

# 1st Enable Limited Bridge House

## 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?

Outstanding 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 11 and 15 December 2014 and was announced. We gave the provider 48 hours' notice of the inspection because the service is small. We needed to be sure that the registered manager would be in. The previous inspection took place on 13 December 2013 under the Commissions old way of inspecting services. The provider had met the standards that were inspected.

The service has a registered manager. 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.

Bridge House is the headquarters for 1st Enable limited. 1st Enable support five people in a cluster flat setting in Chester city centre. A new cluster provision of flats has recently opened on the outskirts of Chester. At the time of

# Summary of findings

our inspection one person was living there. 1st Enable also support five other clients who live in individual accommodation of their own in the Chester and Ellesmere Port area.

People were supported by staff that had the required skills to promote their safety and welfare. People had been provided with information in an understandable format so they knew what was meant by 'keeping safe'.

People who used the service were involved in the recruitment of staff to ensure they were happy with the people who were going to support them. There was a system in place to match new members of staff with people who used the service in order to ensure that staff were matched effectively in line with the person's needs. Staffing numbers were sufficient to meet the needs of the people who used the service.

Medicines were managed safely and people told us that staff supported them with their medication and always received it on time.

People's nutritional needs had been assessed and staff were knowledgeable of people's nutritional needs.

People told us they had plenty of choices with regards to what they wanted to eat. Relatives told us that their relatives' health had improved as a result of the care provided by staff.

People told us that staff were caring. We saw good interactions between people who used the service and the staff team. People were involved in the planning of their care and had an opportunity to say what was important to them. They also had the opportunity to discuss their future wishes and aspirations.

We found that people had an opportunity to take part in the activities they enjoyed inside their home and out in the community. Relatives told us they had no complaints about the service. They told us they knew how to make a complaint and felt the manager was approachable.

Systems were in place for checking on the quality of service provided and processes were in place to deal with any areas identified for improvement. The management team had vast experience in supporting people with learning disabilities and autism and spoke passionately about the vision for the future of this service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People who used the service told us they felt safe and staff always asked if they were happy and felt safe.

There were sufficient numbers of suitably trained staff to provide care that was safe and met the needs of the people who lived at the home. The provider had innovative, robust and effective recruitment processes in place so that people were supported by staff of a suitable character.

Where risks to people's safety had been identified, risk assessments had been drawn up and were reviewed on a regular basis. These were provided to people in an understandable format and people told us they understood the information provided to them.

Good



### Is the service effective?

The service was effective.

People had access to a variety of health professionals who told us the service always followed their advice and support. They told us about the positive differences staff had made to people's lives since they started to use the service.

People's mental capacity was assessed to ensure their rights were protected. People were supported by staff to make decisions for themselves.

Staff had been provided with training in order to meet the needs of the people who used the service. The provider had forged working partnerships with the local authority and Chester University in order to ensure the training provided was effective so that people's needs were met.

Good



### Is the service caring?

The service was caring.

Relatives of people who used the service told us that positive relationships were seen to be present between staff and people who used the service. We observed this to be the case during the day of our inspection.

We observed staff treated people with dignity, respect and kindness. Staff were very knowledgeable about people's needs, likes, interests and preferences.

Discussions with people and examination of records showed that people were involved in the planning and delivery of their care. This was explained to them in a way they could understand.

Good



### Is the service responsive?

The service was responsive to people's needs.

Outstanding



# Summary of findings

Support plans were person centred, which meant they were centred on the individual needs, preferences and choices for people who used the service.

People had access to activities so their choices and social needs were promoted and maintained. People told us that they were supported by the service to engage in paid work or voluntary occupation within the local community.

People spoken with had no complaints about the service. We saw that processes were in place to deal with complaints should they be made. Staff felt that any complaints would be dealt with appropriately by the registered manager.

## Is the service well-led?

The service was well led.

Professionals, people who used the service and their relatives spoke very highly of the registered manager and the management team and said they were approachable and accessible.

An experienced management team was in place. They promoted the highest standards of care and support for people. This was confirmed through discussions with professionals, people who used the service and their relatives.

Systems were in place to check on the quality of care that was provided and the environment that people lived in.

