Cedar Care Homes Limited

Oakhill Mansions

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

This inspection took place on 26 September 2017. The inspection was unannounced, this meant the staff and provider did not know we would be visiting.

Oakhill Mansions is registered to provide accommodation and nursing or personal care for up to 76 people. The home is arranged over three floors. On the ground floor is Queens Wood Wing which has 19 bedrooms, on the first floor is Kingsley Wing with 31 bedrooms and, on the second floor Princeton Wing has 26 bedrooms. At the time of our inspection 70 people were living at the service.

This was the first inspection of the service. The provider registered this service with the Care Quality Commission (CQC) on 15 September 2016.

As a result of this inspection we have rated the service as Good.

Overall, we found people using the service at Oakhill Mansions received good quality, safe, individualised care from motivated and well managed staff. Without exception we received positive feedback on the service provided from people, relatives, other professionals and staff.

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.

Staff understood their role and responsibilities to keep people safe from harm. Individual risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability to work with vulnerable people. Medicines were well managed and people received their medicines as prescribed.

Staff received regular supervision and the training needed to meet people's needs. The service had systems in place to ensure they complied with the requirements of the Mental Capacity Act 2005 (MCA). During our inspection we noted one area that required attention with regards to the MCA. The registered manager rectified this within 48 hours of our visit. We returned on 28 September 2017 to ensure this had been completed satisfactorily and saw it had been. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People had access to the food and drink they chose when they wanted it.

People were cared for by staff that understood their needs and knew them well. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The care and support people received was highly individualised. They were offered a range of group and

individual activities.

There was a clear and effective management structure in place. The registered manager and other senior staff provided good leadership and management and were themselves well supported by the provider. The safety and quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

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 Good.

People were kept safe by staff that understood their role and responsibilities and knew what action to take if they had concerns.

Individual risks to people were assessed and plans put in place to keep them safe.

There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability to work with vulnerable people.

Medicines were well managed and people received their medicines as prescribed.

There were systems in place to minimise the risks of infection.

Is the service effective?

Good

The service was Good.

People received care and support from staff who received the supervision and training required to meet their needs.

Assessments of people's capacity to make specific decisions had been completed in most areas. The one area where this had not been completed was rectified by the end of our inspection.

People had access to a GP and other healthcare professionals when needed.

Staff ensured people had enough to eat and drink and, that their personal choices and preferences were catered for.

Is the service caring?

Good

The service was Good.

People were cared for by staff that understood their needs and

knew them well.

Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

People were involved in making decisions about how they wanted to be looked after.

Is the service responsive?

Good

The service was Good.

People's needs were assessed and met.

The care and support people received was based upon person centred care plans designed to meet people's needs. These also took into account people's likes, dislikes, hobbies and interests.

People were offered a range of group and individual activities.

Managers and staff listened to people's views and made changes as a result.

Is the service well-led?

Good

The service was Good.

The vision, values and culture of the service were understood by all staff.

There was a clear and effective management structure in place. The registered manager and other senior staff provided good leadership and management and were themselves well supported by the provider.

The safety and quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

Oakhill Mansions

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 26 September 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also reviewed the information the provider had given us in their 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 the improvements they plan to make. We were also able to review and consider the findings of a joint quality assurance visit carried out by Bristol City Council and the NHS Continuing Health Care team on the 28 July 2017.

We contacted five health and social care professionals involved with the service and were provided with a range of feedback. On the day of our inspection we spoke with two GP's who were carrying out their regular visits to the service. We have incorporated views and comments shared with us by professionals into the main body of our report.

On the day of our inspection we spoke with a total of 24 people using the service. We also spoke with family members of four people visiting their relatives. We spoke with a total of 15 staff, including the registered manager, the two clinical managers, the area manager, the provider's operations director, three registered nurses, one care co-ordinator, one senior care worker, three care workers, an activities organiser and one member of the housekeeping team.

We looked at the care records of five people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range

of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment and equality and diversity.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "The staff are lovely, they come when I need them and even when I don't need them to come to check up on me", "They (the staff) come around during the night I feel safe here", "I get my pills every morning, just what the doctor ordered" and, "I do feel safe, it's the people and the surroundings. The staff are great, kind, caring, good at what they do and nice". Relatives and health and social care professionals told us they felt the service kept people safe.

