

Avondalecare (Kent) Limited

Avondale Castlemount 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

We inspected Avondale Castlemount Lodge on 18 January 2018 and the inspection was unannounced.

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

Avondale Castlemount Lodge is a large detached house in a residential area of Dover. The service provides accommodation, care and support to up to nine people with mental health needs. At the time of the inspection there were seven people living at the service.

This was the first inspection of Avondale Castlemount Lodge.

A registered manager worked at the service each day. A registered manager is a person who has registered with CQC 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 living at the service and that there were enough staff to give them the support they needed, when they needed it. People were protected from the risks of abuse, discrimination and avoidable harm by staff who were trained and knowledgeable. Staff knew how to report any concerns regarding people's safety and were confident that the registered manager would act quickly on any concerns raised. Accidents and incidents were recorded and analysed to identify any patterns. When a pattern was identified action was taken to refer people to other health professionals. Such as the mental health team, when needed. People had their medicines safely and on time.

People were supported by sufficient numbers of staff who had been recruited safely. Staff were mentored and coached and completed regular training to keep up to date with best practice. The registered manager and staff also used guidance from expert professional organisations to keep up to date.

The building and grounds were clean and maintained to make sure they were safe and comfortable for people. People were involved in making decisions about the décor in the service and had personalised their own rooms. There was plenty of space for people to spend time with their loved ones when they visited.

People were encouraged and supported to cook their own meals and plan their menus. They had access to health care professionals and staff provided support to make sure their day to day health and well-being needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's physical, mental, emotional and cultural needs were assessed and reviewed.

Staff supported people to move into and out of the service, working with external agencies to ensure that any move was well co-ordinated.

People were supported and empowered by staff who were kind, compassionate and caring. People and staff had built strong, mutually respectful relationships and valued each other's views and opinions. People's privacy and dignity were respected and promoted.

People were actively involved in writing their care and support plans, setting goals and working on their recovery. People's choices for their end of life care were discussed and recorded to make sure staff could follow their wishes. Staff supported people to follow their interests and ensured people were not socially isolated. People told us they would speak to the registered manager or staff if they had a complaint or if they were worried about anything and felt comfortable and confident to do so.

People and staff told us the service was well-led and the registered manager was a supportive leader. People felt they received the right amount of support from staff. There was an open, transparent, empowering and blameless culture at the service which was promoted by the registered manager and staff. People and staff were involved in driving improvements at the service.

Regular checks and audits were carried out and action was taken to remedy any identified shortfalls. People, relatives, staff and health professionals were encouraged to provide feedback on the day to day running of the service.

All services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner.

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 were supported to stay safe and were protected from the risks of abuse, discrimination and avoidable harm. Accidents and incidents were recorded, assessed and monitored.

People were supported by sufficient numbers of staff who had been recruited safely. They received their medicines safely and on time.

The service was clean and well maintained.

Is the service effective?

Good ●

The service was effective.

People's physical, mental and emotional health needs were assessed and reviewed by staff who were trained in their roles and kept up to date with best practice.

People were encouraged to eat healthily and supported to maintain good health. They had access to communal areas and the gardens.

People were supported to make their own choices and decisions. Staff understood the Mental Capacity Act.

Is the service caring?

Good ●

The service was good.

People were supported and empowered by staff who were kind, compassionate and caring. People and staff had built strong, mutually respectful relationships and valued each other's views and opinions.

People's privacy and dignity were respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care. They received individualised care and support that was responsive to their needs.

People were encouraged to keep occupied and regular activities were provided.

People knew how to complain and felt that action would be taken if they had any concerns.

People's preferences for their end of life care were discussed and recorded so their wishes could be followed.

Is the service well-led?

Good ●

The service was well-led.

People and staff told us the service was well-led and the registered manager was a supportive leader.

There was an open, transparent, empowering and blameless culture at the service which was promoted by the registered manager and staff. People, relatives, staff and health professionals were encouraged to provide feedback on the day to day running of the service.

People and staff were involved in driving improvements at the service. Regular checks and audits were carried out and action was taken to remedy any identified shortfalls.

