

Mr & Mrs D G Payne

McGillicuddy House

Inspection report

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Tel: 01634711781

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on the 1 July 2016 and was unannounced.

McGillicuddy House offers accommodation, care and support for up to 10 people with learning disabilities from those that are independent to those needing more support. The accommodation was provided over three floors in a semi-detached house with a communal living room and kitchen diner, bedrooms and communal bathrooms. There is a communal outdoor area at the rear of the property with a garden and summer-house. There were seven people living in the service when we inspected.

We last inspected the service on 10 and 11 November 2015. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to Regulation 11, Need for consent; Regulation 12, Safe care and treatment; Regulation 13, Safeguarding people from abuse and improper treatment; Regulation 17, Good governance; Regulation 18, Staffing and Regulation 19, Fit and proper persons employed. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations.

At this inspection we found that the provider had implemented their action plan and improvements had been made.

There was a registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The registered manager was not available on the day of the inspection, and the deputy manager assisted with the inspection process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Management understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support peoples best interest if they lacked capacity to make certain decisions about their care.

People said they felt safe and relatives told us that they knew their relatives were safe. People were protected against the risk of abuse. People told us they felt safe. Staff had recently had updated training and recognised the signs of abuse or neglect and what to look out for. Management and staff understood their role and responsibilities to report any concerns and were confident in doing so. Staff told us they knew what to do if they needed to whistle blow, and there was a whistleblowing policy available.

People had varied needs, and some of the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy by showing warmth to the provider, deputy manager and staff who were supporting them. Staff were attentive and interacted with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for help.

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Gaps in applicants employment history had been followed up and DBS checks had been updated as appropriate. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

There were risk assessments in place for the environment, and for each person who received care. Assessments had been updated and were individual for each person. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Staff contacted other health and social care professionals for support and advice, such as doctors, speech and language therapist (SALT) and dieticians.

There were policies and a procedure in place for the safe administration of medicines. People had access to GPs and other health care professionals. Prompt referrals were made for access to specialist health care professionals.

People could easily access food and drink and snacks during the day. People were involved in shopping. Staff knew people that lived in the service well and were engaged in meaningful and fun conversations with people. Staff encouraged people to be as independent as possible.

There were regular minuted 'housemates' meetings where people were able to talk about things that were important to them and about the things they wanted to do. We saw evidence of people going to regular activities in the community and in the home.

People were aware of the complaints procedure and they knew who to talk to if they were worried or concerned about anything. Relatives said that they knew who to complain to if they had any concerns and provided positive feedback on the service as a whole. The deputy manager said there had been no complaints made since the last inspection in November 2015.

The registered manager had sought the views of people living in the service as well as relatives. The results of these surveys were positive.

The provider and registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The providers and registered manager understood the requirements of their registration with the CQC.

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 indicated that they felt safe living in the service, and that staff cared for them well.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good ●

The service was effective.

We observed that staff understood people's individual needs and staff were trained to meet those needs.

People had access to food, drinks and snacks throughout the day.

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Is the service caring?

Good ●

The service was effective.

We observed that staff understood people's individual needs and

staff were trained to meet those needs.

People had access to food, drinks and snacks throughout the day.

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

Staff encouraged people to be as independent as possible. A range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

There was positive feedback from health and social care professionals about the care provided for people.

Is the service well-led?

Good ●

The service was well-led.

Staff, people and relatives were positive about the management team and there was an open and caring culture in the service.

Staff told us they found management to be very supportive and felt able to have open and honest discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

The provider and registered manager were aware of their role

and responsibilities in relation to notifying CQC of any incidents or serious injury to people.

McGillicuddy 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 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 inspection took place on 1 July 2016, was unannounced and carried out by one inspector.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we observed care in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people about their experience of the service. We spoke with the deputy manager, and three staff. We contacted twelve health and social care professionals and asked for their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, the staff training programme, the staff rota and medicine records.

Is the service safe?

Our findings

At our last inspection on 10 and 11 November 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to Regulation 12, Safe care and treatment; Regulation 13, Safeguarding people from abuse and improper treatment; and Regulation 19, Fit and proper persons employed. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations. At this inspection we found that the provider had implemented their action plan and improvements had been made in safeguarding people, individual risk assessments, and staff recruitment processes.

People we spoke with told us they were happy in the service and felt safe. People had lived at McGillicuddy House for many years and said it was their 'home'.