Staff knew about the different types of abuse to look for and what action to take when abuse was suspected. They were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They told us they would report any concerns they had about a person's safety or welfare to the nurse in charge or the registered manager. They knew they could report directly to the local authority, the Care Quality Commission (CQC) or the Police. Staff completed safeguarding training as part of the induction and ongoing training programme. Staff knew about 'whistle blowing' to alert management to poor practice.

There were comprehensive individual risk assessments in place. Individual risk assessments had been completed for each person in respect of mobility, the likelihood of developing pressure ulcers, falls, malnutrition and dehydration. Where people needed to be assisted to move from one place to another a safe system of work had been devised. This set out the equipment to be used and the number of staff needed to complete the task. Risk assessments were completed where bed rails were in use to ensure these did not pose an increased risk to the person. Where it had been determined that a person was at risk of choking a management plan was in place, healthcare professionals were consulted with and the catering staff were informed. The risk assessments and management plans in place contained clear guidance for staff and, detailed the staff training and skills required to safely support the person. Staff had a good working knowledge of risk assessments and measures to be taken to keep people safe. Risk assessments and management plans were regularly reviewed with the involvement of relevant professionals.

Personal emergency evacuation plans had been prepared for each person. These set out the level of support the person would need if the building needed evacuation. A schedule of regular checks of the safety of the environment and equipment was in place and these were carried out. These included fire safety checks, hot and cold water system checks and an assessment of any maintenance required.

People were supported by sufficient numbers of suitably skilled staff to meet their needs. The registered manager explained how staffing levels were assessed and organised in a flexible way. We observed people on each of the three floors and saw people's needs were met promptly. A call bell system was in place for people to request staff when needed. When activated these were answered promptly by staff. At lunchtime we ensured a member of the inspection team was present on each floor. This allowed us to observe whether there was enough staff to meet people's needs at this busy time. We saw there were enough staff and people received the care required to provide safe care and assistance. All of the staff we spoke with said there were enough staff to safely provide care and support to people. People, relatives and professionals said there were enough staff.

We found that recruitment practices were safe and relevant checks were completed before staff worked in the service. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. The provider had also checked that qualified nursing staff were registered with the Nursing and Midwifery Council.

There were clear policies and procedures for the safe handling and administration of medicines. Medicines were securely stored and records of administration were kept. Regular auditing was carried out to ensure they were stored and administered safely. Medicines were administered by qualified nurses who received regular update training on administering medicines. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them, mainly for pain relief. We saw clear guidelines were in place for staff to follow to determine when and how these medicines should be offered to people. During our inspection we saw several examples of people either requesting or being asked if they required pain relief medicines. On each occasion these were promptly provided when required by people. There had been not been any recent errors in the administration of medicines. A clear procedure was in place to guide staff on action to be taken if an error occurred, this included seeking medical advice and carrying out a review to identify any measures that could be put in place to reduce the likelihood of a reoccurrence.

Records of any accidents and incidents were completed and kept. These analysed what had happened before, during and after the incident or accident. Preventative measures to be taken to reduce the risk of reoccurrence were then identified. We saw the registered manager regularly reviewed these to identify any themes or trends.

Some people required assisting with moving and handling which involved the use of hoisting equipment. When these hoists are used, people require 'slings' which are fitted to the hoist to keep the person safe. It is important that people are assessed to ensure they have the correct size and style of sling. This ensures they are safe and comfortable when being moved. These slings can also pose an infection control risk if shared between people. People had their own identified sling which had been assessed as being the safest most comfortable one for them. Staff assured us they were used only by them and we saw they were not kept in a communal store.

Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. Those we spoke with had a good understanding of how to prevent infection and control its spread. Cleaning materials were stored securely to ensure the safety of people. The accommodation was safe, clean, well maintained, odour free and appropriate for people's needs.

Good

Is the service effective?