Avondale Castlemount 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 18 January 2018 and was unannounced. The inspection was carried out by one inspector. This was because this is a small mental health service and past experience has shown that additional inspection staff would be too intrusive for people.

The provider had not sent us a Provider Information Return (PIR) as we had not asked them to. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We looked around all areas of the service and grounds. We met and spoke with six people living there. Conversations took place in people's rooms, with their permission, and in communal areas. We spoke with six members of staff and the registered manager. We observed how staff engaged and spoke with people. We looked at how people were supported with their daily routines and activities and assessed if people's needs were being met. We reviewed three people's care and support plans. We looked at a range of other records including three staff files, safety checks and records about how the quality of the service was managed.

Is the service safe?

Our findings

People told us they felt safe living at Avondale Castlemount Lodge. They said staff supported them to stay safe and that there was always a member of staff available when they needed one. One person commented, "I feel safer and better supported here than any place I have lived in before".

People were encouraged and supported to stay as safe as possible. They were protected from the risks of abuse and discrimination. Staff received regular training on how to keep people safe and discussed any concerns they had with the registered manager. People and staff felt they would be listened to and that any concerns would be acted on appropriately by the registered manager. When concerns had been raised appropriate and timely action had been taken to help people remain safe. People were encouraged to manage their finances. Staff told us, "Some people have a financial plan. This is broken into small steps to help them budget for the things they need".

Some people occasionally had behaviours that may challenge others. Staff told us how they used distraction and diversion techniques to help reduce people's levels of anxiety. We observed staff speaking to people and making suggestions about what to do and where to go when they noticed them becoming anxious. Staff knew people well and were aware of what may trigger a behaviour to want to hurt themselves. People spoke with staff openly about their mental health and told staff when they were worried so they could receive the right support to stay safe.

Staff knew how to keep people as safe as possible and understood their responsibilities to record and report any accidents or incidents to the registered manager. These records were reviewed by the registered manager to ensure the correct action had been taken, to make sure people were as safe as possible and that, when required, they were referred to the relevant healthcare professionals. Staff followed any guidance they received and completed Reporting of Injuries and Dangerous Occurrences Regulations (RIDDOR) training to stay up to date with best practice. The registered manager discussed incidents with staff and used them as a learning opportunity to see if they could make any changes and improvements as a result.

People were supported and empowered to take positive risks. Staff respected people's freedom and explained possible risks to people in a way they could understand. Risk assessments gave staff guidance about how to reduce risks and keep people safe. For example, when people were leaving the service to visit family, staff gave them a letter reminding them that the care team were still available on the phone whilst they were away in case people needed to talk with someone during their stay away. The letter also reminded people about what medicines they needed to take and when. People were given a 'help badge' on a lanyard when they went out. Staff told us that because of people's mental health conditions, at times they may not be able to recall where they lived. People told us they wore these or took them with them when they went out and that they were reassured in knowing that they would always be able to get someone to contact the staff if they needed help.

People were supported by enough skilled and knowledgeable staff who had been recruited safely. We

reviewed three staff files. These were organised and included an audit checklist at the front of each so the registered manager could check that all the relevant documentation had been received. Each file included an application form with information about the person's full employment history, notes taken during interview, references, proof of identity and medical checks. Criminal record checks with the Disclosure and Barring Service (DBS) were completed before people began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable from working with people who use care services. Staff told us they attended an interview and they were asked questions which were relevant to the role of supporting people. The registered manager followed the provider's disciplinary processes when applicable.

People said there were plenty of staff available. Duty rotas showed there were consistent number of staff on duty. The registered manager provided on-call cover outside office hours and staff were confident they could speak with someone for advice at any time of the day or night. Staff worked flexibly to cover any emergency shortfalls, such as sickness. Staff had time to spend supporting people and were not rushed. A Staff Off Site (SOS) policy was used to make sure staff received assistance when needed. All staff were issued with a mobile phone and a SOS text message was sent if staff at the service required additional support. Staff told us this was not often used but that when it had been it had been very effective.

