

St Anne's Community Services

# St Annes Huddersfield Mental Health Services

## Inspection Report

26 Beech Street,  
Huddersfield,  
HD1 4JP  
Tel: 01484 431945  
Website: [www.wilfward.org.uk](http://www.wilfward.org.uk)

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# Summary of findings

## Overall summary

St Anne's Huddersfield Mental Health Services is a residential home providing personal care for up to four people aged 18 years and over with mental health needs. There were four people staying at the home when we visited. The accommodation is provided in a converted terrace house. There are four bedrooms, a bathroom, lounge, dining room and kitchen. There are gardens to the rear of the property.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People said they felt safe in the home and told us staff supported them in making decisions about risks. This meant people were involved in agreeing what was needed to keep them safe but at the same time were able to enjoy their freedom.

Staff had been trained and understood the safeguarding procedures. They knew the different types of abuse and how to report any concerns. There had been one safeguarding incident which occurred a year ago. This had been investigated and reported correctly to the local authority and CQC. There had been another incident which had been reported to the police, which should have been reported to CQC but hadn't been. The registered manager said this was an oversight and she would make sure all notifiable incidents were reported correctly in future.

We found the location was meeting the requirements of the Deprivation of Liberty Safeguards.

Staffing levels were sufficient to meet people's needs. Some concerns were raised about agency staff who had worked at the home. These were reported to the registered manager and were being investigated.

People were involved in the staff recruitment process and robust procedures were followed, which protected people from unsuitable or unsafe staff. We saw staff worked with people and the community mental health team to make sure people had the support they needed to move forward.

People were involved in decisions about their lives. Their independence was promoted and, where possible, people were supported to move on and live on their own in the community.

People were encouraged and motivated to achieve their own personal goals. The care records showed people's goals were regularly reviewed with them so they could see the progress they were making.

People were supported to access healthcare services such as GPs, dentists and the community mental health team. Advocacy services had been accessed for one person.

People decided how their rooms were decorated and furnished. People liked their rooms and had keys to their room as well as the front door so they could come and go as they pleased.

Staff received the training and support they needed to carry out their roles. They were kind and caring with people and sought to motivate them with encouragement and support. Staff respected the choices people made, knowing that some people preferred a more sedentary lifestyle while others enjoyed more active lives in the community.

People told us they were treated with dignity and respect and our observations confirmed this. Information about people was treated confidentially. People told us their views and choices were listened to and respected by staff.

People could choose how they spent their days with some leading active lives in the community, while others preferred to stay at home. People told us there was plenty for them to do and said they could come and go as they pleased.

Staff supported people to keep in touch with relatives and friends through visits and stays. People told us they were able to raise any concerns or complaints with staff and were confident they would be acted upon.

Leadership in the home was good. People had a say in how the home was run and felt their views were taken on board.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

People told us they felt safe and said staff supported them in making decisions about risks. We saw how risk management strategies had been discussed and agreed with people.

Staff had been trained in safeguarding and showed a good understanding of safeguarding procedures. There had been one safeguarding incident which had been investigated and reported, as required, to the local authority and CQC. A further incident which should have been notified to CQC had not been reported. The registered manager said this was an oversight and she would make sure all notifiable incidents were reported correctly in future.

We found the registered manager and staff had a thorough understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty (DoLS) and had received training in these areas. MCA and DoLS is law protecting people who are unable to make decisions for themselves.

People told us there were enough staff available to give them the support they needed. Safe recruitment practices were in place and people in the home were involved in selecting new staff.

### **Are services effective?**

People were supported and involved in decisions about their lives. The home aimed to maximise people's independence so that, where possible, they could move on to live on their own in the community.

Staff encouraged and motivated people to achieve their own personal goals and care records we saw reflected this. We saw people were supported to access healthcare services such as GPs, dentists and the community mental health team. Advocacy services had been accessed for one person.

Two people showed us their bedrooms and said they had decided how they were decorated and furnished. Both people told us they liked their rooms and had everything they needed in them. People had keys for their rooms so they could lock them when they went out and also had keys for the front door so they could come and go as they pleased.

Staff received the training and support they needed to carry out their roles. Staff had access to specialist training and updates on best practice and legal requirements and guidance.