A health and social care professional commented, 'Staff appear to have a good understanding of the person's needs and behaviours. I have always found the care plans and risk assessments to be up to date and holistic'.

There were enough staff to care for people safely and meet their needs. Staff responded to people quickly when they needed care which reduced the risk of people falling or becoming upset. Currently there were no people who needed the assistance of two care staff to support them. The deputy manager showed us the staff duty rotas and explained how staff were allocated to each shift. The staff rotas showed there were sufficient staff on shift at all times. We were told if a member of staff telephones in sick, the person in charge would ring around the other members of staff to find cover. Management told us staffing levels were regularly assessed depending on the dependency needs of people and adjusted accordingly. This showed that arrangements were in place to ensure enough staff were made available at short notice to maintain the levels of service and at times when people's needs changed.

People were protected by safe recruitment practices. There had been no new staff employed since the last inspection in November 2015. The provider had an updated recruitment policy in place and this was to be followed. An audit of all staff files had been undertaken, and all current staff had been checked against the Disclosure and Barring Service (DBS) records and records were kept of these checks. The DBS checks helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. The provider had a disciplinary procedure in place to respond to any poor practice.

Staff followed the provider's policy which had been updated about safeguarding people. Staff had recently undertaken refresher training to recognise and respond to concerns about abuse. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed

to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

The risk involved in delivering people's care had been assessed to keep people safe. Risks were minimised and safe working practices were followed by staff. We saw that risk assessments had been completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, epilepsy and falls risk assessments were in place for staff to refer to and act on.

Staff knew how to report accidents and incidents in the service. The provider would monitor any accidents and incidents to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. For example, people who fell were checked for any underlying health issues that may have caused the fall. We saw there were risk assessments and guidelines for going out into the community which were reviewed on a regular basis. This ensured that risks were minimised and that safe working practices were followed by staff.

Staff followed the provider's medicines policies. Staff were trained to assist people with their medicines where this was needed. People who received support from staff with their medicines told us that they were given their medicines as required by their GP. Staff we talked with told us how they supported people safely when dealing with medicines. People were asked for their consent before they were given medicines and staff explained what the medicine was for. Audits of medicines were carried out and staff signed medicines administration records for any item when they assisted people. Records had been accurately completed. Staff were informed about action to take if people refused to take their medicines, or if there were any errors.

People were cared for in a safe environment. The premises looked and smelt clean and had been maintained and suited people's individual needs. Equipment was serviced and staff were trained how to use it. The premises were maintained to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people falling or tripping.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Is the service effective?

Our findings

At our last inspection on 10 and 11 November 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to Regulation 11, Need for consent, and Regulation 18, Staff training. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations. At this inspection we found that the provider had implemented their action plan and improvements had been made in relation to staff training and gaining people's written consent.

Staff understood people's needs, followed people's care plan and were trained for their roles. People said staff encouraged them and supported them to maintain their independence.

Health and social care professionals commented, 'The service appears effective in meeting the needs of people. When appropriate staff have sought guidance from health and social services', and 'Support workers are enthusiastic and engage with professionals'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services 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 new care plans that had been completed for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved. Staff had received training in relation to the Mental Capacity Act and DoLS. The deputy manager understood when an application should be made and how to submit them. This ensured that people were not unlawfully restricted. She told us that currently none of the people were subject to a Deprivation of Liberty Safeguards order. This ensured that people were not unlawfully restricted.

We observed that staff sought people's consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or assisting them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. As part of the new care planning system there were consent forms in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their

authorisation to speak or sign forms on the person's behalf or in their best interests.

All new staff completed an induction when they started in their role. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people. Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. Management said that any new staff would complete an induction programme and shadow experienced staff, and not work on their own until assessed as competent to do so.

Records seen showed that staff had also completed nationally accredited qualifications in health and social care (NVQs). These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard.

Since the last inspection in November 2015, staff had received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as epilepsy and swallowing awareness. Staff spoken with were happy with the updated training they had received and felt that it was sufficient to both do her job and meet people's needs. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they were supported through individual supervision and appraisal. One to one meetings and appraisals provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. In this small service staff saw and talked to each other every day. Staff were aware that management was available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concerns within this system.