Our findings

People using the service told us about the service they received. Without exception they told us their needs were met. One person told us the staff were 'spot on'. Another said, "They wanted to put my picture on the door, I said I would not like that so we agreed we would just put my name on my door". Other comments included; "I like it here everyone is nice to me" and, "I like her (pointing to a particular staff member) a lot, she's very nice". Throughout our visit we saw people's needs were met effectively. Staff provided the care and support people required when they wanted and needed it. Health and social care professionals we spoke with confirmed they felt the service met people's needs.

People were cared for by staff who had received the training required to meet people's needs. We viewed the training records for all staff. These identified when staff had received training in specific areas and, when they were next due to receive an update. All staff received core training which included; first aid, infection control, fire safety, food hygiene, moving and handling, equality and diversity, safeguarding vulnerable adults and mental capacity. Care staff told us the training they received had been effective in assisting them to meet people's needs. Registered nurses were provided with training to ensure their clinical skills were up to date. Nurses we spoke with told us they felt the provider supported them to maintain and develop their clinical skills.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. On the day of our inspection a cohort of newly appointed staff were receiving induction training. This was facilitated by a trainer employed by the provider and took place in the well-equipped training room at the service.

Staff received the support required to effectively carry out their roles. The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision and records reflected this. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the MCA and DoLS. Care plans contained assessments of people's capacity to make specific decisions relating to most aspects of their care. However, where people had bedrails in place, we found that although a risk assessment had been completed, people's capacity to consent to them being in place had not been assessed. Given that bedrails can restrict a person's movements, it is important that the appropriate consent is sought. We spoke with the registered manager regarding this. They said this had been an oversight. Following our inspection, the registered manager rectified this and we were able to confirm on 28 September 2017 that these had been put in place. For other aspects of their care, where it was identified that a person did not have capacity to consent, a decision was made in their best interests. This process had been completed thoroughly and involved relevant professionals and where possible family members.

Some people in the home had a DoLS authorisation in place. We checked to see whether any conditions on these DoLS were being met. The registered manager told us that conditions on DOLS was something they had discussed with the local authority as they found that some of them were not possible to meet and others were no longer relevant. For example, one person's DoLS authorisation had a condition to complete a risk assessment for the movement sensor in their room. The registered manager told us this was no longer in use. The registered manager was aware that if movement sensors were used to ensure people's safety, then consent should be sought in line with the MCA. In other cases, we found that conditions on DoLS were being met. For example, one person was visiting a relative on a regular basis in accordance with the condition on their DoLS authorisation. The registered manager had informed CQC as required when DoLS applications had been authorised. The date that applications were submitted and, the date they were authorised were clearly recorded. This meant they could identify when authorisations were due to lapse and take action to submit a new application if required.

Staff actively promoted people making their own day to day choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind. Care records gave clear information to staff about areas where people could make their own decisions and how people could be supported to make those decisions.

People told us they enjoyed the food and menu choices available to them. One person described the food as 'wonderful', another said, "I get plenty to eat" and a third said, "I choose what I want to eat and drink". Care documentation showed people's nutritional needs were assessed and kept under review. People's care records contained information about people's nutritional intake and the support they needed to maintain good health. Records confirmed people's weight gain or loss was monitored so any health problems were identified and people's nutritional needs met. We noted where people's intake of food or fluid was being monitored the charts were completed accurately by staff. Menu choices were balanced with a choice of fresh meat, fish and fruit and vegetables. We observed a variety of drinks and snacks were available for people throughout the day. People had access to juice and water in their rooms.

People's care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle. People were registered with one of two local GP surgeries. The GP's regularly visited the service and we were able to speak with a GP from each surgery. They confirmed staff ensured people's health needs were identified, appointments made appropriately with them and any advice given was followed. People confirmed they were assisted by staff to see their GP and other healthcare professionals when they needed or wanted to.

Good

Is the service caring?

Our findings

People said the staff were caring. Comments included; "The staff are all lovely", "I enjoy the company here", "There is a nice atmosphere here, the staff are very kind and pleasant" and, "I can do more or less what I like, I'm happy with everything". One person explained staff called them by their preferred name. They said, "I like to be called (name), but my real name is (name) they (the staff) always call me by the name that I like". Another person who had recently moved into the service said, "They (the staff) explained everything to me and, I am going to get a brochure about it all as well". Relatives and professionals told us staff were caring. One visiting healthcare professional said, "The attitude of the staff and their interaction with people is excellent".

