The Mortimer Society

Birling 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?	Good
Is the service well-led?	Good

Overall summary

The inspection was carried out on 3 June 2015 and was unannounced.

The service provided accommodation and personal care for people with physical disabilities, learning disabilities, neurological diseases, such as Huntington's Disease, Parkinson's Disease and Multiple Sclerosis. Huntingdon's disease is a hereditary disease marked by the degeneration of brain cells causing progressive dementia.

The accommodation was arranged over two floors. A passenger lift was available to take people between floors. There were 27 people living in the service when we inspected.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

People felt safe and staff understood their responsibilities to protect people living with disabilities and degenerative illness. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

The registered manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by staff to protect people from harm.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

People and their relatives described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

The registered manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences. This helped staff deliver care to people as individuals.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. The risk in the service was assessed and the steps to be taken to minimise them were understood by staff.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager ensured that they employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink. All of the comments about the food were good.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. The actions taken were fed back to people.

The registered manager ensured that they followed best practice for people living with degenerative illnesses resulting in physical disabilities or loss of cognitive function.

People felt that the service was well led. They told us that managers were approachable and listened to their views. The registered manager of the service and other senior managers provided good leadership. The provider and registered manager developed business plans to improve the service. This was reflected in the positive feedback given about staff by the people who experienced care from them.

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.

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies.

There were sufficient staff to meet people's needs. The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.

Good

Is the service effective?
The service was effective.

People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

Staff received an induction and training and were supported to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards was followed by staff.

Good

Is the service caring?
The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

Managers took account of people's best interest and followed legislation to protect people's rights.

Good

Is the service responsive?
The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health care specialists when needed.

People were encouraged to raise any issues they were unhappy about and the registered manager listened to people's concerns. Complaints were resolved for people to their satisfaction.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

The provider and registered manager promoted person centred values within the service. People were asked their views about the quality of all aspects of the service.

Staff were informed and enthusiastic about delivering quality care. They were supported to do this on a day to day basis by leaders in the service.

Birling 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 took place on 3 June 2015 and was unannounced. The inspection team consisted of two inspectors.

Before to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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.

We spoke with four people and two relatives about their experience of the service. We spoke with ten staff including four care workers, the registered manager, the deputy manager, one senior care worker, the catering manager, the provider's head of business and corporate affairs and the provider's head of homes to gain their views. We asked two health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences.

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

At the previous inspection on 24 February 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us that they felt safe and there were enough staff to meet their needs. One person said, "I just call the nearest member of staff and they come to assist me and take me to where I want to go". A relative told us that they were confident that their loved one was safe in the home and trusted the staff to help with financial matters.

A GP told us that staff understood the needs of people living with physical and degenerative health conditions.

Staff were trained and had access to information so they understood how abuse could occur. They understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff were aware that people living with physical disabilities or Huntingdon's disease may not always be able to recognise risk or communicate their needs if they felt unsafe. Staff could describe the signs of abuse and what they would do if they suspected that a person was being abused. They told us they felt confident that the registered manager would deal with any cases of suspected abuse swiftly and appropriately. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. The registered manager had responded to safeguarding concerns quickly and in partnership with the local authority safeguarding team. They had reviewed the safeguarding procedure for the service. We found that people could be confident that staff and the registered manager would protect them from abuse because staff were aware of their roles and responsibilities.

People were protected from the risk of receiving care from unsuitable staff. Staff had been though an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. 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. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

As soon as people started to receive the service, risk assessments were completed by staff. These were in depth assessments and individualised to people's needs. Incidents and accidents were checked by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. We viewed the incident log and noted that actions had been taken to reduce the risk of incidents happening again. This ensured that risks were minimised and that safe working practices were followed by staff.

Equipment was serviced and staff were trained how to use it. The premises were designed for people's needs, with signage that was easy to understand. The premises were maintained to protect people's safety. When staff needed to use equipment like a hoist to safely move people from bed to chair, this had been risk assessed. Staff told us they had received training to use equipment safely. This meant that people could be cared for in a safe environment and those who could not weight bear could be moved safely.

