

Valeo Limited

Springfield House

Inspection report

176 Sheffield Road
Penistone
Sheffield
South Yorkshire
S36 6HF






Date of inspection visit:
18 December 2017
20 December 2017

Date of publication:
01 March 2018

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection of Springfield House took place on 18 and 20 December 2017. We previously inspected the service on 21 September 2015; we rated the service as Good, at that time we found the registered provider was not meeting the regulations relating to staffing. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Springfield House is registered to provide accommodation and personal care for up to four people with learning disability, mental health issues and behaviours that challenge. The home is situated in Penistone, South Yorkshire near local shops and public transport and is a detached house with a separate secure rear garden accessed through the house. There are four private bedrooms with en-suite facilities, a communal lounge, a small lounge/craft room, a communal kitchen/dining room, a communal bathroom and a separate laundry/domestic room. There were three people living at the home on the day of inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. 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.

During this inspection, we found measures had been put in place to rectify and address previous concerns relating to staff and a programme for supervision and appraisal was in place.

We found the service was safe. Staff had received safeguarding training and knew how to recognise the signs of abuse. Risk assessments and risk reduction plans were in place to support staff and minimise the risk of avoidable harm.

Appropriate recruitment processes and checks were made to ensure suitable staff were employed. There were a sufficient number of staff to keep people safe and meet the needs of the people who used the service.

Medicines were administered and stored safely. People were encouraged to manage their own medicines where they had the capacity to do this. PRN (as required) protocols were in place and regular medicine audits were undertaken.

Staff received training to carry out their roles effectively. Some staff required their training to be refreshed

and we found this had been identified by the registered manager and actions were already in place.

People were supported with their hydration and nutritional needs. People were encouraged to participate in menu planning and food shopping.

People were supported to have maximum control and choice of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

Staff understood the requirements of the Mental Capacity Act 2005. Capacity was assumed. Where people lacked capacity decision mental capacity assessments had been completed and best interest meetings held.

Staff were caring and very kind. Staff treated people with respect and were extremely knowledgeable how to support the people who used the service. Staff supported people to maintain their privacy and dignity.

Care plans were person-centred and included people's likes and dislikes. Staff supported people to retain their independence.

People who used the service were encouraged to participate in a wide range of activities and interests and included in the day to day activities within the home. A car was provided by the service to enable people to have an ease of access to a wide choice of places.

Additional systems were needed to gather feedback from people who use the service, their relatives and staff. We found the registered manager was committed to listen and learn from experiences and to continue to develop the service for the benefit of the people who lived there.

Regular audits took place within the home to help monitor and drive improvements.

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 and relative told us they felt safe.

Safe recruitment and selection processes were in place.

Medicines were administered and managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Systems in place for staff supervision and appraisal need to be embedded and maintained

Staff supported people to ensure they drank and ate enough.

People were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People told us staff were nice and caring.

Staff had a positive relationship with people.

Staff respected and maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported with their communicate needs.

People received support to engage in a wide range of activities.

Staff provided person-centred care.

Is the service well-led?

The service was not always well-led.

People who used the service and staff were not formally asked to provide feedback on the service.

Staff felt supported and spoke positively about the registered manager.

People were encouraged to actively engage in the community.

Requires Improvement 

Springfield House

Detailed findings

Background to this inspection

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

This inspection site visit took place on 18 December 2017 and was unannounced. An unannounced inspection is where we visit the service without telling anyone. The inspection team consisted of one adult social care inspector. One inspector also visited the home again on 20 December 2017. This visit was announced and was to ensure the manager would be able to meet with us.

The home was previously inspected on 21 September 2015 and was found to be overall good at that time, with a breach of regulations in staffing. Staff were not receiving appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question how does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support. During this inspection, we checked to see whether improvements had been made.

Prior to our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We contacted commissioners of the service, safeguarding and Healthwatch to ascertain whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was used to assist with the planning of our inspection and inform our judgements about the service.