**Good**



# Bridge 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 announced inspection took place on 11 and 15 December 2014. We spent the first day of our inspection at the supported living accommodation following an invitation from the people that lived there. We spent the second day of our inspection at the headquarters for the service.

The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information

in the PIR along with information we held about the service, which included notifications they had sent us. We sent questionnaires to health and social care professionals as well as staff members employed by the provider. Five health and social care professionals and six members of staff completed and returned the questionnaires prior to our inspection.

During the visit we spoke with three people who used the service at the supported living accommodation in which they lived. Another person who received care in their own home came to speak with us and brought their support plan with them. We also spoke with three relatives, two care staff, the registered manager and three other members of the management team. We observed care and support in communal areas of the supported living accommodation as well as in people's homes after they invited us to speak with them.

We reviewed a range of records about people's care and how the service was managed. These included the support plans for four people, the training records for all staff members, maintenance records, the medication records for three people and quality assurance audits that the management team had completed.

# Is the service safe?

## Our findings

People who used the service told us they felt safe whilst being supported by people who used the service. They told us they carried around 'Safe in town' cards that made them feel safe when out in the community. We saw the provider had worked in partnership with Cheshire Police in order to provide these to people who used the service. Comments from people included; "They ask me if I am happy all the time and if I feel safe.", "I am 100% Safe. They always ask if I am happy and safe and I welcome them doing this." Another person said; "I feel safe."

Relatives spoken with told us they believed their family member to be safe whilst receiving care. Comments from them included; "[My Relative] is safe. They know what to look out for if there is going to be an issue. As a family member it is big thing to know they are safe and well looked after." Another relative told us; "[My relative] is safe. This was a big worry for us but the staff have re-assured us. They always call us if there are any concerns."

Prior to this inspection, we asked health and social care professionals if people were safe from abuse and/or harm from the staff of this service. 100% of the responses received informed us that they believed people were safe.

Staff had undertaken training on safeguarding adults from abuse. The staff who we spoke with confirmed that they had completed this training during their induction programme and then again as refresher training on a regular basis. Records confirmed that training in safeguarding was current for all members of staff. Discussions with staff demonstrated they were knowledgeable about the different types of abuse that could occur and they knew how to report it. Staff said they could approach the manager with any concerns and felt they would be appropriately dealt with.

Prior to this inspection, we asked staff if people were safe from abuse and/or harm from the staff of this service. 100% of the responses received informed us that people were safe. We asked staff if they knew what to do if they suspect one of the people they supported was being abused or was at risk of harm. 100% confirmed they knew what action to take.

We found that staffing numbers were adequate and were based on meeting people's individual needs. Our observations throughout the day showed that people

received the support as required at the supported living accommodation. The provider had their own pool of bank staff to call upon to cover staff absences. The manager told us this was important to ensure people were supported by staff who they knew well. Staff, people who used the service and their relatives told us that they thought there were sufficient numbers of staff.

We checked the recruitment records for five members of staff. We saw that before any member of staff began employment with the company two references were obtained. We saw that Criminal Record Bureau (CRB) disclosure checks, and more recently Disclosure and Barring Service (DBS) checks were completed. This showed the provider had a system in place to check that people were supported by people of a suitable character. The provider used the Quality Compliance System (QCS) to assist in the recruitment of staff. The registered manager told us this was used as part of a robust recruitment process so they could gain an understanding of the applicants ethical work practices. The registered manager told us that people who used the service were involved in the recruitment of staff to ensure they were happy with the people who were going to support them. There was a system in place to match new members of staff with people who used the service in order to ensure that staff were matched effectively in line with the person's needs. People who used the service confirmed they were involved in this process and felt that their views were considered when new members of staff were recruited. One person told us; "I take part in interviews for new staff members. I feel [management team] listen to me."

We looked at the care records for three people. Detailed risk assessments were held within the care records and they recorded how identified risks should be managed by staff in order to keep people safe. They covered areas such as finances, social, physical, emotional, mental health, and behavioural needs. We saw the risk assessments had been updated on a regular basis to ensure that the information available to staff was current. We saw complex information about the risks posed to people in their daily lives was given and explained to people in a pictorial format which made it easier for them to understand. Information about how to keep people safe was also on display in pictorial format within each of the flats we were invited into. People told us that staff had explained this to them and understood what it meant in order to keep them safe.

