their care and treatment.

People told us staff sought their consent before providing support, gave them choices and respected their choices. One person commented, "They [staff] give us choices in what we want to do, what we want to eat and how we want to spend our days. They are good like that." We saw people had signed their care plans agreeing to the care, signed forms for information sharing and use of their pictures.

Staff were trained in the MCA and DoLS and records confirmed this. Staff we spoke with demonstrated a good understanding of MCA principles and the working knowledge. They told us people had the right to choose and they always sought their consent before they supported them. Staff's comments included, "When people lack capacity for decision making, we help them to make decisions. Of course, we give them choices as by law they have a right. I ask their permission, take their consent" and "For people who lack capacity, make sure best interest meetings are arranged. We cannot force anything on them [people who used the service]. For example, when we give [person who used the service] money, he chooses how to spend it, respect his choices and encourage him to make decisions." During our inspection we saw staff asked people's permission before they helped them and encouraged them to make decisions.

Good

Is the service caring?

Our findings

People told us staff were caring and helpful. They told us staff listened to them and felt their voices were heard. A person said, "They [staff] are nice and polite. They are friendly and kind. They are always there to listen to you, put whatever they are doing aside and give one to one attention." Another person commented, "Staff are nice to us. Caring of course, I give them 10 out of 10. They listen to me." Healthcare professionals told us people were happy at the service and shared positive relationships with staff. Their comments included, "Staff displayed a caring attitude to the residents [people who used the service]" and "He [person who used the service] appears to be very happy and has a good relationship with staff."

Staff we spoke to demonstrated a good understanding of how to meet people's needs in a caring way. A staff member said, "You need to be passionate about helping people to do this job. I enjoy this job." During the inspection, we observed staff and people engaged in meaningful conversations. Staff were patient, attentive and sensitive to people's needs and requests. The service had a relaxed and homely atmosphere. People told us they liked living at the service and it was their home. A person said, "This [service] feels like more than my home. I am living here in peace, it is peaceful here." Another person commented, "I like living here. It does feel like home, it is very homely." People said they got on well with other people living in the service. A person commented, "Other people [who used the service] are friendly and easy to get on with."

People told us staff treated them with dignity and respect. A person said, "They treat me with respect, really respectful." Another person commented, "They [staff] are respectful." Staff were trained in 'dignity and privacy' and knew how to uphold people's dignity and privacy when they provided support. Staff's comments included, "Privacy is very important. For example, I never open their mails and give them space when they are making a private phone call" and "I knock on people's bedroom doors before entering. When their bedrooms need cleaning and they are not in the home, we do not go in their rooms without them, we wait till they return. We respect their privacy." People had keys to their bedrooms and front door and had liberty to come and go as they pleased. During the inspection, we observed staff respecting people's privacy.

The service encouraged people to voice their wishes and views and involved them and where requested their relatives to plan their care. The outcomes of individual care action points were detailed in people's care plans. People told us they were aware of their care plan and felt in control of it. People's cultural and religious needs were recorded in their care plans and staff were aware of these needs and how to meet them. One staff member said, "Some people here eats [cultural] meat. One person prays in his room, we know not to disturb him when he is praying. He goes to [place of worship] every Friday. We support him when he is [celebrating religious festivals]." A healthcare professional said, "They [staff] are willing to make every effort to assist in providing for the particular needs of service users, especially cooking food that was agreeable to their particular cultures and being respectful to any particular religious or cultural needs."

One of the main care objectives delivered by the service was to encourage and assist people to learn independent living skills. Thereby equipping people to become independent and move to independent living services. People told us they were encouraged by staff to remain independent. A person said, "I clean my own room, cook my meals, go shopping, do my laundry. I already feel independent due to the support I

have received." Another person commented, "They encourage my independence such as to wash my dirty plates, they prompt me to have a wash, they do that in a nice way, not forceful." During the inspection, we saw people carried out their daily chores independently and where needed they asked for help and staff were quick at assisting them.

Good

Is the service responsive?