Staffing levels were planned to meet people's needs. People told us that staff were on hand to assist them if they needed to be moved in their wheel chairs. Other people told us they did not have to wait to receive care. In addition to the registered manager and deputy manager there were eight staff available to deliver care in the morning and in the afternoon there were six care staff. Care staff were managed by a senior carer throughout the day. At night there were three care staff delivering care managed by a senior care worker. Cleaning, maintenance, cooking and organising activities were carried out by other staff so that staff employed in delivering care were always available to people. If agency staff were used they worked in a pair with an experienced member of staff. This ensured that people were safe when care was delivered and when required.

Care plans clearly identified the numbers of staff needed based on the risks of delivering care to each person. How staff would be deployed was discussed before shifts started so that the skills staff had could be matched to the people they would care for. People with one to one staffing needs had been assessed and staff were provided to meet their needs. For example if they had behaviours that may harm themselves or others. Staff moving people using a hoist did not do this on their own, they did this in two's to protect themselves and people they were moving. Having enough staff meant that the care people received was safe and they were protected from foreseeable risks.

Good

Is the service safe?

Our observation and discussion with staff showed that staffing deployment was based on an analysis of the levels of care people needed. The levels of care needed by people was mitigated by staff being deployed in teams of two. This meant that people did not need to wait for staff to become available when their care needs required two staff.

The provider's policies set out how medicines should be administered safely by staff. The registered manager checked staff competence. They observed staff administering medicines ensuring staff followed the medicines policy. Medicines were stored safely with lockable storage available for stocks of medicines and access was restricted to trained staff. Medicine's in storage and ready for administration in the lockable medicine trolley was accounted for and recorded. Staff administering medicines did this uninterrupted as other staff were on hand to meet people's needs. Staff knew how to respond when a person did not wish to take their medicine. The medicine would be offered again according to guidance from the GP. Staff understood how to keep people safe when administering medicines.

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the service by staff and this was done in line with the service procedures and policy. This ensured the medicines were available to administer to people as prescribed and required by their doctor.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies. The registered manager had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. Staff confirmed they received training in how to respond to emergencies. Each person had an emergency evacuation plan written to take account of their physical disability. For example, holding areas were identified to move people to a place of safety away from any fire risk. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People said, “We enjoy the food.” “We are offered different choices if we don’t like what is on the menu.” And “We can get food and drink at night, when we asks, I always like a hot drink at night.”

A relative told us that the food was well-cooked and people’s likes and dislikes were taken into account when planning meals.

People’s health needs were met. Staff supported people to access other medical or healthcare services. One member of staff was designated as a Health Coordinator, and had responsibility for ensuring that people got to see their GP if required. A relative told us that staff had been quick to call the GP for their loved one when required. The details of other agencies involved in people’s care, such as opticians, were recorded in their care files.

We discussed the management of people’s health needs with a GP who had been visiting people in the service for more than six years. The GP told us that people’s health care was well managed by staff in the service and that staff had a good understanding of the issues that affected people.

People’s health care was well managed. A district nurse told us that the staff were very good at reporting concerns they may have about people’s health. They told us that people at risk of pressure ulcers developing were protected by staff as they sought district nurse input quickly. They also said, “They (Staff) are the experts when it comes to managing alternative hydration and nutrition techniques.” For example, if a person could not take food and drink orally, they received nourishment via a tube that had been inserted into the person’s stomach. This ensured people received appropriate levels of nutrition and fluid to maintain their health.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). There was an up to date policy in place covering mental capacity. This protected people from unlawful decisions being made on their behalf and gave people to opportunity to change decisions they may have made before.

Applications had been made to the DoLS supervisory body when appropriate for any restrictions that would enable people to keep safe, but without unlawfully restricting their human rights. Physical restraint was avoided as staff had been trained to care for people who had behaviours that challenged appropriately.

Staff were able to describe specific ways in which they supported people whose behaviour could be challenging. We discussed this with staff who provided one to one care for people who may harm themselves or others. We also noted that staff were aware of how to approach people who may become upset or agitated to try and prevent challenging behaviours occurring.