# Summary of findings

## **Are services caring?**

Staff were kind and caring with people and provided support in a way that encouraged and motivated people.

Staff knew people's individual needs and preferences. They respected the choices people made, knowing that some people chose a quieter life while others preferred to be more active in the community. We saw staff helped people to maintain social relationships.

People told us they were treated with dignity and respect and our observations confirmed this. Information about people was treated confidentially, which was confirmed by our observations and in the records we reviewed.

People told us staff listened to them and they felt their views and choices were respected. We saw staff had a creative approach when working with people to look at ways in which they could achieve their goals. A health professional from the Community Mental Health Team described the staff as open and honest. They said people they visited had said they were happy living there and felt it was their home.

## **Are services responsive to people's needs?**

The home adopted a flexible approach which centred on the needs of the people who lived there.

People received personalised care and support which was tailored to help people meet the goals they had set in their care records as part of their recovery process. We saw staff involved people in reviewing their goals and worked with them and the community mental health team to make sure they had the support they needed to move forward.

Staff supported people's wishes in how they wanted to spend their days with some choosing to lead active lives in the community, while others preferred to stay at home. A newsletter informed people of upcoming events and activities they may want to join. People told us there was plenty for them to do and said they could come and go as they pleased.

We saw people were encouraged and supported to maintain relationships with family and friends. People told us they went out to visit and stay with relatives and friends and that they could also visit them in the home.

People we spoke with said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon.

# Summary of findings

## Are services well-led?

The home had a registered manager who had worked at the home since 2007. She managed two other homes which were close by and were supported by a deputy manager. Leadership in the home was good.

People said they had a say in how the home was run and felt their views were taken on board. The registered manager was looking at different ways in which people could get together to share their views as people said they did not feel house meetings were necessary.

Satisfaction surveys were used to gain people's views, however the results were not shared with people. The registered manager will look to include this in the newsletter in future so that people know the outcome of the surveys and any action taken in response.

Safeguarding, accidents, incident and complaints were monitored and reviewed and any learning was shared with staff. External monthly quality audits were also carried out. This ensured continuous monitoring and improvement of the service.

Staff said the home was well managed and they were encouraged to make suggestions about how improvements could be made. They felt confident any issues they raised would be dealt with effectively.

There were sufficient staff to meet people needs and staffing levels were reviewed and adjusted accordingly to meet people's dependency levels.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with all four people who lived in the home.

Everyone said they felt safe in the home. One person said, "I feel very safe here, we are encouraged to be independent and can come and go as we please".

People told us they were involved in decisions about the running of the home such as sharing out household tasks and said, "Everyone mucks in". One person said, "This is our home and if we don't like how something is we can change it. I like it. It's comfy."

When asked about accessing healthcare services, one person said, "If I need to go to the doctors or dentist, the staff make an appointment and we are able to go on our own, or if we don't want to go on our own a staff member will attend with us".

When asked about privacy, one person said, "We have our own bedroom key so we have some privacy".

One person told us how staff had helped them set up their bedroom as a bedsit. They said, "Staff are really helpful if we need a small fridge for our bedroom they will provide us with one".

When we asked people how they spent their days, one person told us, "I have just enrolled at college one day a week".

One person told us staff were trying to help them regain their confidence in going out. They said, "Staff are always good with me. I can do what I want and go out when I want and if I just want to sit and relax I can."

People told us, "If I have any concerns all I need to do is speak to a staff member and they sort it for me".

We spoke with one relative who told us they could visit when they wanted and said their relative was happy at the home.

# St Annes Huddersfield Mental Health Services

## Detailed findings

### Background to this inspection

We visited this service on 7 May 2014. 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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services. At the last inspection in February 2014 we found the service was meeting the regulations we looked at.

The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed all the information we held about the home and contacted the local authority and Healthwatch.

We used a number of different methods to help us understand the experiences of people who lived in the home. This included talking with people who lived in the home and their visitors. We also observed daily life including the care and support being delivered. We spent time looking at records, which included people's care records, and records relating to the management of the service. We looked round the building and saw some people's bedrooms (with their permission), the bathroom, the kitchen and communal areas.