## Is the service safe?

Each person had a finance file. There was a clear audit trail within each file to show what each person had spent and receipts and bank statements were kept to corroborate this. We saw that tenancy agreements were also available in pictorial format for people who used the supported living service so that people could understand them more easily.

We saw that people's medication was stored within their own flats at the supported living accommodation. A person who received domiciliary care told us that their medication was kept at their home and staff assisted them to take their medication in a timely manner. People told us staff assisted them to take their medication and they always received it on time. We looked at the medicines records for three people who used the service. We saw that accurate and consistent records were kept on medicines that were administered, received and disposed of. There was a system in place to ensure that people were given their medication at safe time intervals with times accurately recorded on the Medication Administration Record sheets (MARs). People were prescribed medicines to be taken only

'when required' (PRN). For example, painkillers and medicines for anxiety. We found that information was in place to guide staff on how to give each of these medicines and exactly what dose was required. This information was also recorded in pictorial format for people who used the service. This helped them to understand when to take certain types of medication and the signs to look for so they know which medication to take. This ensured that the medicines were given correctly and consistently with regard to the individual needs and preferences of each person. People spoken with confirmed they understood the information that was provided to them with regards to medication. One person told us; "I get my medicines on time. The staff make sure I take them."

The provider kept records that showed they were responsible for the maintenance of the supported living accommodation. Health and safety at supported living accommodation was also monitored by an external company as well as the provider to ensure the environment in which people lived was safe.

# Is the service effective?

## Our findings

People who used the service told us that the care provided was effective. Comments from them included; “They’ve been very good to me and I strongly recommend them. They support me with the shopping and tidying the house. I can’t find faults with them. They are excellent.”, “They make sure I go to my health appointments. They are excellent with this.” Another person told us; “They take me shopping. I can choose what I want. They helped me put a meal planner together which is in my kitchen.”

Relatives of people who used the service told us the care provided was effective and their relative was supported to maintain healthy lifestyles. Comments from them included; “They guide [my relative] to make healthy food choices.” Another relative told us; “[My relative] has come on so much in the last 12 months thanks to the staff.”

Health and social care professionals also told us that the care provided was effective. We asked them if staff were competent to provide the care and support required by people who use this service. 100% of them agreed that people were supported by competent staff. Comments from them included; “1st Enable always ensured that I was central to the care planning and risk assessing which [Person] fully contributed to. I continued to visit the service user for six months after they had moved to [the service]. In that short period of time the service user had gained more daily living skills, appeared more confident and their self-esteem had certainly improved.” Another professional told us; “I always felt welcome when I visited and the care staff always acted on anything that I may have raised during my visit. 1st Enable would also communicate and keep me updated on a regular basis.”

Prior to this inspection, we asked staff if had they had training they needed to enable them to meet people's needs, choices and preferences. 100% of the responses received from them confirmed they had received the training they needed. 100% of their responses also informed us that they received regular supervision and appraisal which enhanced their skills and learning.

We looked at the staff training records held by the provider. We saw that training was current for all staff in areas such as autism, equality and diversity, fire safety, first aid, medication, safeguarding, individuality, human rights, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Safeguards (DoLS). We saw the provider had forged a working partnership with Chester University and the local authority in order to provide a comprehensive training programme. There was a rolling training programme in order for training to be refreshed on an annual basis. Staff spoken with during the inspection confirmed they had received this training. Staff told us that team meetings and supervision meetings had taken place with the manager on a regular basis and the provider gave them opportunity to discuss what had gone well and asked what they could do to help them develop. Appraisals were also completed on an annual basis. Members of staff who were new to their roles told us that their induction was thorough and they had spent time shadowing other staff members in order to get to know the people they supported. We saw the induction incorporated the skills for care common induction standards.

On the first day of our inspection, staff demonstrated one of their training scenarios to us that showed how they recognised people's behaviours as a form of communication and what the likely consequences were. Our observations informed us this training had been put into practice. We saw a person who used the service became distressed. Staff were able to quickly identify what was wrong with the person and as a result the person quickly became more relaxed.