People were involved in the regular monitoring of their health. People were supported to have a health action plan and to attend medical appointments as and when needed. We were shown detailed support and development plans that aimed to help the person and guide the staff. Where people suffered from epilepsy, staff were provided with clear guidance on signs and symptoms to recognise. Details in care records included action staff should take in the event someone suffered from an episode. Where people had different types of epilepsy this was recorded, described and guidance given. Staff identified any concerns about people's health and then contacted their GP, community nurse, mental health team or other health professionals. Records showed that staff worked closely with health professionals such as community nurses in regards to people's health needs.

People were supported to have a balanced diet. People's dietary needs were discussed and the staff were informed. People's likes and dislikes were recorded and staff were aware of what people liked and did not like. People told us that they were all involved in ordering the food shopping on line from the supermarket. People decided the food choices each day rather than there being a pre-set menu and then they could choose what they wanted for their main evening meal. We observed people eating their meal in the dining room. Choices were suggested and people opted for different foods. For example, a pasta dish or a sandwich. The atmosphere was convivial. People were smiling and chatting and eating their food. The food looked and smelled appetising and people were asked if they wanted more.

Care plans included eating and drinking assessments and gave clear instructions to staff. People who were at risk of choking had also been assessed. People were weighed regularly and their weight was recorded in their care plan. Staff informed the registered manager of any significant weight gains or losses, so that they

could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. We observed that people helped themselves to drinks whenever they wanted to.

Is the service caring?

Our findings

People were very positive about the staff and living at the home and told us, "I'm very happy here". "I really like it", and "I have lots of friends". Another told us, "I like living here".

Health and social care professionals commented, 'My observations at the time of my visits indicate that the staff are very caring'.

Positive caring relationships were developed with people. Throughout the course of our inspection we observed staff engaging in meaningful conversations with people. People were treated with kindness and understanding. People were comfortable with staff and staff knew people very well and what they liked and didn't like. One member of staff said, "We make sure that people are at the centre of everything we do".

There was a service user guide which was in an easy read format for people. This was in a pictorial format. It showed what to expect from the pre-assessment before going into the service, where the service was, that they would have their own bedroom and what they could expect to do whilst living in the service.

Staff members were able to tell us about how they protected people's dignity and privacy, for example, when they were providing support with personal care, always telling people what they were going to do. Staff told us that they would never discuss people's confidential information with other people, including housemates. There was no manager's office where people or relatives could have private conversations however; relatives had previously told us that, "Confidential conversations can be held elsewhere, either in the summer house or bedroom". Therefore protecting people's privacy.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person. It also included, staff promoting peoples' independence for example, supporting them to make their own breakfast and carrying out domestic tasks. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Support was individual for each person. People were able to make day to day choices about their care, such as the food they wanted to eat, activities they took part in or the clothes they wanted to wear. People were able to choose where they spent their time including in their rooms, in the communal areas such as the lounge or dining room and if and when they wanted to go out. Regular reviews were carried out by the provider or registered manager, and any changes were recorded as appropriate. This was to make sure that the staff were fully informed to enable them to meet the needs of the person. We saw that people were positively encouraged to maintain relationships with family members. Visitors were always made welcome.

The staff recorded the care and support given to each person. People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the provider or

registered manager, they were listened to. Each person was involved in regular reviews of their person centred plan, which included updating assessments as needed. The records of their care and support, which were both written and pictorial, showed that the care people received was consistent with the plans that they had been involved in reviewing.

People showed us their bedrooms, all of which were different and personalised to their own taste, with their own furniture and painted in colours of their choice. It was clear that people were very proud of their bedrooms. One person told us "I like my room".

People told us they had been asked about their views and experiences of using the service. We found that management used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, calling people by telephone to ask their views and sending people questionnaires.

Minutes of "housemates" meetings showed that they discussed issues around the home and the running of it and "housemates" survey's going back to 2014 had very positive feedback about the home.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

At our last inspection on 10 and 11 November 2015, we identified that the complaints policy and procedures needed reviewing and updating. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations. At this inspection we found that improvements had been made and the complaints procedure had been updated.

People needs were reviewed and kept up to date. Staff told us that people received care or treatment when they needed it.

Health and social care professionals commented, 'I have always found staff to be responsive to any actions and requests made following reviews. They also responded well to a particular client whose needs changed and needed to move to a more suitable placement', and 'This service took proactive steps to develop an exercise group with help from a Physiotherapist'. This benefitted the people. People were engaged in variety of activity according to their interest.