Whilst at the service we saw people were treated in a kind, caring and respectful way by staff. Staff were friendly, sensitive and discreet when providing care and support to people. They clearly knew people well and respected them as individuals. They were able to tell us about people's interests and individual preferences.

We observed a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. For example, at lunchtime we saw staff encouraging people to eat independently but offering assistance as and when required. With people who required more assistance we saw staff assisting them with lunch, help was offered and provided at a level and pace relevant to the person's level of need. When providing help staff spoke with people and engaged them in general conversation. It was also clear that during mealtimes staff took care to ensure an atmosphere conducive to dining. For instance, televisions were switched off and background radio music was played.

People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. Staff had received training on equality and diversity.

Staff supported people to maintain relationships with family and friends. People's care records contained contact details and arrangements. Staff said they felt it important to help people to keep in touch with their families. We were told there were no visiting restrictions in place at the service. One person's relative told us they were always welcomed when they visited. Another relative told us they were encouraged to take an active role in their family member's care. We observed staff greeting relatives in a way that showed they knew them well and had developed positive relationships. We saw relatives and friend visiting at varying times during the day.

People were treated with dignity and respect. Staff knocked on people's doors and sought permission before they entered people's own rooms. Staff told us what they did to make sure people's privacy and dignity was maintained. This included keeping people's doors closed whilst they received care, telling them what personal care they were providing and explaining what they were doing throughout. Staff spoke about

people in a positive manner. They stressed people's talents and demonstrated they valued them as individuals.

Care records detailed how people had been involved in developing and agreeing their plans of care. Promoting people's independence was a theme running through people's care records and our discussions with staff. Guidance was in place for staff on how to work alongside people providing coaching to carry out activities themselves. Staff told us they saw this as a key part of their role.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met.

Staff we spoke with said they felt the care people received was good and, when asked, all said they would be happy for a relative of theirs to use the service.

Good

Is the service responsive?

Our findings

People told us the service responded to their individual needs. Throughout our inspection we saw staff responded appropriately to people's needs. This included answering call bells promptly and acting on people's requests. Relatives also said the service was responsive to people's needs. One relative told us how pleased they were that staff had taken time to get to know the person when they first arrived.

An individual assessment of people's needs was undertaken before they moved to the service. This was to ensure that the service had the appropriate equipment in place and the staff team had the necessary skills to meet the person's care needs.

People's care records were person centred. Care planning documentation had been prepared for each person and covered the full range of daily living needs. Plans were written in respect of communication, hygiene, mobility, skin integrity, nutrition and end of life care needs. Care plans also addressed mental health needs and any behavioural management needs. Those plans we looked at were well written and provided detailed instructions for the staff to follow. Information on how people had been involved in developing these plans was included in people's care records. Care plans included information on people's life histories interests and preferences. Staff said this information helped them to provide care and support in the way people wanted. Staff we spoke with were knowledgeable about people's life histories and their likes and dislikes. These plans were regularly reviewed on set dates or when people's needs changed. Relevant health and social care professionals were involved where required. Professionals told us their advice was listened to and acted upon by staff.

In addition to their care plan, people had daily records in their rooms. These contained re-positioning charts, food and fluid intake charts and a topical creams/ointment administration records. Those we looked at had been completed appropriately and evidenced the care given.

When people's needs changed, this was identified promptly and reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. A handover is where important information is shared between the staff during shift changeovers.

People participated in a range of individual and group activities based upon their hobbies and interests and, likes and dislikes. These were carefully planned and included activities both outside and within the home. The activities team consisted of three staff, a coordinator and two organisers. Care staff told us one was usually present on each floor, with them working together for larger group activities. The activities staff we spoke with were passionate and enthusiastic about their role. We saw the activities staff had formed links with a charitable organisation set up with the intention of increasing the level of activity and engagement for older people living in care homes. Activities staff told us this had proved helpful in identifying opportunities for new activities.