Staff were aware of the requirements of MCA 2005 in order to act in accordance with legal requirements where people did not have the capacity to consent to care. We saw that mental capacity assessments had been carried out in order for informed decisions to be made when people did not have capacity to consent. We saw that the relatives of people who used the service and the relevant health professionals had also been involved in best interest decisions. These decisions were clearly recorded and explained in the relevant care records.

Where people were at risk of losing/gaining weight, we saw that food dairies were completed by staff. They detailed exactly what the person had to eat or drink. Staff spoken with were able to specifically describe the type of diet that was required for the people who were at risk. This was reflected in the support plans we looked at. We saw that the people concerned had received the specialist input of



## Is the service effective?

dieticians and as a result their health had improved. One relative told us “The staff have been marvellous. It has taken a lot of strain off us. [My relative] is now very healthy and they support them to maintain a good diet.”

We saw contact with other health care professionals was recorded. This included contact with hospitals, GPs and dentists. Correspondence to and from health care professionals had been retained and any advice given

about people’s care had been incorporated into their care plans. We found each person also had a health file in addition to their support plans. They were also provided in pictorial format so that people who used the service could understand them more easily. One relative told us; “They always see the doctor or dentist. They are very hot on that and ensure it is done on a regular basis.”

# Is the service caring?

## Our findings

People who used the service told us that the staff were caring and they always asked if they were happy with the service provided. They told us they were involved in putting their support plans together. Comments from them included; “They are very good. They support me to cook and shop.”, “They are very nice and lovely. They treat me so well.”, “I was involved in my care right from the start. They work their socks off and deserve an award for the work they do.” Another person told us; “The proof is in the pudding. It is a two way thing and the communication between staff and clients is first class. This is outstandingly above any other service I have used.”

Relatives of people who used the service told that staff were caring and felt involved in the planning of their relatives care. All of them commended the service for their person centred approach and stated they had seen improvements in their relatives care since they started to use the service. Comments from them included; “I am kept involved and so is [My relative]. They ensured [My relative] led this process. It shows with how much they have come on in the last 12 months.” Another relative said; “I have never felt so involved and informed. [My relative] has photos on her walls so she knows which carers are coming and on which day. The staff are very approachable and I have no worries at all.”

Health and Social care professionals told us that staff were caring and had forged positive relationships with people who used the service. Comments from them included; “The staff’s positive attitude and person centred thinking approach has promoted [Person’s] independence and given them a fulfilled life.” Another professional said; “The

staff are approachable and their accommodation is always clean. The staff always respects privacy with the service users and myself and they always listen to the persons point of view.”

Prior to this inspection we asked care staff if they were always introduced to people who use the service before working unsupervised with them, and were people who used the service always treated with respect and dignity by all staff? 100% of the responses received strongly agreed/ agreed with these questions. Health and social care professionals corroborated their responses.

Throughout the day of our visit we observed that people looked content, happy and comfortable with the staff that supported them. We saw staff being kind and supportive to the people they supported. Staff spoke to people in a caring and compassionate manner. When people became confused and upset, staff dealt with the situation calmly and were attentive to people's needs.

We saw that advocacy services such as the Independent Mental Capacity Advocate (IMCA) were available to people should they be required. We saw that one person had an IMCA in place and this was reflected in the support plans we looked at it. It was clear that they were involved in the care that was provided to the person concerned.

We saw staff promoting independence and choice. For example, we saw people made decisions on what they wanted to eat and drink, whether they spent time in their flats, took part in activities outside of their home within the community or spent time with staff members in the communal lounge. People who used the service confirmed that they had been given choices were these decisions were concerned. We saw staff knocked on the doors of the people’s flats before being given permission to enter. This showed that people's privacy was respected.



# Is the service responsive?

## Our findings

People who used the service told us that the care provided was responsive to their needs and a range of activities within the supportive living setting were available for them to take part in should they wish to. People who lived in the supported living accommodation told us that they were supported by the service to engage in paid work or voluntary occupation. They also said they had the opportunity to integrate within the local community and staff supported them to enjoy activities such as going shopping, swimming and going to the gym. Comments from them included; “They take me swimming when I feel like going and we also have meals together here. I feel like they listen to what I want to do.” Another person told us; “They are part of my family. It is only thanks to them that they’ve made me happy and have seen the changes in me, week by week and month by month. This really comes from the heart.”