On the day we visited we spoke with the four people who were living in the home, one relative, two support staff and the registered manager. We spoke with a health care professional from the mental health team following the inspection visit.

# Are services safe?

## Our findings

We spoke with all the people who lived at the home and they all said they felt safe. One person said, “I feel very safe here, we are encouraged to be independent and can come and go as we please”. People said staff supported them in making decisions about their lives which helped them stay safe. The records we saw confirmed this. We saw detailed risk assessments were recorded which identified the level of risk and showed clearly the actions required to minimise the risk. We saw some of the risk assessments were linked to meetings that had been held with people and other health care professionals involved in their care. The minutes showed a multi-disciplinary approach in supporting people to reach agreements about how risks could be managed safely with minimal necessary restrictions. We saw risk assessments were reviewed and updated regularly.

We spoke with a health care professional from the Community Mental Health Team (CMHT) who visited the home regularly. They told us staff worked closely with the CMHT and had developed a positive attitude to risk taking. They said this allowed people to take risks safely with the knowledge that staff were there to support them if the need arose.

Staff we spoke with had received safeguarding training and the training matrix we saw confirmed this. Staff had a good understanding of what constituted abuse and knew the correct action to take if abuse was suspected. They were confident the manager would respond appropriately to any concerns raised. Staff told us safeguarding was regularly discussed at staff meetings which meant learning was shared across the team. Staff knew about the whistleblowing procedures and who to contact if they felt concerns were not dealt with properly. We saw safeguarding and whistleblowing policies were available and staff we spoke with told us they knew how to access them.

The home had had one safeguarding incident which occurred a year ago. This had been fully investigated and recorded and reported to the Local Authority and Care Quality Commission (CQC). However, we found an incident had occurred in September 2013 where a person had been reported missing and the police were contacted. The person returned to the home of their own accord a short time after they were reported missing and no harm had

occurred. This incident had not been notified to the CQC as required. We discussed this with the registered manager who said as the person had returned safely and unharmed they had not realised it was necessary to complete a notification. They acknowledged this was an oversight and said they would take action to ensure there was no recurrence.

The registered manager had an excellent understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves. The registered manager was fully aware of the latest judgement issued by the Supreme Court in March 2014 in respect of DoLS. This judgement widened and clarified the definition of deprivation of liberty and therefore had implications for all adult health and social care providers. The registered manager told us this judgement was to be discussed at the next team meeting so that all staff were aware and understood how it related to their practice.

There were no DoLS currently in place, however the registered manager knew the correct procedures to follow to ensure people's rights were protected. Where people did not have mental capacity to make complex decisions, the registered manager was able to explain the process they would follow in ensuring best interest meetings were held involving advocates and other health and social care professionals.

Staff we spoke with had a good knowledge and understanding of the MCA. The registered manager confirmed all staff had received training in the MCA and DoLS and this was confirmed in records we saw. Information about the MCA and DoLS was available to staff and staff we spoke with knew how to access it.

During the time of our visit we observed there were sufficient staff to meet people's needs and keep them safe. People we spoke with told us they felt there were enough staff available to give them the support they needed. People told us the staff who worked permanently at the home were good, however one person raised concerns about agency staff who they said worked at the home 'now and again'. They said these staff mainly sat around and spent time on their mobile phones which the other staff did not do. A relative also told us that on one occasion when they were visiting their family member they had been asked by an agency staff member to go out and get some shopping for the home. Both people told us they had not



## Are services safe?

reported these concerns to anyone and agreed we could pass on the information to the registered manager, which we did. The registered manager told us regular agency staff were used to cover any sickness or holiday vacancies which ensured continuity. She said no previous concerns had been raised and confirmed she would speak with both people and carry out a full investigation.

The registered manager told us staffing levels were adjusted according to the needs of the people living in the home. She said most people went out each day but there was always a minimum of one member of staff on duty when people were in the home. She said none of the people currently living at the home required any assistance

with personal care and all were independently mobile. This was confirmed by staff we spoke with who told us they felt staffing levels were sufficient to meet people's needs. They said at night there was one member of staff who slept in and a senior staff member on call. There were systems in place so people could summon help from staff as and when required at night.