We used information the provider sent us in the Provider Information Return (PIR). 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 used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and kitchen areas observing the care and support people received. We spoke with three people who were living in the home and one relative of a person who lived at the home by telephone. We also spoke with the registered manager and six members of staff. We reviewed two staff recruitment files, three people's care records and a variety of documents which related to the management and governance of the home.

Is the service safe?

Our findings

People who used the service told us they felt safe with the support and care staff provided. Comments included "I like living here. I feel safe" and "yes, I feel safe." A relative of a person who used the service told us "[Name] speaks very highly of the staff; I have no concerns regarding their safety."

The provider had a safeguarding policy in place and staff had received safeguarding training. Staff we spoke with could describe signs of abuse and knew to report concerns to the manager to keep people safe. Records showed safeguarding concerns were logged, dated and referred to the local safeguarding team where appropriate. This showed us there was the right systems in place to protect people who used the service from the risks associated with abuse.

Peoples were supported to maintain their human rights. We saw people had been registered to vote and best interest decisions held regarding supporting people to vote it they so wished. This helped demonstrate people were supported with their human rights and protected against discrimination.

People's confidential information was securely stored. We saw confidential information and care plans were kept in a locked room. This meant people's confidentiality was safe and maintained.

We saw risks assessments were in place for example, person safety and life style choices such as smoking. The risk assessments were specific to each person and took into account the associated risk and measures to reduce risk from happening. We noted one person had been assessed as having limited road safety knowledge and saw a detailed plan in place to manage the risks associated with traffic. This meant people were supported to retain independence in a safe, managed way.

The registered manager told us behavioural risk assessments were carried out for all people who used the service and we saw these in the care plans we reviewed. A relative we spoke with talked very positively how they had noticed a change in behaviour of their relative since they had moved to the service. They explained their relative's appearance was now "well kept" and they had seen a noticeable reduction in the behaviours that other people may find challenging. They told us "I cannot praise the service enough, they do a fantastic job." This showed there were processes in place to keep people and others around them safe.

We reviewed how risks to the premises were managed. We looked at the records for gas safety, electrical installations, portable appliance testing, emergency lighting and water quality and saw these had been inspected by competent people. We inspected the provider's internal records for the testing of the fire alarm and saw the alarm was required to be tested on a weekly basis. We found instances when the fire alarm had not been tested weekly. We brought this to the attention of the registered manager on our inspection who was aware the tests had not been carried out on a weekly basis and had put a process in place to ensure weekly testing took place.

The registered provider had emergency procedures and policies in place. We found personal emergency evacuation plans were in place for each person. These plans detail important information to ensure a

person's safety in the event of a fire or emergency evacuation. We noted a morning and late evening fire evacuation drill had been carried out during August 2017. We saw both evacuations had been carried out safely and no concerns raised. This meant staff knew how to keep people safe in the event of a fire.

We observed there were enough staff to keep people safe. The registered manager told us staffing levels were calculated based on local authority individual funding agreements for the people they supported and an individual placement assessment was carried out before people moved into the service. Staff we spoke with told us they felt they were not enough staff available especially in the morning to support people with their medicines and carry out the morning tasks. We raised these concerns with the registered manager on our inspection who stated they were fully aware of staff concerns relating to the medicine administration and the service was looking at solutions to resolve the situation.

A record was kept of accident and incidents involving people who used the service. These records contained detailed information about what had happened and how staff had responded to keep the person safe. We found these had been managed and reviewed appropriately. This meant people would be kept safe in the event of an accident or emergency.

We checked staff had been recruited in a safe way and that all the information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were in place.

We reviewed the recruitment files for two members of staff. We found application forms had been completed and Disclosure and Barring Service (DBS) checks had been obtained. DBS checks return information from the Police national database about any cautions, convictions, warnings or reprimands and help employers make safer recruitment decisions to help prevent unsuitable people from working with vulnerable groups. This helped demonstrate staff were recruited in a safe way.

We observed a staff member administering medicines to three people. The staff member prepared each person's medicines and knew how people liked to take their medicine. They spoke knowledgeably regarding individual preferences. We saw medicine information available in easy to read formats and people's preferences in taking their medicines recorded in their care plans. We observed one person take their medicine with a cup of tea and found this was recorded as their preference in their care plan. This showed people were provided with information in an accessible format and their preferences were listened to and acted upon.

We were told one person took an interest and active engagement in the management of their own medicines. We saw a risk enablement assessment in their care plan and observed the person self-administer a prepared injection. This helped demonstrate people were supported to retain their independence.

Medicines were stored safely in secured cabinets. Medicine administration records (MARs) were used to record the administration of medicines. We saw staff document when people had taken their medicines. We looked at a selection of MARs and saw these had been completed appropriately. We inspected medicine audit records and saw medicines were audited three times a day by two members of staff. This meant potential errors in medicine administration were identified and could be rectified immediately.

We found PRN (as required) protocols were in place for the administration of medicines which were prescribed on an ad hoc basis for example, Fibogel. We saw PRN medicines were stored in a separate locked cabinet. This helped demonstrate medicines were administered safely.

We looked at the cleaning schedule for the service and saw this was carried out in line with the service

requirements. A staff member told us people were encouraged to clean and tidy their own rooms and we saw documentary evidence of ad hoc bedroom cleaning checks being carried out. Personal protection equipment was available to protect people from the risks of infection. This meant people would be protected from the risks associated with infection.

Staff we spoke with understood their responsibilities to raise concerns and told us this would be done direct with the registered manager. The registered manager told us they encouraged staff to speak with them directly and lessons learnt would be shared back to staff either individually or as part of a team meeting. We looked at accident and incidents and saw these had been reviewed and managed appropriately. This showed processes were in place to learn from mistakes.

Is the service effective?

Our findings

A person who used the service provided us with positive feedback regarding the staff who supported them. They told us staff were "great" and "always help me."

Our inspection on 21 September 2015 found the provider was not meeting the regulations relating to staffing and how the service makes sure that staff have the skills, knowledge and experience to deliver effective care and support. At this inspection we found a number of improvements had been made relating to staff supervision and appraisal. Future inspections will seek to evidence a sustained and embedded process is in place.

We asked staff whether they received regular supervisions. One staff member told us they had noticed an increase in the number of supervisions they had received in the last six months. Another staff member told us they had not received supervision. A further staff member told us they could not remember the last time they received supervision. We looked at the provider's supervision and appraisal policy and saw staff who worked 30 hours or more should receive six supervisions per annum. We looked at the supervision matrix and saw staff had not received supervision and appraisal in line with the provider's policy. However since the new registered manager took over the management of the service we could see all staff had either received a supervision or had one booked in. This meant staff would receive supervision in line with organisational policy.

Staff we spoke with told us they had not received an annual appraisal. We looked at the provider's supervision and appraisal policy and saw appraisals should be conducted annually for staff. The registered manager told us there was missing managerial paperwork for supervisions and appraisals before them joining the organisation and as such were unable to provide evidence for inspection. The registered manager told us plans were in place for all staff to have an annual appraisal during January 2018. This meant staff would receive an annual appraisal to enable them to have the right skills to carry out their duties effectively.

We saw a contract for the care packing being provided signed by the person or their authorised representative in each of the care plans we reviewed.

We found the consideration of people's religious, cultural and ethnic needs were reflected in care plans. For example, one care plan detailed the person did not practice religion but enjoyed visiting churches as they liked the way the buildings looked. Another care plan detailed a person was not religious but they enjoyed celebrating religious festivities and we saw the person had requested staff to ask them if they would like to join in. This meant people's religious, cultural and ethnic needs were respected.