We saw evidence of thorough assessment of people’s ability to make decisions in accordance with the Mental Capacity Act. People were involved in decisions about their care. For example, one person had been helped to communicate their wishes using a pictorial decision making board, and that their decision had been recorded in their notes and staff acted in accordance with it. Staff gained consent from people before care was delivered. A record of consent to health care visits was kept for each person. Do not attempt resuscitation forms were in place in line with nationally recognised best practice. This meant that people’s rights and voice were respected and heard when decisions were made.

A high proportion of staff had studied for National Vocational Qualifications. Six care staff were studying for their Care Certificate which covered 15 standards. This was being rolled out to more staff in the service. The Care Certificate is a nationally recognised qualification for staff working in health and social care and provides them with underpinning knowledge of best practice.

Staff were observed by a member of the management team at work and were provided with guidance about their practice if needed. New staff received an induction folder including information about Huntington’s Disease. They underwent an induction programme that covered eight key standards including awareness of medication. They were given time to get to know people, including reading their care plans. New staff needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard of work. A member of the management team met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. They also discussed the staff member’s performance. This promoted good staff practice.

Good

Is the service effective?

Staff received training that was specific to the needs of the people they cared for. For example, they had received training about Huntington's Disease and about dysphagia or problems with swallowing. Also, staff had been given an underpinning knowledge of mental health issues which may have affected the people they cared for.

There was a focus on encouraging hydration and nutrition for people. Drinks were served and available during the day and at night. When staff assisted people to eat they were talking about the food to people, checking that people liked the food. People were asked if they had finished before plates were removed.

The meals served looked appetising as did the snacks. The catering manager showed us information about how they followed advice from nutritionists and dieticians. It was clear that the catering staff had a good understanding of Huntingdon's and other issues affecting people's health. They thought about how they could enhance people's experience of the food they ate. For example, they added flavours to sauces that would enable people to taste what they were eating if their taste senses had been affected by their condition.

People who needed help to eat enough were provided with additional staff support at meal times, but their independence was still respected. For example, one member of staff cut up food into easily manageable pieces so the person could eat their food independently. Other people were offered plate guards to assist them to eat independently.

The amounts people ate and drank had been recorded so that staff could check people's health was protected. People at risk of losing weight were monitored and referrals were made to dieticians or the GP when necessary. For example, the catering manager had access to the most up to date advice from a speech and language professionals to ensure they followed their recommendations.

People's weight was monitored and recorded on a monthly basis and people had reducing, diabetic or fortified diets as appropriate to their needs. Food was pureed if necessary to assist people who experienced difficulties swallowing. Special dietary requests were catered for and staff were aware of people that needed a diet that supported their health and wellbeing due to a medical condition, such as diabetes. Action was taken to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

People described staff who respected their privacy and dignity. A relative confirmed that staff knew their loved one well and were "So willing and helpful." Another relative told us that staff were "kindness itself."

Other comments included, "Nice family atmosphere, I am always made to feel welcome when I visit," and "Staff are first class, friendly and approachable." A district nurse said, "People are cared for well, by pleasant carers and managers."

Staff provided person-centred care for the people. There was a person-centred support policy at the home that referred to care planning, preserving people's privacy and dignity, and supporting people with mental health issues. Care plans gave the reader a real sense of who people were and about the care they wanted. This included good use of pictures to aid people's understanding when needed or a description of people's communication styles, like body language.

We observed that staff had formed positive relationships with people and treated them with patience and care. A member of staff told us there was a good rapport between staff and people in the service. One member of staff told us "We are all here for them."

People and their relatives were able to be involved in planning and reviewing their care if they wished. Relatives could also express their preferences for whether or not they wished to be consulted before changes were made to their loved one's care plan. When relatives or others had been involved in people's care plan this was recorded with their name and their relationship with the person. This encouraged involvement and the maintenance of relationships for people.

People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. For example, when bathing, care plans described what areas people would wash themselves and which areas staff needed to help with.

People faced many challenges but their independence was respected. For example, one person preferred to prepare their own food and this was facilitated by the registered manager. Other people with visual impairments had their doors painted red to help them identify their bedrooms.