Our findings

People told us they received personalised care and staff were responsive to their needs. A person said they had made a good progress since being at the service. They said, "They [registered manager and healthcare professionals] are discussing step down [independent living] for me." Another person told us staff had enabled them to gain independent living skills. The person said, "They are gentle with me, explain the reasons behind what is good for me so can help me to become independent." Healthcare professionals told us staff were prompt in replying to emails and responding to people's personalised needs. Their comments included, "Staff respond to emails quickly, and are helpful with the clinical team requests" and "They [staff] made documents readily available for us when we did yearly reviews."

People's care plans were comprehensive, person centred and regularly reviewed. People told us they had been involved in creating their care plans and were in agreement of their care outcomes. Care plans included detailed information on people's physical and mental health, medical, social care needs, training and employment, nutrition, personal care, objectives and action plans to meet the set objectives. For example, one person's goal was to be of a healthy weight and physically fit. Their care plan stated for staff to encourage and remind the person before they went food shopping to buy vegetables and fruits as they were not too keen on them. The person's care plan further stated, 'staff to encourage him to attend weekly swimming and Tai Chi exercise sessions'. People were also involved in regular care reviews. Records confirmed this.

People were allocated with keyworkers. The keyworkers' responsibilities were to develop people's care plans with people's involvement, to liaise with people's relatives and healthcare professionals to ensure their personalised needs were met. The provider's information return form stated, "All service users are allocated with keyworkers to build up therapeutic relationship which in turn helps them to alleviate their worries and concerns." Keyworkers carried out one to one sessions with people every month to discuss aspects of care, things that were going well and things that needed more work to enable them to achieve their set goals. Records showed there were positive discussions around their stay at the service, their aspirations and actions required from them in order to achieve their set goals. The records also showed that people expressed their feelings around their mental health and the support they required in maintaining good mental health.

The provider trained staff in 'diversity and equality'. Records confirmed this. Staff told us they treated people equally and recognised they were individuals, too. A staff member said, "We respect people regardless of their colour, race, sexuality. We are equal and cannot discriminate anyone based on their differences." We asked staff how they would support lesbian, gay, bisexual and transgender (LGBT) people. Their comments included, "We respect their beliefs, would support them to access services. Of course, happy to provide care, all human beings are the same" and "I would feel comfortable to support LGBT people." The provider told us they welcomed LGBT people and staff. Staff asked people regarding their sexuality and significant relationships with sensitivity at the time of referral and recorded these in their care plans. This was to enable people to feel comfortable to disclose their sexuality if they wished to.

People told us staff encouraged them to participate in activities that stimulated their intellects. A person said, "Staff have sorted activities for me. I go out regularly, do exercises such as swimming, Tai Chi, attend open talking sessions." Another person commented, "To be honest they encourage us to do activities but we don't always want to. They take us out to cafes, cinema, day out trips. Some of us went on caravan trip but I didn't want to go, they respected my choice." People's care plans detailed their choice of activities and their one to one sessions with staff stated activities they had participated in and future planned activities. For example, one person's one to one session notes stated they "went swimming, attended weekly open talking session, were booked on to attend 'international cooking course'."

The provider's complaints policy was displayed in the sitting room and clearly described how to make a complaint and the contact details for outside agencies that people could contact if they were unsatisfied with the outcome of the complaint. People told us staff encouraged them to raise concerns and they knew how to make a complaint. A person said, "No [I have] never had to make a complaint. [I] would be comfortable to speak to the [registered] manager and the director, [they] would listen to me." Another person told us, "If I am not happy. I would speak to the [registered] manager." Healthcare professionals told us they did not have any concerns. A healthcare professional said, "The clinical team have not had reason for concern regarding the care that our patient [person who used the service] receives." Staff were aware of the provider's complaints policy and assisted people in making complaints. One staff member commented, "If they want to make a complaint, we show them how to. They have the right to make a complaint."