Staff received induction and mandatory training. Staff new to the organisation were required to attend a three day induction programme and to complete the Care Certificate. The Care Certificate is a standardised programme of knowledge that aims to provide care staff with the skills they need to provide effective and compassionate care. This showed the registered provider was following care guidelines in their induction

programme for staff.

We looked at the staff training matrix. We saw there was outstanding update training for some staff. One staff member told us they were not given enough protected time to complete online training within the allocated time for e-learning. We spoke with the registered manager on our inspection who told us staff were expected to carry out e-learning training as a mixture of protected and personal time. This meant staff received training appropriate to help deliver effective support and care.

Some staff we spoke with raised their concerns that they had been required to complete training for the administration of medicines and they did not wish to take on this area of additional responsibility. We were told there had been a lot of changes within the service over the last six months and as such all staff had been requested to undertake the medicines training when previously the administration of medicines had been a senior carers role. The registered manager acknowledged they had implemented a lot of change in the service to job roles and structures since they had joined the organisation and stated they were continuing to work with staff to address ongoing concerns. They further told us as a small service it was important that there was greater flexibility in the team skills.

We saw people were supported with their nutritional and hydration needs. One person told us the food was "nice." Care plans contained detailed information regarding people's food and drink preferences. We looked at a care plan and saw the person assessed as inclined to skip meals. Staff told us they tried to encourage the person to eat regularly and offer a variety of foods. On inspection we saw staff trying to persuade the person to have some lunch and offered a variety of different foods to eat. We noted another person understood how different food types affected their blood sugar levels and spoke confidently about/on how to manage these if their blood sugar level was raised. This meant people were supported with their hydration and nutritional needs.

People were encouraged and supported to have access to healthcare services. On the day of inspection we saw one person was supported to attend a dental appointment. Another person had been supported to attend a local hospital appointment. We saw documentation detailing each person's appointments and when the next routine appointment was due. This demonstrated staff's commitment to ensuring people had access and attended other healthcare services.

People's care plans contained annual health records relating to their medical needs and a hospital passport. A hospital passport contains important healthcare information for hospital staff should the person be admitted to hospital.

The design and flow of building was appropriate for the needs of the people who lived there. There were three separate communal areas on the ground floor, one of which had access to the rear garden. The rear garden could also be accessed through the laundry room. On the day of inspection we saw the premises were in the process of being redecorated internally throughout the building. The registered manager told us people using the service had been involved in choosing the colour scheme. One person we spoke to showed us the recent upgrade maintenance work carried out in the laundry room and confirmed they had been involved in choosing paint colours. This meant people were supported to be involved in the changes to their home.

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 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. The manager told us no people who lived at the home were subject to a DoLS authorisation.

The MCA also provides the legal framework for acting and making decisions on behalf of people who lack capacity to make particular decisions for themselves. Where a person lacks capacity to consent, then nobody should sign a consent form unless they have specific legal powers to do so, for example, health and welfare lasting powers of attorney.

Care files evidenced staff reviewed people's capacity to consent to their support and care. Where people did not have capacity to make a decision there were best interest decisions held. Staff spoke knowledgeably regarding the MCA and could describe what this meant for the people who they support. This showed staff were supporting people effectively.

Is the service caring?

Our findings

A person who used the service told us, "Staff are caring and very nice." Another person told us staff were "great." A relative we spoke with told us they felt the staff were very supportive and had good interactions with people. These comments demonstrate people who use the service and their relative valued the care being provided by staff.

We observed interactions between staff and people who used the service on our inspection. We saw staff were caring and took a genuine interest in the people they supported. All staff we spoke with were extremely knowledgeable of people's likes and dislikes and it was clear that staff knew people well. One staff member described how they were initially told a person who lived at the home did not like to leave the building and preferred to be left alone. They further stated that over the recent months, they had managed to build enough trust with the person to encourage them to occasionally leave the home to go on short drives in the car the service provided. Another staff member described how they supported a person with their gardening interest and had grown various fruit and vegetables during the summer months. One staff member we spoke with told us they "liked to help people have a better life and to make them smile." This showed staff knew the people they supported well and listened to what mattered to the person.