People were involved in making important decisions about their lives and wellbeing. People's care plans reflected this with records of meetings with health and social care professionals that reflected people's voice. For example, people had been provided with information about medical interventions such as operations because of their condition. People had been supported with making decisions by people important to them like close family. However, we noted that some people had chosen not to proceed with the recommendations made by the health professionals. Records showed that the decisions people had made were reviewed so that they could change their minds. This meant that people could make informed decisions about their lives and their choices were respected.

There was a key worker system operating in the home whereby a member of staff was allocated to each person to ensure that they had sufficient toiletries, clothes etc. and to communicate with relatives. A relative told us that this system worked well.

Staff could describe the steps they took to ensure people's privacy and dignity, such as knocking on bedroom doors and ensuring that bathroom doors were locked when personal care was being given.

People felt they experienced care from staff with the right attitude and caring nature. People told us they could make their minds up about things they liked to do. They spoke about being able to go to different lounges in the service where they could watch television or listen to the radio. Staff told us that they respected the choices people made. Staff communicated well and were observed chatting and talking to people in a friendly manner.

People described that staff were attentive to their needs. We observed staff speaking to people with a soft tone, they did not to rush people. For example, when people were offered choices of drinks. People described the management team as friendly and told us that senior staff knew their names and spoke to them. This meant that people could get to know the whole staff team.

People and their relatives had been asked about their views and experiences of using the service. Feedback about the service was positive, but where people made comment about things the service could do better, they were responded to by the registered manager. The actions taken

Good

Is the service caring?

were displayed on the notice board in the reception area for people to see. This indicted that the registered manger was open to suggestion about improving people's experiences of the service.

Good

Is the service responsive?

Our findings

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 registered manager they were listened to. Relative's told us that when any issues were raised these were addressed quickly by staff and they were also quick to respond to requests for changes to people's care, for example the type of drink they preferred.

People's needs had been fully assessed and care plans had been developed on an individual basis. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received.

Care plans were comprehensive and personalised; they identified people's likes and dislikes, and noted any activities they particularly enjoyed. Care plans were reviewed on a monthly basis and this was recorded. Changes in people's needs were recorded and the care plans had been updated. This meant that the care people received met their most up to date needs.

People's preferences about the gender of the staff who provided personal care were recorded and respected. Comments in care plans showed this process was on-going to help ensure people received the support they wanted.

Family members were kept up to date with any changes to their relative's needs. Staff communicated effectively with each other. There was a communications book in which staff noted messages and changes to people's conditions and this was read by staff. A relative told us they felt that staff communicated well with each other and updated relatives frequently.

Hospital outpatient and discharge letters were in people's care plans. The registered manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence nurses and District Nurses. These gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

The registered manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged an appointment with GP's when people were unwell. Staff had implemented additional care plans in relation to people's skin being at risk of developing ulcers. People's positions were moved regularly to prevent pressure ulcers developing. We cross checked this against the care plans and found they were kept under review. Staff continued to monitor people's health and knew how to respond if they had concerns. For example, if they needed to refer to the dietician or GP. A district nurse told us that had been very good at reporting concerns they had about pressure area risks. They said, "Staff call in good time and they follow our recommended treatments." This showed that staff were responsive to maintain people's health and wellbeing.

Staff were aware of people's needs and were able to describe how people's needs were met and monitored. Referrals had been made when people had been assessed for specific equipment, which was in place. We noted that some people had beds that provided protection from pressure areas developing and enabled staff to move the height of the bed up or down to assist the delivery of care. These had been supplied after assessment by a district nurse. People's care records provided clear information for staff about how they should deliver needs led care.

People's life histories had been recorded in their care plans. Care was personalised and responsive to people's needs. An activities programme for the day was written up and displayed. There was a fully equipped activities area where people could participate in cooking sessions. Others had been supported to follow their special interest, for example one person had painted a model plane and others had things in their rooms which related to their working career.