Relatives of people believed the service was responsive to the needs of people who used the service. They all told us that they were regularly involved in reviewing their relatives care and their relative was involved in this process as well. Comments from them included; “[My relative] is supported to work in the local community. They have never had this opportunity in the past.”, “To see how they have come on here is amazing.”, “[My relative] has an active role in discussing their care. Reviews are done regularly.” Another relative said; “They are very recommendable. They have instilled confidence into [My relative] and they have developed a very good social life which they never had before. They all seem so comfortable with all the staff.”

The staff we spoke with had a good understanding of people’s preferences, social needs, likes, dislikes and wishes. These reflected our conversations with people who used the service. Our conversations with staff also reflected the information that was documented in people’s support plans. It was evident that staff were highly motivated and spoke passionately and enthusiastically about their work.

The provider employed an ‘Outreach activities co-ordinator’. They told us their role was to identify meaningful community opportunities for people who used the service to ensure they are fully included members of their local community. They were able to demonstrate the work they had done and provided us with evidence of further work they had undertaken that prepared people to

use adult supported living services in the future. This evidence was provided in the form of a video presentation and testimonials from people they supported. Their professionalism and passion for their role was clearly evident to us throughout our discussions with them.

Health and social care professionals spoke highly of the person centred approach that had been adopted by the service. In the questionnaires that were given to them before this inspection, we asked them three key questions about how the service was responsive to people’s needs. They were; The service acts on any instructions and advice I give them, the service co-operates with other services and shares relevant information when needed (for example, when people’s needs change) and the services staff and management are approachable, accessible and deal effectively with the concerns I or others raise. 100% responses received from them strongly agreed/agreed with the questions asked.

One social care professional told us; “I spent a lot of time with 1st Enable planning and discussing a person’s transfer from their previous placement to their new placement. This was to avoid the service user becoming over anxious, as they tend to worry and do not cope particularly well with changes. I was very impressed with the person centred approach 1st Enable used during the transition, which included the service user spending one to one time engaging in enjoyable activities with new carers to allow a trusting relationship to develop, and getting to know them prior to him moving to 1st Enable. The person was given a choice of five self-contained flats, and was supported to participate in choosing a colour scheme and was actively involved in the decorating of their new flat and choosing furnishings.”

Another professional told us; “Socially [Person] was going out to various community facilities which allowed them to form new friendships. 1st Enable has been able to enhance this person’s quality of life, by empowering and allowing them to take more control of their life. This has been as a direct result of identifying their level of need and giving appropriate care to meet these needs.” Another professional said; “They produce person centred care planning and detailed risk assessments around the care of the person.”

People who used the service and staff explained that they hold regular themed nights such as Mexican evenings. People also told us that birthday parties had been



## Is the service responsive?

organised for them. We saw that Sunday lunches at the headquarters for 1st Enable had taken place and all people who used the service had been invited to attend. We saw photos on display throughout the supported living accommodation that demonstrated these activities had taken place.

We saw that regular meetings were held at the supported living accommodation. A person who used the service told us they chaired these meetings and encouraged people to become actively involved in them. The minutes of the meetings were then provided to people in pictorial format so they understood what had been discussed.

The support plans we looked at were person centred which meant they were written around the needs of the person and what was important to them. Each person had a 'one page profile' which provided staff with detailed information on what the person needed in order to receive care that was highly effective. This was also available in pictorial format and was clearly visible in people's accommodation. People who used the service confirmed this had been written with their input. The provider had introduced a regular evaluation of people's care that was entitled '4+1'. This gave people the opportunity to discuss what had gone well for them, what had gone not so well, what they had tried and what they want to try. It was clear they had been completed with the involvement of people and their relatives. The registered manager and staff spoke passionately about their person centred approach. In the

PIR that was submitted prior to this inspection, the registered manager told us; "We advocate for our clients around their dreams and aspirations in an inclusive way encouraging differences of opinions to be talked through ensuring that the views of the client are central to all discussion."