Regular activities and trips were planned and provided. People, relatives and staff said they felt there were enough activities on offer. Comments from people included; "There is always something going on", "I can choose what I want to do and when I want to do it", "They" (activities staff) always ask me what I would like to do" and, "I love it when we have entertainers in". In addition to the weekly plan of activities new opportunities had been provided which had increased links with the local community. These included, gardening activities and establishing links with Bristol Zoo. Staff also told us they wished to develop the activity programme further through for example making links with a local nursery.

People told us they were able to raise any concerns they had with staff or the manager. Formal meetings for 'residents and relatives' were held, people who did not attend these meetings were given the opportunity of talking individually with a staff member. People's views, ideas and suggestions had been recorded and acted upon. The provider had a policy on complaints and comments. A record of complaints was kept at the service. We looked at the records of these and saw each had been appropriately investigated, with the outcome recorded and feedback provided to the complainant.

A compliments file was kept and we were encouraged by the registered manager to view this. The file consisted of files, notes, letters and printed emails. These identified aspects of the service the author had been particularly pleased with. Some spoke of Oakhill Mansions as a whole, others identified individual staff members. Staff told us compliments were fed back to them when appropriate. They said they welcomed this and that it made them feel 'valued'.

Good

Is the service well-led?

Our findings

Throughout our inspection we saw people benefitted from receiving a service that was well led. Staff understood the values and culture of the service and were able to explain them. We saw there was a person centred culture and a commitment to providing high quality care and support. Staff provided us with information we requested promptly and were available to answer any questions we had. The registered manager and staff spoke passionately about the service and their desire to provide a high quality person centred service.

The management structure was clear and understood by staff, relatives and professionals. The registered manager was assisted by two clinical managers, a team of nurses and care coordinators. These roles had clear delegated responsibilities and assisted in providing leadership and direction for frontline care staff and auxiliary staff.

Without exception we were told the registered manager and other senior staff were supportive, approachable and provided effective leadership. Staff told us they were able to raise any concerns regarding poor practice with senior staff and were confident these would be addressed. Other comments from staff regarding the leadership and management of the service included; "I would not work anywhere else", "We are all one big family here. Managers, nurses, care staff we all work together", "(Registered manager's name) knows everyone well and is always available", "(Clinical Managers name) and (Registered Managers name) are excellent, very helpful and support with very high expectations and standards" and, "The managers are involved and very good". Feedback from relatives and professionals regarding the registered manager and other senior staff was equally positive.

We saw the provider and senior staff had given thought to planning for future staffing requirements. They had recognised the increasing awareness of concerns regarding the recruitment and retention of skilled staff in the care sector. Both recruitment and retention was seen as a high priority and a specific strategy had been put in place to manage this, particularly for nursing staff. The registered manager explained the care coordinator role in addition to playing a part in the day to day running of the service, assisted in ensuring a pool of potential future nurses would be available. They said this was because most of the staff in those roles were nurses who had qualified overseas and, whilst they worked as care coordinators they were assisted in developing their language skills and move towards gaining registration with the Nursing and Midwifery Council (NMC) to register as nurses able to practice in the UK. We felt this to be an innovative measure to manage future recruitment of nursing staff.

The provider operated an on call system for staff to access advice and support if the manager was not present. This allowed staff access to a senior manager at all times for advice and support. Staff confirmed they were able to contact a senior person when needed.

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The registered manager knew when notification forms had to be submitted to CQC. These notifications

inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

People benefitted from receiving a service that was continually seeking to improve. Sophisticated and comprehensive systems were in place to check on the standards within the service. These included weekly checks on areas such as; medication, equipment, care records and health and safety. In addition to this the provider carried out surveys of the views of people and relatives. An external consultant was also employed to examine the quality and safety of the service, using CQC's key lines of enquiry (KLOES). We saw as a result of these measures detailed improvement plans had been drawn up that were regularly reviewed by the registered manager and senior staff. We also saw the actions identified as a result of the joint quality assurance visit carried out by Bristol City Council and the NHS Continuing Health Care team on the 28 July 2017, had either been achieved or were being actively worked towards.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

Staff meetings were held regularly. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the registered manager to ensure they were completed.

Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

At the end of our inspection feedback was given to the registered manager, clinical managers, operations director and area manager. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals.