Royal British Legion Industries Ltd

Queen Elizabeth Court

Inspection report

Royal British Legion Industries Domiciliary Care Agency
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was carried out on 11 February 2016 and was unannounced.

Queen Elizabeth Court is a 40 flat housing with care (HWC) scheme situated in the Royal British Legion Village with a dedicated Domiciliary Care team. The care team assisted people to maintain their independence by helping them with things like preparing meals or cleaning. Personalised care was also provided to maintain people's health and wellbeing, assist with personal care and work with the community team's delivery of dignified end of life care.

The scheme is designed to enable those of 55 years and over to live independently with the security of 24 hour on-call emergency assistance and day to day good quality and reliable personal care. There is an emphasis on delivering the military covenant. (The armed forces covenant is a promise from the nation that those who serve or have served, and their families, are treated fairly.) Each of the flats has its own lounge, kitchen and wet room and is fitted with emergency call facilities. A lift was available to take people between floors.

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 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 Mental Capacity Act (2005) Code of Practice. The registered manager understood when the code of practice needed to be used so that decisions people made about their care or medical treatment were dealt with lawfully.

Having access to dedicated staff on-site made people feel safe. Staff were experienced and understood their responsibilities to protect people from harm. 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.

People told us the service they received often exceeded their expectations with a whole range of support available to them. This included re-enablement back to independence after illness, accompanied activities outside of the service and light touch assistance such as getting shopping or carrying out small tasks when people were unwell.

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. Staff were trained to such an extent that they could effectively support people's decisions about end of life care. Staff were enabling people to stay at home and receive care until they died.

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 exceptionally welcoming and friendly. There was a heavy emphasis put on welfare, community involvement and belonging. This was underpinned by the appointed welfare director. Staff provided friendly compassionate care and support. People were fully getting 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. Emergency life line and staff on call systems were in place. 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.

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.

People told us that the service was well led. They told us that managers were approachable and listened to their views. The registered manager understood the balance they needed to achieve by providing and developing the best care packages for people, whilst recognising people's autonomy, independence and lifestyle choices. 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. People's risks assessments were relevant to their current needs, equipment was safety checked before use and incidents and accidents were fully investigated to prevent them happening again.

The registered manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

Medicines were administered by competent staff. Recruitment processes for new staff were robust and staff arrived to deliver care with the right skills and in the numbers needed to keep people safe.

Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

New staff received an induction. Training for all staff was kept up to date. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibly to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough. People with long term health issues received care from staff who protected their wellbeing.

Is the service caring?

Good

The service was caring.

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

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

People experienced care from staff who respected their privacy, dignity and choice. Staff we talked with were genuinely compassionate and caring towards the people they supported.

Is the service responsive?

Good

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. The care plan informed staff of the care people needed.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes in care were agreed with people and put into their updated care plan. Staff spoke to other health and social care professionals if they had concerns about people's health and wellbeing.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about. It was clear that the registered manager wanted to resolve any issues people may have quickly and to their satisfaction.

Is the service well-led?

Good

The service was well led.

The service had benefited from consistent and stable management who were focused on the quality service delivery. This led to sustained and consistent compliance with regulations.

The registered manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day to day basis.

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.

Queen Elizabeth Court

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 11 February 2016 and was unannounced. The inspection team consisted of one inspector and one expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

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 seven people about their experience of the service, two relatives and a volunteer in the coffee shop. We gathered feedback from questioners that were sent to 27 people. We spoke with five staff including the registered manager, one team leader, two support workers, the care and welfare director and the service director to gain their views about the service. We asked five health and social care professionals for their views of the service.

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

At the previous inspection on 28 January 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's experiences of the service left them feeling physically and emotionally safer. Everyone we spoke with said they were safe at Queen Elizabeth Court (QEC). People said, "I feel very safe, the whole atmosphere here is fantastic, Staff are nice, friendly and helpful. All staff are very personable," "You are safe here, if anything is wrong I can press this pendant button and the staff come quickly," and "I feel safe with the staff. They (Staff) do their jobs properly."

People who had made difficult decisions about giving up their homes and how they would receive care and support were living fulfilled lives and felt exceptionally happy with their experiences at QEC. One person told us about their decision making journey from giving up their home as they could no longer walk well to moving into QEC. They said, "I am absolutely safe, I just cannot imagine being anywhere else, the carers are here if you need assistance, my flat is within another building and all the doors are locked." This made him feel very secure.

People living at this service maintained their autonomy, but also lived more safely because of the support they received. A relative told us about their family member being unsafe living alone in their own home. They said, "Since he moved here I now have peace of mind I don't worry, the carers look out for his safety."

People were safeguarded by staff who were trained and understood their responsibilities to report concerns. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to.

People were protected from harm at all times. The care and housing elements of the service were managed separately and care staff were not always on site. However, there was an integration and liaison process in place that enabled people to stay safe. People had 24 hr access to telephone lifeline services to enable them to get help if they were unwell or had an accident. People's medical and health details were confidentially shared with the telephone service and this information was used in emergency situation to assist first responders. This was linked into the emergency response services who had the premises access codes so that they could respond to people any time of the day or night.

The registered manager understood how to protect people by reporting concerns they had to the local authority. People had been assessed to see if they were at any risk from falls or not eating and drinking enough. End of life care was assessed and delivered with community nursing and specialist input from hospice health and social care professionals. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. Additional risks assessments instructed staff how to promote people's safety.

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. For example, slips trips and falls were collated to identify individual patterns of risks. Risks were reduced by consensus and with respect to people's independence. For example, if people had become unsafe using kitchen equipment due to their dementia, records showed that the risks were discussed to enable people to make a decision about keeping safe. This ensured that risks were minimised across the service and that safe working practices were followed by staff.

People were protected from the risks associated with the management of medicines. Most people remained independent with their medicines, but spoke to us about how they were encouraged to take their prescribed medicines and keep their own records. People who were supported with medicines administration by staff told us that they were always given their medication on time. The provider's policies set out how medicines should be administered safely and staff followed the policies. Staff who were responsible for administering medicines were doing this safely.

Appropriate assessments had been undertaken for people around their ability to take their medicines and whether they had capacity to make informed choices about medicines. Staff who administered medicines received regular training and yearly updates. Their competence was also assessed by the head of care to ensure the medicines were given to people safely. 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. Staff understood how to keep people safe when administering medicines.

The registered manager demonstrated that they were striving to continually improve the safety of the care. At the time of this inspection the system of medicines administration records (MAR) were being reviewed by the registered manager and a pharmacist. This was to take account of new best practice the registered manager had learnt after recently attending an event organised by the Care Quality Commission. The new system allowed for the checking of medicines, the recording of topical creams and would be clearer for staff. Medicines were either delivered directly to people in their homes or booked in to the service by staff. This was done in line with the service procedures and policy. This ensured the medicines were available to people as prescribed and required by their doctor. Medicines held by staff were stored at the correct temperatures. These were recorded.

Staff supported people in the right numbers to be able to deliver care safely. People were independent and staff were not required by people all of the time. We could see that the way staff were deployed matched people's needs in their care plans. People who needed more intensive staff support were provided with more staff hours. For example, after people had been discharged from hospital. This enabled people to recover and regain their independence. We could see that people had been assessed for additional staff hours when needed. We could check the assessment against the staff rota and saw that staff were allocated to 'double handed calls' when people were unwell. Staff doing these calls we talked with told us they worked as teams of two and that this worked well. Double handed calls were colour coded on the rota. People's daily notes showed that two staff had attended their call.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. 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. People who faced additional risks if they needed to evacuate had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Therefore people could be evacuated safely.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through 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.

Good

Is the service effective?

Our findings

People we spoke with who lived at the service told us they experienced high quality care that met their needs.

One person told us, "They (staff) know their stuff. If you fall they don't try to lift you they call the paramedics who have special seat which they get to get you up." Another person told us, "The staff do their job properly they are very kind."

People told us about their freedoms and how staff supported them. One person said, "I feel happier having a shower if the staff are with me, they also help me dress. I feel unwell today and one of the staff went and got the paper for me today. I am free to do whatever I want."

Another person told us, "When I came out of hospital they had to help me get out of bed. They were very careful with me. Now I am able to get myself up and sit on the side of the bed. They help me to shower and dress. I am able to prepare my own breakfast. They never rush we have a good chat about life. There is nobody (staff) I dislike they all do a good job."

People told us that their health needs were met and where they required the support of healthcare professionals, this was provided. People accessed support from the chiropodist, the GP, the district nurse and a community psychiatric nurse. This protected people's health and wellbeing. One person told us, "Staff are well trained and seem to turn their hand to anything you ask. I fell over in my room and I pressed the call button around my neck and spoke to staff on the care line. The on call staff and paramedics were called. The staff didn't try to move me, which is their policy, the paramedics who have the special equipment came and lifted me up. The staff brought me a pillow and sat with me until they arrived. They telephoned my son straight away." A relative said, "Staff are well trained, they notice things. Dad has a catheter fitted and the staff recognise signs and symptoms of infections. I've noticed that they record notes to monitor his urine colour. He used to go hospital regularly now he hasn't been in since September. I use that as a measure of the care he is getting."