People were supported to have their medicines safely and on time. Some people managed their own medicines and staff kept an oversight of this. Medicines were stored, managed and disposed of safely. Medicines were locked in a cupboard in a locked office. The temperatures were checked regularly to make sure medicines were stored within safe limits. Staff completed medicines management training and their competency was regularly assessed. A 'medicines champion' was the first point of contact if people or staff had any questions relating to medicines. Staff made sure people had taken their medicines before they signed the medicines records.

Some people were prescribed 'when required' medicines to treat their anxiety. There were protocols for staff to follow to make sure they were taken at the right times and that they were effective. Staff were knowledgeable about people's medicines and why they needed them. The registered manager completed regular medicines audits to make sure people were supported with their medicines safely. Staff had formed a positive relationship with both the local pharmacy and doctor's surgery. People's GPs reviewed their medicines to ensure they were still suitable.

The premises were kept clean and tidy. People were supported to keep their rooms clean and to do their own laundry. Staff understood their responsibilities in relation to infection control and hygiene and were trained to follow best practice guidelines. For example they referred to National Institute of Clinical Excellence infection prevention and control guidance and the Control of Substances Hazardous to Health and ensuring that any chemical, like cleaning products, were locked away safely. Staff were all trained about the importance of good food hygiene. People were supported to make their own meals and were provided with easy to read information from the Food Standards Agency about food allergies, hydration and foods high in water content.

Maintenance staff regularly checked the safety of the environment. Gas and electrical appliances were certified as being in good working order. The building was secure and windows were fitted with restrictors, in line with guidance, to make sure people were not at risk of falling through them. The registered manager had worked with the local fire and rescue service prior to opening to obtain advice on fire safety. They had also referred to Government guidance on fire safety in residential care premises when they were writing the fire risk assessment. Regular fire alarm tests were carried out. Fire exits and assembly points were clearly marked. People told us they knew what to do if the fire alarm sounded. Each person had a personal

emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication needs of each person to ensure people could be evacuated safely from the service. A bag containing emergency equipment, such as a wind-up torch, high visibility jackets and foil blankets was easily accessible in an emergency.

Is the service effective?

Our findings

People received effective care and support from skilled and knowledgeable staff. People told us they trusted the staff and they were there when they needed support.

People's physical, mental, emotional and social needs were assessed when they were considering moving to Avondale Castlemount Lodge. People said they were treated as individuals. They told us about times they had been discriminated against because of their mental health and said they were fully supported by the staff. One person said the staff were, "Inclusive and non-judgemental". Staff spoke passionately about the importance of people being in charge of their own decisions about the care and support they received.

People were supported by staff who were knowledgeable and trained in their roles. Staff told us they completed an induction when they first started working at the service and that this was good and gave them the information they needed to provide people with the right level of support. New staff had completed or were working to obtain the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. It was developed to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

The registered manager kept an overview of training to ensure they kept up to date with best practice. Staff told us the training was good and that they had time to complete it. One member of staff commented, "The training is really good. I feel very well supported by the management and the staff team". Staff completed training on topics, such as health and safety, keeping people safe and health and safety. Additional training was provided to help staff perform their roles effectively and included, mental health, alcohol and substance misuse, Autism awareness, conflict resolution and challenging behaviour. Staff were actively encouraged to suggest training topics which would enhance their skills and were supported to complete social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications, candidates must prove they have the ability (competence) to carry out their job to the required standard.

Some people who were living with a personality disorder had written a training session which they presented to the staff team. They were able to give staff an insight into their mental health conditions, the daily struggles they faced and how best to support them in times of crisis. People told us they had enjoyed doing this and staff said that it was a huge benefit to hear the impact of people's mental health on their daily life and know how best to support people.

The registered manager regularly and effectively mentored and coached staff. They monitored the culture, behaviour and interactions of staff through observation. The observations were recorded and discussed with each member of staff. The records showed these observations highlighted many positive interactions with people and, when needed, identified areas for improvement or training.

People were supported to maintain a healthy and balanced diet. The kitchen was clean and well organised.

There was information, in an easy to read format with pictures, about healthy eating and foods from around the world. Staff supported people to prepare and cook meals. People told us they decided what to eat and that some of them cooked for everyone and others cooked their own meals. They said the staff helped them to plan their meals and to shop for groceries. People were supported to cook for visiting relatives and staff made sure they were given the time and space to enjoy their time together.