We saw the home followed safe recruitment practices. The registered manager told us people in the home were involved in staff recruitment and included on the interview panel. We looked at the recruitment records of a recently appointed member of staff and found appropriate checks were undertaken before the staff member began work.

# Are services effective?

(for example, treatment is effective)

## Our findings

People told us staff involved them in decisions about all aspects of their lives and supported them to be as independent as possible. The registered manager described the home as a 'staging post' whereby people were supported and enabled by staff to maximise their independence. She said, where possible, they tried to help people to move on and live independently in the community.

One person told us how staff had supported and encouraged them to achieve this and arrangements were in place for them to move into their own place which they were looking forward to. We saw staff reassured this person when they expressed some anxieties and reminded them how well they were doing. We saw this had a positive effect and the person looked less anxious.

We saw people were involved in decisions about how the home was run. For example, drawing up rotas for household tasks such as cleaning and washing, as well as having their own personal budgets which allowed them to choose and buy their own food and toiletries. People told us they all had their jobs and "everyone mucks in".

The registered manager told us she visited each person before they moved in and carried out an assessment to make sure the person's need could be met at the home. She said, as the home was small, compatibility was an important factor which was taken into consideration. We looked at two people's care records which used the Recovery Star care planning tool. This tool is widely used in mental health services as it enables people to measure their own recovery progress, with the help of staff and other mental health care professionals. We saw the 'star' contained ten areas which covered the main aspects of people's lives such as living skills, relationships, health and self care, identity and self-esteem. The records showed people were fully involved in the process and worked with staff to set their own personal goals within each area. The plan recorded the support people needed to achieve them. Each area was reviewed regularly to see what progress was being made. The registered manager told us the 'star' provided a visual tool for people which helped them see where they were in terms of recovery and the progress they were making in achieving their goals.

The registered manager told us people were supported with accessing health care services such as GPs, dentists and opticians. One person said "if I need to go to the doctors or dentist, the staff make an appointment and we are able to go on our own, or if we don't want to go on our own a staff member will attend with us".

The records we saw showed people were supported to access other health care professionals as required. For example, we saw input from the diabetic nurse and the community mental health team. The registered manager told us people had access to advocacy services and one person in the home was being supported by the advocacy service.

We found people were involved in making decisions about the environment in the home. Two people showed us their bedrooms and said they had decided how they were decorated and furnished. Both people told us they liked their rooms and had everything they needed in them. One person said they had wanted their room to be like a bedsit and staff had helped them set it up that way. They said, "Staff are really helpful if we need a small fridge for our bedroom they will provide us with one".

People told us they had keys for their rooms so they could lock them when they went out and also had keys for the front door so they could come and go as they pleased. One person said, "We have our own bedroom key so we have some privacy". We saw there were locks on the toilet and bathroom doors which ensured people's privacy and dignity was maintained.

The home had a separate lounge, dining room and kitchen which gave people opportunities to spend time together or be alone. We saw one person spent time with their visitor in the lounge watching television. Another person was happily occupied doing a jigsaw in the dining room which they told us they preferred doing on their own. The registered manager told us people living in the home had recently reorganised the dining room as they had felt it looked too cluttered. One person said, "This is our home and if we don't like how something is we can change it. I like it. It's comfy."

Staff we spoke with told us they received the training and support they required to carry out their roles. They said

# Are services effective?

(for example, treatment is effective)

they received regular supervisions and appraisals and we saw evidence of this in the staff records we reviewed. Staff were knowledgeable about the needs of the people they supported and knew how these needs should be met.

Staff told us they could access the training they needed and confirmed they received regular updates. The training matrix showed the training staff had completed and highlighted when updates were required. Staff had received core training in subjects such as mental health

awareness, infection control, fire safety and promoting equality, diversity and rights. We also saw training had been provided to meet the specific needs of the people who used the service such as promoting non challenging behaviour. The registered manager told us all staff had access to the organisation's intranet where information on best practice and updates on legislation changes and new guidance was available.