This service was not providing food and drink to most people. People remained independent in their flats and could access the in house community café. People could eat meals purchased in the café. People told us that they were able to cook their own meals in their flats. Many people were able to go to the shops on their own or relied on family to do their shopping and choose what they wanted to eat. They had the option of having their meals in the café. However, at lunch time we saw that people who choose to have a meal in the café were supported appropriately, by staff during the meal. The weekly menu was displayed outside the café. The meal experience was enjoyed by people as they were laughing with people chatting to each other and with the serving staff.

One person told us, "I like to try and cook my own meals and the girls (staff) will help. At the minute they help quite a bit because of my hip. They usually help with preparing the vegetables. Today I put a potato in the oven and staff cooked the egg, tomato and sausage for me." One person told us "When the carer visits

the first thing that is filled is the tea cup no problem about getting dehydrated in here, staff always leave me with a cup of tea and fill up my water bottle and leave it on the table for me to sip." Another person told us, "I have three visits a day. They (staff) know me well always have a cup of tea when they visit. They do my laundry here for me. Tuesday is bed change day. They take it and when it comes back it is all folded up and put away in the correct drawers."

Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the Mental Capacity Act (MCA) 2005 needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. Records demonstrated that the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity.

Staff were well trained and knowledgeable and their skills and training were tailored to people's needs. The provider had systems in place to ensure staff received regular training, could achieve recognised qualifications and were supported to improve their practice. Training was planned to enable staff to meet the needs of the people they supported and cared for. For example, staff received dementia awareness training and gained knowledge of other conditions from health and social care professionals visiting the service. Staff we spoke with told us the training was good at Queen Elizabeth Court. This provided staff with the knowledge and skills to understand people's needs and help people maintain their health and wellbeing.

New staff inductions followed nationally recognised standards in social care and the manager had introduced the new Skills for Care, care certificate. The training and induction provided to staff ensured that they were able to deliver care and support to people to appropriately.

Staff were provided with regular one to one supervision meetings as well as staff meetings and annual appraisal. These were planned in advance by the registered manager and fully recorded. Staff told us that in meetings or supervisions they could bring up any concerns they had. They said they found supervisions useful and that it helped them improve their performance. Staff and supervision records, confirmed staff were able to discuss any concerns they had regarding people living at the home. Training records confirmed staff had attended training courses after they had been requested in supervision meetings.

Good

Is the service caring?

Our findings

All of the people we spoke with told us the staff were caring. People said, "The staff are lovely, I have heard them give lots of praise to people, they have a tremendous amount of understanding and patience with people." Another person told us, "I had a chesty cough and staff arranged for the doctor to come and see me straight away."

A relative said, "The staff are lovely, very nice, they always appear to enjoy what they are doing. They show lots of love and care when they chat to our relative. They have a lovely attitude very caring and attentive. I have been involved in the assessment and we have been able to say what we want. The manager is very approachable, quite supportive and confident in what she is talking about. I feel that I work with staff collaboratively, they always keep me informed on how he is getting on."

We observed that one of the volunteers visited a person after the coffee morning. They told us that the person always comes down to the coffee morning as they had been told she wasn't feeling well, "I have come up to visit her here, make her a cup of tea and sit and have a chat." This demonstrated that people were not left isolated.

People told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings during staff spot checks, calling people by telephone to ask their views and sending people questionnaires. The latest results from the questionnaires showed a very high satisfaction rate for the service people received.

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People's preferred names were recorded in their care plans and staff used these when they addressed people. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

People's right to remain independent was respected and recorded. The care plans clearly identified what people could choose to do themselves and where staff needed to intervene to assist them. What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

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

Good

Is the service responsive?

Our findings

People told us their needs were reviewed and kept up to date. People told us that they had a care plan folder in their home with information in it about their care. People told us the care they received was focussed on their individual needs and what they wanted.

One person told us, "When I came out of hospital we discussed me having two carers attending for a while. The manager has been in last week to review my progress and we have agreed that I should try having only one carer and this has been working well. If I decide that I want to stay in bed for the day it is never an issue. They just pop in to check to see if I am okay."