Staff held group cooking lessons to encourage people to develop life skills and to prepare them for moving into the community. People told us they had made chicken kiev the day before the inspection. A member of staff said, "Next week we are doing jerk chicken because people want to know how to cook it".

The registered manager and staff worked closely with health care professionals, such as care managers and commissioners to make sure people received consistent and co-ordinated care when moving into or out of the service. When people's needs changed staff informed the relevant health professionals to keep them up to date and to support people in making decisions about where they lived.

People were supported to stay as healthy as possible. Their day to day physical and mental health and well-being needs were met by a staff team who knew them well. Staff worked closely with the mental health team to ensure people were receiving the right support when they needed it. When people had lost weight they had been referred to a dietician. Staff gently encouraged people to eat regularly, reminding them about the importance of eating well to stay healthy. There was easy to read information displayed throughout the service about smoking, the ten big benefits of sleep, exercise and various health and well-being subjects. Staff supported people to attend local gyms and health clubs.

People were involved in making decisions about the décor at the service. People told us they had recently chosen the colour scheme for the lounge area and asked for additional sofas which had been provided. People showed us their bedrooms and said they had chosen how they wanted them decorated and that they were able to personalise their rooms in the way they chose. There were areas for people to smoke in the grounds of the service. People could spend time in their rooms or with others in communal areas. The building and grounds were well maintained and a dedicated maintenance person monitored the upkeep of the building.

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 completed training about MCA and understood their responsibilities. Staff assumed people had capacity and supported them, when needed, to make choices, such as how and where they wanted to spend their time. When people were unable to make a decision themselves, due to their mental health conditions, staff consulted with their representatives and health professionals to make sure decisions were made in their best interest.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. No-one was subject to an authorised DoLS.

Is the service caring?

Our findings

People were treated with kindness and compassion. People told us the staff supported their physical, mental and emotional needs and helped them make decisions about their support to make sure they maintained control of their lives.

Staff spoke about people with warmth and empathy and had built strong, meaningful relationships with them. They were knowledgeable about people's mental health conditions, their background and life history and their preferences. People said they trusted the staff and this meant a lot to them. Some people said they had never been able to fully trust others before moving to the service.

People and staff were encouraged to speak about each other in a positive way. Staff promoted a culture of inclusivity and there was a feeling of equality between people and staff. A large mirror was surrounded by photos of people and staff and noted positive attributes and affirmations for each one. One person said, "I hate looking in the mirror but this makes us all laugh a lot". People showed us a 'graffiti wall' which was covered in sticky notes they had written. There were many positive comments and some people had made a note of ideas on things to do. The registered manager and staff checked this regularly so they could implement people's ideas and people confirmed their ideas had been acted on. The registered manager commented, "People's ideas are what make the home what it is. It is their home and their needs and choices always come first".

Staff were patient and took time talking with people and listening to their thoughts and concerns. They spoke with people and each other in a kind, caring and respectful manner. They displayed a genuine concern for people's welfare and well-being and resounded quickly to ensure people's needs were met. Staff said, "We encourage and prompt people to live a better more fulfilled lifestyle and get them to a point in their recovery where they are ready to move on into the community". People told us about their goals and aspirations. They said that they were encouraged and supported by staff to increase their independent living skills.

People were given a 'welcome pack' when they moved into Avondale Castlemount Lodge. This was headed, 'Putting YOU at the centre of everything we do' and gave people the information they needed about the service, such as staff names, welfare checking systems, care plans and safety arrangements. Staff told us that care, support and staffing levels were arranged and changed around people's needs and preferences and that this was continuously monitored and amended as people's needs changed. They said they had time to complete training to make sure they could provide compassionate care which was centred on the people living there. Staff rotas were planned around people's appointments and activities to ensure there were sufficient staff at all times to provide the right level of support.

People were supported to express their views and make decisions about their care. People told us they had regular 'tea and talk' sessions with staff when they spoke as a group about specific topics, such as anxiety or life skills. People said these were very useful and that speaking as part of a group with likeminded people was helpful.