The outside spaces had been adapted to enable people who used wheelchairs or had walking difficulties to use the garden. A sensory room enabled people with sensory impairment to relax to music therapies and other sensory stimulation such as touch, smell and light. People were also offered time with staff to go out on social activities and visit places they wanted to see. This meant that people had opportunities to take part in a range of activities they said they enjoyed.

Meetings were attended by people and their relatives where they could express their views about the service. This influenced decisions made about the service by the registered manager or the provider. Also, people were

Good

Is the service responsive?

asked their views at care plan reviews and by questionnaires. We noted that during one care plan review, the person had expressed a wish to have their room redecorated. We observed that this had been done and that the person had been able to choose new bedding and curtains for their room. This ensured that people could feed back their experiences of care to the registered manager.

There was a policy about dealing with complaints that the staff and registered manager followed. Relatives we spoke with were aware of how to complain if necessary. They told us that they felt confident that the management team would respond to complaints and take any action necessary. There were examples of how the registered manager and staff responded to complaints and comments people had made about the service. For example, in September 2014 comments had been made by relatives at a meeting that they had not been aware of how to complain. We saw evidence that after the meeting all relatives had been sent a copy of the complaints policy.

There had been six formal complaints since our last inspection. If complaints could not be resolved to people's satisfaction, there was a mechanism for people higher up in the organisation to get involved to try and resolve the issues. However, the registered manager was very open with people making sure that they were happy. People were offered meetings with the registered manager and if staff informed them about any negative comments people made, they would speak to the person concerned to try and sort the issue out. For example, additional choices of foods that were microwave ready had been brought in by the catering manager to resolve a complaint. In responding and resolving issues or complaints the registered manager demonstrated that they wanted people to experience an individualised service that met their needs and aspirations.

Good

Is the service well-led?

Our findings

The registered manager and the management team were well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them.

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. For example, they had a clear understanding of what the service could provide to people in the way of care and meeting their physical and mental health needs. These were also set out in the staff handbook. This information was understood by staff who were able to describe the aims of the service.

We observed that the deputy manager and senior manager had good relationships with people, relatives and staff. One relative told us that "The registered manager is there if you want him." And that he was happy to deal with "The least little thing."

Staff told us that the management team were approachable and that they were able to talk to managers whenever they wished. A member of staff told us that there was a good rapport between management and staff and that they were "Proud to work in the service." Others described how well supported they were by the management team.

Regular staff meetings were also held. Staff told us that they felt able to speak out at meetings and were confident that managers would respond positively to suggestions and would take actions to make improvements where possible. Staff were given the opportunity to complete monthly feedback questionnaires about the service. These were responded to by the registered manager. Actions were then monitored at the next staff meeting to ensure they had been completed.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service by enabling them to whistleblow anonymously.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service.

Staff felt confident that the registered manager would address any concerns that they raised, for example about the practice of another colleague. One member of staff described how they had reported a colleague on one occasion in the past and how this had been swiftly dealt with by the registered manager. This ensured that people could raise issues about their safety and the right actions would be taken.

Senior managers were based at the service and were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction.

The registered manager was open about what people experienced in the service. They provided information to people and sought people's views. People were asked for their feedback more formally by questionnaire. A report showing the outcome of a satisfaction survey held in 2014 was on display in the lobby area. People's thoughts were collated and areas for improvement were fed back to people. Comments from the last quality survey included, 'Care is of the highest quality', 'The decoration is good and the building well maintained'. People's comments underpinned the longer term positive experience people had of the service.

Audits within the service were regular and responsive. There were systems in place for the registered manager to monitor health and safety and respond to incidents. For example, changes had been made to the bathroom soap dispensers after a person had hit their head on one. The providers Head of Homes had completed an audit on 7 May 2015, which included checks on falls monitoring, compliments and complaints and accidents and incidents. Actions were taken to resolve any issues found. For example, wheelchairs had been stored in a hallway and had been removed immediately, with a reminder to staff not to leave equipment in hall ways. This meant that risks were assessed and reviewed in the service to keep people safe.

Good

Is the service well-led?

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment.

The registered manager produced development plans showing what improvements they intended to make over the coming year in the service. This was to continually improve people's experiences of the service, invest in the staff team and invest in the premises.