One person told us, "Last year I became very ill, staff called the doctors and I was taken into hospital. I was there for nine weeks. When I came out I was only able to get about in a wheelchair. The staff got the physiotherapist in to come and see me. The staff motivated me to do my exercises. I am now getting more mobile and I now walk about with a frame".

Another person told us that he had been diagnosed with diabetes and has regular blood sugar tests. "I have my test done on Tuesday before breakfast. I asked if I could have an earlier visit at 7.30 for the blood test and they have now changed the time of my morning visit to suit me."

People told us that they were encouraged to be independent. People showed us their flats and demonstrated how they could easily manoeuvre their electric wheelchairs around the rooms themselves. They told us that all the furniture in the flats was their own including cooker /washing machine and fridge so they were familiar on how they worked.

People's needs were assessed using a range of information to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. For example, when people were cared for in bed their skin integrity needed monitoring to prevent pressure areas from developing. There were pictorial moving and handling risks assessments in place for people with specific needs. These ensured that staff fully understood how to move the person safely. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs.

The registered manager had been making improvements to the care planning and assessment systems in the service to increase personalisation and ensure they were able to meet people's needs if they developed dementia or needed end of life care. These developments included dementia care mapping and dignity champions. This meant that the staff would be able to respond well to people's future needs.

Records showed and people told us that they had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plans were scheduled in advance, but could also be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Records showed that care plan reviews were comprehensive and inclusive. Staff told us care plans

were kept up to date and that they checked people's daily records for any changes that had been recorded. The registered manger reviewed people's care notes to ensure that people's needs were being met.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell and by assisting them in managing their long term health needs. Staff told us about recent incidents where they had called the emergency services when they found people unwell when they arrived for their call and after people had told them they had fallen.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. There had been four complaints and 23 compliments in 2015. All people spoken with said they were happy to raise any concerns. People told us that they got good responses from the office staff if they contacted them to raise an issue. There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

Good

Is the service well-led?

Our findings

People told us they were very satisfied with the service they received. When we asked one person if there was anything they would change about the service they said, "I think it is excellent here. Its running right, you don't muck about with things when everything is going okay." Another person said, "I don't think there are any improvements they could make, I am mobile and they let me do what I want. They have got it right."

People were kept informed about and engaged with the Royal British Legion Industries (RBLI) community. People told us that they had a survey to complete and were invited to the resident meetings. They also received a quarterly newsletter often having photographs of resident's special occasions such as birthdays and trips. One person told us, "I filled in a survey recently, got help to fill it in by the volunteer." People told us, "I have filled in a survey no issues with the service. At the residents meetings we have discussed the catering and how that could be improved. Some people said the food was sometimes cold when it arrived. No problems since. Another meeting was about housing and the care part." And, "They have residents meetings and we are asked out views about the support we get and any issues with our homes."

The manager had been in post for a number of years and had been registered with CQC since October 2010. The registered manager holds a nursing qualification and registration with the nursing and midwifery council. They provided good leadership at Queen Elizabeth Court. They led an enhanced form of domiciliary care for people which was flexible to their needs.

Queen Elizabeth Court had a community feel, and many people got involved in various activities around the Royal British Legion Village. The aims and objectives of the service were set out and the registered manager of the service was able to follow these. Staff received training and development to enable this to be achieved. The registered manager had a clear understanding of what the service could provide to people in the way of care. They told us that they did not take on any new care packages they did not have the resources to deliver effectively. This was an important consideration and demonstrated that people were respected by the registered manager, who wanted to ensure they maintained the quality of the service for people.

People had access to Royal British Legion welfare services such as a Health and Wellbeing Service. The welfare officer was known by all of the people we spoke with, they were highly complementary of her work. The welfare officer promoted a range of social contact, welfare and health related activities that promote social inclusion, healthy living and reduction of social isolation.

Quality audits were carried out every month. These audits assisted the registered manager to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting staff were assessed. For example, lone working risk were minimised by assessment and responses to staff concerns such as poor lighting or environmental hazards.

Staff were committed and passionate about delivering high quality, person centred care to people. We

spoke with staff who were well supported and who had regular and effective communications with their managers.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff told us they enjoyed their jobs. Staff felt they were listened to as part of a team, they were positive about the management team of the service. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents or needed to speak to the registered manager for advice. They told us that the registered manager was approachable.

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.

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. This ensured that people could raise issues about their safety and the right actions would be taken.