People were involved in the planning, management and reviewing of their own care. Some people had written their own 20 day plan which was used to empower them to take control of their life and increase their independence. People set their own aims and goals for the future and staff supported them to reach these. Staff referred people back to their plans and reviewed them with them to check what support was needed to help them reach their objectives, develop life skills and maintain a good level of independence.

Staff recognised when people's mental health had deteriorated and they needed additional support from an advocate to make decisions and made sure this was arranged. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People's privacy and dignity were promoted and maintained. When people chose to spend time in their rooms this was respected by staff. People told us that staff carried out welfare checks to make sure they were safe and that this had been agreed when they moved into the service. The registered manager told us, "I am a huge believer in people's rights to achieve what they deserve and to be treated with dignity and to be given the chance to be proud of who they are and the small achievements they may make". Some people had a preference of being supported by staff of a particular gender and this choice was respected.

People said their care and support plans were kept locked in the office and they could have access to them when they wanted to. Staff understood the importance of keeping people's confidential personal information (CPI) securely. The registered manager was in the process of writing a new policy to make sure people's CPI continued to be treated confidentially and was basing it around the new General Data Protection Regulation (GDPR). GDPR is a set of new rules for processing personal data that is coming into force throughout the European Union in May 2018.

People were encouraged to be as independent as possible. Staff supported people to set personal development and life skills goals and were genuinely pleased when people accomplished them. People showed us charts showing their goals and said the staff encouraged them to achieve them. Staff told us that some people had small goals, such as taking a bath or helping prepare a meal and others had larger ones like cooking a meal for everyone. They said, "I am so proud of X" and "X has come on leaps and bounds. It is wonderful to be a part of their achievements".

People's families were able to visit. Staff made sure that people were given the time and space to spend with their loved ones. For example, people were encouraged and supported to cook a meal for their loved ones and provided with a space for them to spend quality family time together without interruptions. People told us they felt proud to have been able to have cooked for their family and had enjoyed spending time with them.

Is the service responsive?

Our findings

People told us they were happy living at Avondale Castlemount Lodge and they received individualised care and support that was responsive to and met their needs and preferences. One person said, "I have really settled here. The staff are very supportive. I know I always have someone to talk to when I need to".

People told us they were involved in writing their care and support plans and they were designed to meet their individual needs. They said they felt in control of their lives with the support of staff. Some people had chosen to personalise their care files with their own drawings. Care and support plans were based on a 12 step challenge. The registered manager said, "They are designed to give people the opportunity to set their own goals, develop and grow life skills to support them to become more independent and to be able to live safely in the community".

People's care and support plans were a reflection of their individual physical, mental, emotional health and social needs. A detailed life and family history and people's religious, cultural and spiritual beliefs formed part of the care plan. 'Expressing sexuality and sexual awareness' formed part of each person's care plan. People spoke openly with staff openly about their sexuality, sexual health and relationships and said staff supported them to make health care appointments, such as at sexual health clinics, when needed.

People were supported to keep as busy and active as possible. People, when they chose to, cooked together, ate together and took part in group activities. When people chose to spend time on their own this was respected by staff. One person said, "We do art and craft together, we go out for meals. There is a lot to do if we want to join in. Sometimes staff will just take a walk with us and allow us to have space". The registered manager told us, "The day is broken up into three routines. Rise and Shine, Up and Active and Rest and Relax. This gives people a structure to their day". This structure was optional. People who chose to follow this told us that it helped. One person told us they liked the Rest and Relax time and that they made themselves a milky drink to aid their relaxation. A dedicated sensory area was used when people wanted some quiet reflection time. Staff encouraged people to use mindfulness meditation as a form of relaxation and contemplation. People said that being able to have that time and space was helpful. People said they had made suggestions about the things they would like to do, such as walking groups, days out to local towns and themed days, and that these had been included in their weekly activities. Some people had chosen to attend college and this was supported.

Some people found that writing journals, stories and poems helped them to reflect on their emotions, mental health and well-being. This was actively encouraged by the staff team. People had written some very moving poems to staff to thank them for the support they received.