# Are services caring?

## Our findings

We saw staff had developed positive relationships with people and were caring and kind in their interactions. Staff were patient and gave people the time and space they needed to do things at their own pace and in their own way. When people expressed anxieties or were unsure about what they were doing we saw staff gave encouragement and reassurance. Staff had a positive and enabling attitude which empowered people to achieve their goals.

For example, one person told us how they used to go out a lot but had lost confidence following a recent illness and this meant they had not been out for quite a while. They said staff had encouraged them and discussed lots of different ideas to try and motivate them. They said staff were trying to help them regain their confidence and that was what they needed. They told us they had been out on their own that day and were pleased as this was something they had not felt able to do before. They said, "Staff are always good with me. I can do what I want and go out when I want and if I just want to sit and relax I can."

Staff we spoke with knew people well and had a good understanding of their individual needs and choices. Although there was a wide age gap between the youngest and oldest person living in the home, we saw staff met the diverse needs of people well. For example, they knew that some people preferred a more sedentary lifestyle and liked a quiet space and we saw this was provided. In contrast, other people chose more active lives out in the community and this was also accommodated. Information about people's lifestyle choices and preferences were clearly recorded in the care records we saw. People told us staff gave them the support they needed to be able to pursue their interests and maintain social relationships.

People told us staff treated them with dignity and respect and this was confirmed by our observations during the inspection. Staff were present but unintrusive, we saw they enabled people to be as independent as possible by prompting and supporting. People got up when they wanted throughout the morning and had breakfast. Some welcomed help from staff while others preferred to make their own breakfast and staff tailored the support to each individual's needs. One person had an appointment and we saw staff knocking on their door to remind them they

were going out. We saw when one person had a visitor and staff respected their need for privacy, yet made themselves readily available if support was required. The visitor told us they could visit when they wanted and said their relative was happy at the home.

Staff we spoke with were able to explain how they ensured people's privacy, dignity and independence was maintained. When asked to give an example one staff member told us they never just entered the home even though they had a key. They said they always rang the bell at the front door and asked if they could come in. They said, "This is their home, we just happen to work here."

We saw all staff had completed training in Promoting Equality, Dignity and Rights. The registered manager told us when it was Dignity Day in February 2014, people had been asked how they would like to celebrate the day. They chose to go out for a 'Dignitea' and we saw photographs in the home's newsletter, which showed people enjoying a meal out.

The registered manager told us information about people was treated confidentially. Our observations showed any personal information was discussed with people privately and discreetly. The care records we reviewed showed discussions had been held about information sharing and consent was obtained. For example, one person's records showed they were happy for certain information to be discussed with one family member but not another.

People told us staff listened to them and they felt their views and choices were respected. The care records showed people were involved in deciding their care and setting goals for what they wanted to achieve. We saw staff explored creatively with people ways in which they could fulfil their goals. For example, staff told us how they had researched with one person different options such as volunteering in an animal centre or dog walking, which would combine their love of animals with more exercise.

Our discussions with a health professional from the Community Mental Health Team confirmed staff listened and responded to people's views. They praised the staff who they described as open and honest. They said people they visited had said they were happy living there and felt it was their home. They said one person, who the health professional had known for many years, was "the most stable they had been in all their adult life."

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found the home was organised around the needs of the people who lived there. We saw staff adopted a flexible approach, which responded to people's individual needs and wishes.

We saw people received personalised care which promoted their independence and aimed to achieve the goals they had set through the Mental Health Recovery Star process. This was reflected in the two care records we reviewed. There was comprehensive information which described the type of support the person needed and how they wanted that support to be provided by staff. Any risks were clearly identified and risk management plans were in place. For example, one record clearly listed indicators that would show the person's mental health was relapsing. This included specific advice about how staff should support the person when this occurred, as well as information about who to contact if the situation did not improve.

Another person had recently reviewed their goals with staff and they had felt they were not progressing in one particular area. The records showed the Community Mental Health Team and staff from the home had discussed and reviewed this with the person and put actions in place to make sure the person received the additional support they needed to progress their recovery.

The registered manager told us people's mental capacity was considered under the Mental Capacity Act (MCA) 2005 and we saw there was detailed information in people's records about the MCA and DoLS and what this meant in relation to each individual.