Since the service's reopening in May 2018, there had been one complaint. A person had complained about the other person playing loud music. There were clear records of the actions taken to address the complaint and lessons learnt. The registered manager had met with the person following the complaint to ascertain if they were satisfied with the result. One to one discussion records showed the person was satisfied with the outcome and said, "Staff intervened when I complained and resolved the issue." This shows the provider followed their complaints policy to address people's complaints in a timely manner.

The provider had end of life care policy and systems in place to support people at end of life and with their end of life care needs. Staff were trained in 'death, dying and bereavement'. However, currently no one was being supported with end of life and palliative care needs.

Good

Is the service well-led?

Our findings

People, staff and healthcare professionals spoke highly of the registered manager and they told us the service was well managed. A person said, "This service is well managed and [I] would definitely recommend it to others." Another person commented, "He [registered manager] is a good man. He helps us [people who used the service] a lot. He points out what is positive for me. Yes, he is approachable. I got a letter regarding my benefits. He is going to help me with it. I give them nine out of 10, I cannot give them 10 out of 10 as they might get lazy. Yes, definitely recommend this [service]."

Healthcare professionals' comments included, "Communication is excellent and they have always provided what I have seen to be safe and effective care" and "I have used the Leyton Homes Group [provider] for a number of years and am entirely satisfied with the level of care I receive for my clients there."

The service had a registered manager. The registered manager had worked with the provider for several years in various capacities including care worker, team leader and management. Hence, they had a good insight of people's needs and the support they required to enable them to become independent and lead independent lives. The registered manager demonstrated a good understanding of their role and responsibilities, and the incidents they needed to notify us by law. There were relevant and in date policies and procedures in place to enable smooth running of the service. The registered manager maintained an ongoing improvement plan that enabled them to identify areas of improvement to ensure the quality and safety of the service.

Staff told us they felt supported and found the management approachable. Staff comments included, "It is very good here. I get support from the [registered] manager. If I am stuck I would go to [registered manager] and he is helpful. [The nominated individual] is the same, can call him at night. [The registered manager] is very approachable" and "Yes, I do feel supported. On weekends and evening hours, he [registered manager] calls us to check if things are fine, if we need help. He listens to me, all other staff and service users [people who used the service]. I am happy with the service. [Nominated Individual] is very helpful, too. The service is run smoothly. [Registered manager] manages it [the service] well."

The registered manager held team meetings every two months and discussed aspects of care and sought staff's view on how to improve the service. Records confirmed this. The topics discussed at the meetings were knowledge about people's needs, nutrition and hydration, supervision, training, medication management, safeguarding, MCA and DoLS, complaints, health and safety and lone working. Staff told us meetings were interesting and helpful.

The provider had effective monitoring checks and auditing systems in place to identify gaps, errors and areas of concerns to ensure they were addressed in a timely manner. Records showed the registered manager carried out regular audits on medicines, care plans and risk assessments, people's finances, health and safety, and accidents and incidents. The service was also quarterly visited by a registered manager of the provider's other services to carry out an independent audit. The audit included complaints, environment, health and safety, incidents, accidents, safeguarding, medication, meeting minutes, staff

training, appraisals and supervision. The audit also looked at people's care plans and risk assessments. This meant the provider regularly assessed the quality and safety of the service and monitored it so that improvements could be made where required.

People told us they were asked for their feedback and views on the quality of care. The registered manager held residents' meetings every two weeks to find out their views on care. Records confirmed this. Topics of discussion included nutrition and hydration, safeguarding, complaints, health and safety, one to one sessions, care plans, activities and advocacy services. The registered manager told us they were in the process of sending out survey forms to find out what people, relatives and staff thought of the quality of the care delivery. The provider's provider information return stated, "We proud ourselves in getting positive feedback from the care team, placement team, professionals and family for the support to service users and their progress within the short period of time." The provider also had a comprehensive quality assurance policy in place that stated the importance of effective quality management systems and the registered manager's role in its efficient application.

The provider worked with local authorities, clinical teams, mental health services and local organisations to improve people's wellbeing and lives. Records confirmed this.