The provider had a complaints process in place and no formal complaints had been received. People told us they were comfortable talking with staff about any concerns they had and felt confident staff would take any action that was needed. Concerns or complaints were used as a learning opportunity and to make improvements to the service.

Some people had discussed their preferences about end of life care, such as spiritual and religious choices. When people had these conversations their preferences were recorded to ensure staff were able to respect their choices. Staff completed training about end of life care.

Is the service well-led?

Our findings

People and staff told us they thought the service was well-led and that the registered manager was a supportive leader. People felt they received the right amount of support from staff. One person told us, "[The registered manager] came in their other day on their day off because they knew I was struggling with things. They go out of their way to help me". Staff commented, "We have a really good team. The morale is brilliant".

There was an open, transparent, empowering and blameless culture at the service which was promoted by the registered manager and staff. The registered manager had an attitude of inclusivity which involved people and staff in driving improvements at the service. The registered manager said, "Our working culture is so open. People and staff work together and we all learn from each other".

The registered manager and staff discussed their visions and values. One member of staff said, "The underpinning values are promoting individuality, safety, dignity and freedom of choice". The registered manager and staff told us they had a 'brain-storming' session at a recent meeting to discuss the ethos of the service and to discuss their visions and values for the service. They told us the staff decided their ethos statement was, 'To be better today than yesterday but not nearly as good as tomorrow'. Staff spoke with us about the ways they continually looked to make improvements and how they worked together with the registered manager as a 'tight team' to do so. They said that they valued and respected each other's views and were not afraid to challenge each other's opinions in what they told us were 'healthy discussions'.

Leadership at the service was visible and the registered manager coached and mentored staff and inspired people and staff to be the best they could be. The registered manager attended courses and forums to meet other providers and managers and to share best practice. They had recently attended a Skills for Care course about being well-led. They said, "The course was really good. I got a lot out of it. There was loads of information about how to provide a well-led service. It has made me reflect and realise it is all about leading rather than managing the service".

People and staff valued and respected each other. People told us regular 'house forums' were held to give everyone the opportunity to raise their views about the service and to make suggestions. The registered manager said, "Any changes in the service are dictated by our residents and their needs".

People, relatives, staff and health professionals were encouraged to provide feedback, through the use of surveys, about the service. The registered manager reviewed responses and comments to see if there were any improvements that could be made. The surveys people completed were in an easy to read format and asked them about topics such as privacy and independence, personal health, quality of life and discrimination. Responses had been positive.

The registered manager and staff developed strong relationships with the local community. For example, neighbours were invited to regular coffee mornings at the service to meet and speak with people living there and to learn about mental health. At Christmas neighbours had brought in a tree and decorations to make

sure people had a good time.

Staff were knowledgeable about the role of the Care Quality Commission (CQC) and one member of staff had trained the staff team on this. People had been given information about CQC in an easy to read format and staff had explained the inspection process to them. Staff showed us how they used the Care Quality Commission Key Lines of Enquiry of Safe, Effective, Caring Responsive and Well-Led to drive improvements at the service and to help people write their care plans. For example, by encouraging people to open and honest so their care plans reflected their emotional health needs and by encouraging people to follow their interests and record these in their support plan. Care and support plans were continuously reviewed and updated to make sure staff had the up to date information they needed to provide the right support.

The registered manager and staff carried out regular checks and audits to monitor and improve the quality of service. Care and support plans were reviewed on an on-going basis to reflect people's changing needs. Medicines records were checked to make sure people were receiving their medicines safely and GPs regularly reviewed people's medicines. Checks on the environment, including fire systems, were completed to make sure it was a safe place to live. The registered manager reviewed all accidents and incidents to identify any patterns or trends and to ensure any referrals to health care professionals were made appropriately. The registered manager and staff worked in partnership with the local authority and multi-disciplinary teams, such as the mental health team, to make sure people's needs were met and to promote joined-up care.

Staff understood the provider's whistle-blowing process and knew that they could take any concerns to external agencies, such as CQC or the local authority, if they needed to. There were reminders about this process on the staff noticeboard. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their roles safely. Staff knew where to access the information they needed. When we asked for any information it was available and records were stored securely to protect people's confidentiality.