In a care plan we looked at we saw one person had requested staff to always check that they had understood what was being asked from them by asking questions to clarify their understanding. All staff we spoke with could describe in detail how to communicate with the person dependent on the mood the person was displaying at the time. This meant staff understood and respected the needs of people.

People had a positive relationship with staff. On the day of inspection we saw one person had gone out with a staff member who was taking the service's car to the garage for routine maintenance. This showed people were included and encouraged to be involved in the day to day general activities of the home.

Staff knew people's preferences and spoke knowledgeably regarding the people they cared for. One staff member described how they had very recently organised a movie night for the people who lived at the service as they knew it was something that all the people enjoyed and could participate in together. They further stated they had brought a selection of DVD films from home for people to choose to watch together. A person told us it had been a fun evening and they had "enjoyed it." This meant people were encouraged to be involved with other people who used the service and make decisions together regarding their social activities.

We saw the care plans were person centred and detailed with a person's likes and dislikes recorded. In one care plan we saw a person had been assessed as having capacity to choose what they liked to wear but had stated they preferred for staff to pick out their clothes. Another care plan detailed a person required a hearing aid to help with their hearing capacity but preferred not to wear one. This meant people were supported with their decision making in a way that was important to them.

People who used the service were supported where necessary to access formal advocacy services. An

advocate is an independent person or organisation that can speak on behalf of someone and act in their best interest. The registered manager told us how they would support people to access advocacy services if needed.

We saw people were supported to maintain their independence. On the day of our inspection we saw one person walk to a local supermarket to buy some items that they wished to purchase and another person was visiting the supermarket later that day to buy food for their tea. A staff member told us people were encouraged to be involved in the weekly food menu planning as well as supported to buy additional ad hoc items throughout the week. This helped demonstrate people were encouraged to maintain their independence.

Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. One staff member told us a person who lived at the home preferred to have a bath rather than a shower. They further stated they provide support for the person to have a bath and enable the person to maintain their privacy by remaining outside of the bathroom. They told us they would regularly ask if the person needed any help and would only enter into the bathroom if the person requested additional support. This meant people privacy and dignity was respected.

Is the service responsive?

Our findings

We asked people whether staff provided support to enable them to do the things that they wanted. One person told us "staff look after me." A relative told us "The service puts the interests of people at the heart of what they do."

All organisations that provide NHS or adult social care must follow the accessible information standard. The aim of the accessible information standard is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. We found care plans contained accessible information appropriate to individual requirements. For example, one person's care plan we looked at contained information relating to a recent optical prescription in an accessible format. This meant people were supported with communication appropriate to their needs.

The registered manager told us the provider had a central team who would undertake the first initial pre admission assessment to review whether a person's needs could be met by the provider before a service specific comprehensive assessment review was carried out. They told us it was extremely important to ensure a person would be compatible to live with the three people already established and settled within the service. They explained that the service had learnt a valuable lesson from a previous unsuitable placement that had disrupted the other people living at the service and as such the service was keen to ensure future placements would be compatible. This meant people's quality of life was taken into account when planning future potential placements.

We looked at the detailed assessments in the care plans for three people who used the service. We saw care plans were person centred which had been written in line with the person requiring the support. The care plans described what a person like to do and what support, if any, the person required. We saw a person had regular contact with a family member and looked forward to spending time with them. The person told us they were due to visit and spend time with their family during the Christmas period. The registered manager told us the visit had been arranged and everything was in place to support the person whilst staying with their relative. This example demonstrated people were supported to maintain relationships with people that mattered to them.

We observed staff provided person centred care which was focused on meeting a person's individual need and ensuring the person led a fulfilling life. For example, one person took great pride in showing us around the garden at the service and showed us where they grew vegetables and herbs. They further told us they helped at a local gardening centre. Staff told us they had arranged and supported the person with their interest and now the person regularly helped at the gardening centre. This demonstrated how staff supported people to maintain the quality of their life.