People who used the service and their relatives told us they did not have any complaints or concerns about the service. They told us staff always asked if they were happy and if everything was ok for them. They all said they knew how to make a complaint or raise concerns to the service. Comments from them included; "I have never complained but I would just go the office and speak to them if I did." Another person said; "They always ask if I am happy and if everything is ok for me."

We looked at the system in place to deal with complaints. We saw that no complaints had been made since the service was registered in June 2013. We examined the complaints procedure and saw it was clear that people were given the right information about who to make complaints to. This also available for people who used the service in pictorial format and people spoken with understood what it meant. We saw that a system was in place to deal with complaints should any be made. All of the staff spoken with said that the management team was accessible and approachable and would deal with any concerns effectively. We have received no concerns about the provider since the service was registered.

# Is the service well-led?

## Our findings

The service had a registered manager who had been registered with the Commission since the provider was registered in June 2013. The management team at the service have over 75 years collective NHS health care experience, in particular, in caring for and supporting individuals with learning disabilities including those with challenging behaviours. All of them had undertaken appropriate training in management and leadership.

People who used the service and their relatives spoke very highly of the registered manager and the management team and said they were approachable, accessible and they had no concerns with them. Comments from them included; “The management team are first class. Exemplary in fact.” Another said; “Any queries or worries have been dealt with straight away. They have allayed all of our fears if there was anything we needed to know.”

Health and social care professionals spoke very highly of the management team and staff at 1st Enable. They all believed the service was well managed. One told us; “As a service they embraced personalised training around the person’s behaviour and are proactive in their approaches.” Another said; “I found the management team to be very professional in their approach and have become a very, very good service.”

The provider and registered manager placed a strong emphasis on continually improving the service. We saw there were plans in place to continually improve the service over the next 12 months and these were also demonstrated in the PIR the provider had submitted before this inspection. For example, the registered manager explained the importance of recognising the work the staff team had carried out and planned on introducing ‘champion roles’ to ensure the best possible outcomes for the people they supported. The provider had demonstrated to all staff the values, ethos and expectations of providing a high quality personalised service to people and their family by providing them with a training that was delivered in partnership with the local authority and Chester University. This was also apparent in the services Statement of Purpose which was provided to people who used the service in pictorial format.

We saw that the culture of the service was open and transparent. The provider had a set of core values which

were choice, civil rights, confidentiality, dignity and respect, equal opportunities, independence, privacy and security and safety. It was evident that the values of this service were reinforced constantly through our observations and discussions with people who used the service, their relatives, health and social care professionals and staff.

The registered manager was able to demonstrate a piece of work that they had proactively done with the British Broadcasting Company (BBC) with regards to delivering person centred care for specialist independent living services for people living with learning disabilities and autism, despite funding being reduced. We watched a video clip that was recorded and transmitted by the BBC around the work that 1st Enable had carried out that demonstrated how personalised care was delivered despite the reduction in funding.

We saw that people were asked for their views about the care that was provided. People who used the service and their relatives told us they had been invited to give their feedback on the services provided. The provider had also put a system in place that allowed people who used the service to become actively involved in the recruitment of staff.

The provider also kept compliments that had been received from student nurses that had been on placement and relatives of people who used the service.

Staff spoke highly of the registered manager and management team and felt they were listened to when they raised and concerns or suggestions. Staff told us that they received information from the management team when they needed it and said they were asked what they thought about the service. The provider had also used the ‘4+1’ model to support the staff team and review their development on a monthly basis. We looked at the minutes of staff meetings that took place on a regular basis. It was clear that staff were able to contribute to these meetings and share their views. One staff member told us; “The management team are lovely and very approachable. Nothing stops me from doing a good job.”

We saw the management team carried out regular audits of various aspects of the service's operations such as medication management, accidents / incidents, care planning, health and safety and the home environment. Where concerns were identified, processes were in place to enable progress to be made.

## Is the service well-led?

We examined the records we held for the service prior to this inspection. We saw that we had received statutory

notifications about significant events or incidents that occurred. Our discussions with the registered manager informed us that they were aware of what they needed to inform us of as legally required.