People had lived at the service for many years. People's needs were assessed by staff and care and treatment was planned and recorded in people's individual care plan. A new care plan format had been completed for each person. These care plans written and pictorial and individual to the person. Care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, 'I am supported to attend annual eye screening', 'I am able to say if I am in pain', and 'I like small amounts of liquid at a time'. The staff knew each person and were able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs. They and their relatives as appropriate were involved in any care management reviews about their care.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.

People were supported to take part in activities they enjoyed. People told us that they regularly went to the cinema and bowling. People talked about what films they had seen and what they would like to see. Three people had recently been on a Monday to Friday holiday to a coastal town, and at the time of our visit four people were preparing to on a Monday to Friday holiday to another coastal town. We saw copies of 'housemates' meetings, which were chaired in turn by each housemate. They discussed issues around the

house as well as what activities they would like to do and where they wanted to go on holiday. Every Monday evening some people would go to the local church and play bingo. There was a list of planned outings for 2016, and some outings that had already been undertaken included visiting, a garden centre, a large shopping centre, a musical event, and two animal centres. People were involved in activities of their choice that kept them occupied and stimulated. People's family and friends were able to visit at any time.

Information about making a complaint was available on the information board. People were given updated information on how to make a complaint in a format that met their communication needs. People knew how to make a complaint and staff gave people the support they needed to do so. The deputy manager said that there had been no formal complaints since the last inspection visit in November 2015. Complaints received by the service would be dealt with in a timely manner and in line with the provider's updated complaints policy. Any concerns or complaints would be regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Concerns were dealt with at the time they were raised by people.

Is the service well-led?

Our findings

At our last inspection on 10 and 11 November 2015, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to Regulation 17, Good governance, a lack of a quality assurance system to assess, monitor and improve the quality and safety of the services provided. We also identified a breach of the Care Quality Commission (Registration) Regulations 2009, Regulation 18, notifications that the provider is required to inform CQC by law. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations. At this inspection we found that the provider had implemented their action plan and improvements had been made.

People spoke highly of the management team, and said that staff listened to them. Staff said they felt they could speak with management if they had any concerns, and that they liked working for the service. Our discussions with people, one of the providers, the deputy manager and staff showed us that there was an open and positive culture that focused on people. Staff told us they were free to make suggestions to drive improvement and that management were supportive of them. Staff told us that management had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team.

Health and social care professionals commented, 'Based on my observations of the service during my visits the service seems to be well led by the registered and deputy managers. Information appears to be disseminated down to shift leaders and support staff. The providers of the service also appear to take a proactive approach and have liaised with the relevant departments within social care when appropriate'.

The provider's statement of purpose in part, sets out the aims, objectives and philosophy of the home. We were able to see through observations, talking to people and staff that these aims and objectives were being met and that management was actively encouraging the visions and values of the service. Staff were observed promoting dignity, respect, promotion of independence, risk taking and activities.

The management team at the service included a registered manager and a deputy manager. The providers visited the service on a regular basis to provide support to the registered manager and to carry out monitoring and audits of the service.

Staff knew they were accountable to the provider and registered manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

People who used the service had the opportunity to feedback and comment on the delivery of care and were provided with annual satisfaction questionnaires. The recently completed relative's satisfaction questionnaire gave positive results in answer to all the questions asked. Comments from people included,

'My brother is very happy there (McGillicuddy House) and would not like to be anywhere else'; 'McGillicuddy House is a lovely home always welcoming and support him very well. I tell people what a lovely place you got and McGillicuddy is the best thing that happen to him to grow and learn new skills', 'She has been supported and cared for by the staff of McGillicuddy House for many years now. She has, and continues to be, very happy and settled. She regards them, and the housemates as her family which indeed that are, thankfully'; 'He is very happy at McGillicuddy House. He thrives in the relaxed, friendly atmosphere and has joined in with many more things than he used to feel confident about. He is well cared for physically and mentally'; and 'I have the greatest respect and admiration for the professionalism commitment and support which she receives. Thank you everyone'.

The ethos of providing good care was reflected in the record keeping. Clear and accurate records were maintained and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by the provider and registered manager on a regular basis.

Policies and procedures were being updated to make sure they reflected current research and guidance. Policies and procedures were available for staff. The provider's system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

Management was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team when necessary. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

There was a new system in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as person centred planning and accident and incidents. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.