We looked whether people were supported to maintain their interests and activities. A staff member told us the service "focus on the things the people who live here like." They described how they supported one person to go swimming on a weekly basis at the local swimming pool. They further told us it was a new

activity for the person following a general conversation they had with them to encourage the person to try out different activities. This meant people were supported to try out new and different interests and activities.

A staff member told us the service provided a car for staff to use to support people to attend appointments and leisure activities. We looked at the documentation relating to the vehicle and found service records, insurance and a MOT certificate in place. We saw appropriate driving checks had been carried out for staff that drove to use the service car. This meant people had an ease of access to places through a choice of travel methods.

There was a complaints policy in place and this had been last reviewed April 2017. We noted there were no formal complaints at the time of the inspection. The registered manager told us they had not received any complaints regarding the service and would address people's concerns immediately as they arose. A relative told us they did not know the formal process to raise a complaint but stated they would raise any concerns direct with the registered manager. This meant there was a process in place to address complaints if these arose.

We found care plans contained very limited information regarding a person's end of life wishes. We saw the service had an end of life policy in place. We raised this with the registered manager who acknowledged there had been limited discussions with people's regarding end of life wishes due to the average age group of the people they supported. The registered manager agreed for discussions to be held with people so that their wishes could be known and recorded appropriately within the care plans.

Is the service well-led?

Our findings

Our inspection on 21 September 2015 found the registered person was not meeting the regulations relating to staffing. Staff were not receiving appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

During this inspection we found recent improvements relating to staff supervisions and appraisals had been made however, there was no evidence the registered provider had addressed our concerns in the interim period between the change in registered managers.

Due to the relatively short period since the registered manager became responsible for the service and our inspection, we were unable to evidence the improvements had been embedded and consistently maintained. Future inspection will seek to evidence a sustained and consistent high level has been achieved and that systems for staff supervision and appraisal are in line with organisational policy.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

There is a requirement for the registered provider to display ratings of their most recent inspection. We saw a poster displaying the ratings from the previous inspection was on display within the home and the rating, along with a link to the CQC report was also available on the registered provider's website.

The registered manager told us they were fully aware of the key challenges the serviced faced and we saw an action plan in place to continue to develop the service. They described how they had worked shifts when they first joined the service to get to know the people who used the service and the staff team to enable them to understand the service provided. The registered manager told us they operated an open door policy and welcomed any feedback from people and staff. We found the home had a relaxed friendly feel on our inspection.

Staff we spoke with spoke positively regarding the registered manager and said they were supportive and approachable. All staff told us they felt confident to discuss concerns direct with the registered manager. Staff told us they felt since the registered manager joined the service midyear in 2017 they had "turned the place around" and recognised the positive changes that had been implemented.

We saw staff consultation meetings were held in June, August and October 2017. Records from the staff

meeting in October showed seven people attended and items such as training update requirements and staff viewpoints had been discussed. This showed staff were kept informed and up to date regarding the service.

Healthcare professionals and family members were asked to provide feedback on the service. We saw feedback documentation had been distributed in December 2017 and the service was waiting for feedback to be received.

We saw limited evidence people who used the service had been formally asked to provide feedback on the service. Staff we spoke with could not recollect whether they had ever received a staff survey or formally asked to provide feedback. We feedback to the registered manager on inspection who told us of their plans to address these concerns.

Regular audits were undertaken by the registered manager in relation to the environment, safety, medicines and people's finances in order to identify problems and make improvements. This helped monitor and drive improvements in the service.

We found the service had established links within the community and local businesses. People who used the service were encouraged to become involved with the community. A staff member told us they regularly supported people who visited the local shops and businesses for ad hoc day to day needs and people were spoken with and recognised by local residents. This helped demonstrate people were encouraged to become involved with the community they lived in.