The records were holistic and provided information about people's social, emotional and psychological needs as well as their physical care. We saw people could choose how to spend their days and were supported by staff to access activities of their choice. Staff told us activities were flexible and people were supported to do what they wanted both in-house and out in the community. They said events and

activities were often shared with other people who lived in two of the organisation's other homes nearby. We saw this in one of the newsletters which informed people of different events they could join. These included music sessions, learning to play the guitar or drums, recording sessions and a barge trip. Themed evenings were held each month and one person we spoke with told us how much they enjoyed these. Staff told us they were looking at starting a photography group as some people had expressed an interest in photography.

One person told us, "I have just enrolled at college one day a week" and said they were looking forward to starting the course. Another person was planning an outing for an upcoming birthday celebration. People told us there was plenty to do and they were free to come and go as they pleased. They said if they needed help from staff they knew they just had to ask.

We saw people were supported to maintain relationships with friends and relatives. People we spoke with talked about their family and friends and told us how they kept in touch, which they said was very important to them. The care records reflected the different relationships people had and showed how these were maintained. We saw people went out to see and stay with friends and family, as well as having visitors to the home.

People we spoke with said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. People told us, "If I have any concerns all I need to do is speak to a staff member and they sort it for me".

We saw one complaint had been received in the last year. The registered manager told us the action she had taken in response to the complaint which demonstrated it had been dealt with appropriately. However, there was no record to confirm this or to show how the outcome had been fed back to the person who had raised the issue. The registered manager said she had fed back to the complainant but acknowledged this should have been recorded.

# Are services well-led?

## Our findings

At the time of our inspection there was a registered manager who had been employed at the home since 2007. The manager told us she managed two other homes in the organisation which were close by. She said she split her time between all three homes and was supported by a deputy manager. We saw leadership in the home was good. The registered manager worked with staff overseeing the care given and providing support and guidance where needed.

There was a positive and open culture, which centred on the needs of the people who lived there. People we spoke with said they felt staff listened to their views and they had a say in how the home was run. We saw minutes from a house meeting earlier this year which confirmed this. The registered manager told us she was reviewing the house meetings and looking at different ways in which they could meet and discuss people's views. The registered manager said this was because people had said they did not feel there was a need for the house meetings as if they wanted something changing they would just say.

The registered manager told us satisfaction surveys were sent out annually to people who lived in the home, relatives and health care professionals. We saw feedback received was generally positive and where specific issues had been raised we saw evidence to show how these had been addressed. The registered manager told us information from the surveys was collated but there was no system in place for the overall results to be fed back to people who lived in the home. This meant people were not aware of the outcome of the surveys or any improvements being made by the service as a result. The registered manager told us they would look to include this information in the newsletter.

Records we saw showed there were systems in place to monitor and review safeguarding concerns, accidents, incidents and complaints. The registered manager told us these were audited monthly for any emerging trends or themes and copies of the audits were sent to head office for further review.

The registered manager told us how learning from these incidents was shared with staff to ensure continuous improvement and development of the service. Minutes of staff meetings confirmed this. The registered manager told us staff meetings were held regularly and this was confirmed by staff. Staff told us they found the meetings useful and felt their opinions were valued. Staff we spoke with confirmed they had regular supervision and appraisals with the registered manager.

The registered manager told us monthly quality audits were carried out by the area manager and we saw a copy of one of the recent audits. The registered manager told us the organisation, St Anne's Community Services, had received the Gold Award in Investors in People last year.

Staff told us they thought the home was well managed. They said the registered manager encouraged them to make suggestions about how improvements could be made for people and they felt their views were taken into consideration. They told us they enjoyed working at the home and felt supported in their roles.

Staff told us they felt confident in raising any issues and felt assured that they would be dealt with professionally and sensitively. They were aware of the service's whistleblowing procedures and how to access them.

We found there were sufficient staff to meet people needs. The registered manager showed us the duty rotas and explained how staff were allocated on each shift. They said staffing levels were kept under review and adjusted according to the dependency levels of people who were living at the home. The registered manager told us they had a core staff team who worked at the home but could also draw on resources from other services within the organisation. The registered manager told us regular agency staff were currently being used to cover staff sickness. She said using a small core of regular agency staff ensured consistency for people who lived in the home.