

# Care and Support Sunderland Limited

## Featherbed Lane

### Inspection report

1 Featherbed Lane  
Ryhope  
Sunderland  
Tyne and Wear  
SR2 0QE  
Tel: 0191 523 6078  
Website: www.example.com

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#### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

We inspected Featherbed Lane on 11 June 2015. This was an announced inspection. We informed the registered provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Featherbed Lane is a purpose built bungalow that provides a care home for up to six people with a learning disability, some of whom may have physical disabilities. At the time of the inspection there were five people who used the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# 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.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People who used the service told us that staff treated them well and they were happy with the care and service received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Staff told us that they felt supported. There was a regular programme of staff supervision and appraisal in place. Records of supervision were detailed and showed that the registered manager had worked with staff to identify their personal and professional development.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Where there were gaps in training this had been identified by the registered manager and booked. There was enough staff on duty to provide support and ensure that their needs were met.

The registered manager demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS) however, some staff had limited understanding. After the inspection the registered manager booked MCA training for staff. Appropriate documentation was available within people's care records. This included capacity assessments, DoLS authorisations and best interest decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

People who used the service and relatives we spoke with told us that staff were caring and treated people well, respected their privacy and encouraged their independence. Our observations showed staff and people who used the service were comfortable together and interacting in a friendly and caring way.

People's needs were assessed and their care needs planned in a person centred way. We saw that risks identified with care and support had been identified and included within the care and support plans.

People's nutritional needs were met, with people being involved in shopping and decisions about meals. People who used the service told us that they got enough to eat and drink and that staff asked what people wanted. However nutritional assessments had not been completed on a regular basis.

People were supported to maintain their health, including access to specialist health and social care practitioners when needed. People who used the service had regular appointments with the community nursing team and social care professionals. Other professionals were also involved in people's care such as chiropodists, opticians, nurses, GPs, speech and language therapists and dentists.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. There was a plentiful supply of activities both in and out of the home for people to take part in. Staff encouraged and supported people to access activities within the community. People had holidays.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them. People and relatives we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People who used the service were protected from abuse, by staff who understood how to recognise and report any concerns about people's care.

People's needs were assessed to identify risks that were relevant to the care being provided. Control measures were clearly documented to reduce or prevent the highlighted risk from occurring.

Care was provided by staff that had been recruited safely and had the time to provide the care and support people needed.

There were safe systems for managing medicines. People received their medicines as prescribed.

Good



### Is the service effective?

The service requires some improvement to be effective.

People were involved in decision making. The registered manager had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards; however for some staff this was limited. Capacity assessments were evident in people's care records and best interest decisions were clearly recorded.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Gaps in training had been identified and booked. Staff had received regular supervision.

People were involved in shopping and making decisions about the food provided. However staff had not completed nutritional assessment documentation on a regular basis.

People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement



### Is the service caring?

The service was caring.

Staff had a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

People and relatives told us they were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities and outings. People who used the service had access to the local community and went on regular holidays.

People who used the service told us if they were unhappy they would speak to the registered manager. Relatives did not raise any concerns and said that staff were approachable and would speak to them if they had any concerns.

Good



## Is the service well-led?

The service was well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Good



# Featherbed Lane

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Featherbed Lane on 11 June 2015. This was an announced inspection. We informed the registered provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service.

The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were five people who used the service. We spent time with all people who used the service and spoke with two people. Some people

were unable to communicate with us; however we spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms. After the inspection we spoke with two relatives of people who used the service.

During the visit, we also spoke with the registered manager and three support workers.

We also contacted the local authority to seek their views on the service provided. They did not report any concerns on the care or service received.

We did not use the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We felt that it was not appropriate in such a small service where people could talk with us and such observations would be intrusive. Instead we used general observations of people's care and support throughout our visit.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe; one person told us that they liked living at the service they said, “The staff are always kind.” Another person said, “I like them [staff].” Both relatives we spoke with said that they thought people were in safe hands. One relative said, “She [person who used the service] comes to me every Saturday and she’s quite happy to go back.”

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, the ceiling hoist and fire extinguishers. The fire alarm was serviced on the morning of the inspection. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken in June 2014. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual’s safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken. The most recent practice had taken place in May 2015.

We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order. The last recorded test was 9 June 2015.

The registered manager told us that monthly visual checks were also undertaken on hoists, bath chairs, wheelchairs and bedrails to make sure they were in safe working order. We saw records to confirm that this was the case.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw records that showed water temperatures were within safe limits. We also saw records to confirm that the water temperature of baths and shower was taken before any person used them.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to two people who used the service. The registered manager explained to us that staff assessed all the risks or hazards each person may be susceptible to during their daily life. For example one person needed help with bathing. The hazard associated with this was the water could be too hot and scald the person. To ensure the person’s safety, bath and shower temperatures were checked prior to use. Another example included a person who needed help with eating and drinking. The hazard associated with drinking was the person not being aware of how hot the drink was. To prevent the risk of scalding all drinks were cooled before giving them to the person. One person was at risk of choking when eating. Risk assessments detailed all food should be mashed up and sauces and gravy added to achieve the required consistency to help to prevent choking. We saw that staff put these measures in to place during the day when providing care and support to people.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case. During the last 12 months there has not been any safeguarding concerns raised.

Staff told us that they had received safeguarding training within the last 12 months. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member said, “I would whistleblow to X [the registered manager] I know that she would support us.”

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk

## Is the service safe?

of reoccurrence. The registered manager told us that accidents and incidents were not common occurrences; however they had appropriate documentation in which to record an accident and incident should they occur.

The staff files we looked at showed us that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Through our observations and discussions with people, relatives and staff, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. At the time of the inspection there were five people who used the service. We looked at the staffing rota which showed that generally during the day and evening there were a minimum of three staff on duty. Overnight there were two staff one of whom went to sleep when the needs of people who used the service had been met. The registered manager and staff told us that staffing levels were flexible, and could be altered according to need. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. During the day people three people went out for lunch and a walk on the beach. When one person returned from day services they asked to go to the local shop to buy a magazine and staff were able to accommodate this.

The registered manager told us how they matched skills and experience to people who used the service. For

example two people who used the service went swimming on a weekly basis. They told us how they always made sure that a staff member who was confident swimming was always on duty to take people.

The registered manager showed us an 'on call' rota for the month of June. This detailed when they and other registered managers from other services in the organisation were available to provide support and advice to staff out of hours. This helped to ensure that support and advice was available in the event of an emergency.

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the five people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

The service had a medication policy in place, which staff understood and followed. We checked peoples' Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. There was information available to staff on what each prescribed medication was for and potential side effects. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training. This showed us there were systems in place to ensure medicines were managed safely. We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.



# Is the service effective?

## Our findings

People and relatives we spoke with said staff were supportive, friendly and efficient at their job. One person told us, “They [staff] help us.” A relative we spoke with said, “This is a great place with good staff.”

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005 however this was some time ago [the registered manager said that this was in 2011]. The Mental Capacity Act 2005 sets out what must be done to make sure the rights of people who may need support to make decisions are protected. The registered manager had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make ‘best interest’ decisions. Some care staff that we spoke with during the inspection had limited knowledge on MCA. We pointed this out to the registered manager who told us that they had booked refresher training for June 2015.

The care records we reviewed contained assessments of the person’s capacity when unable to make various complex decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person’s family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person’s behalf were done so after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

At the time of the inspection three people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we

spoke with had an understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation.

We looked at the arrangements that were in place to ensure that staff were adequately supported through supervision and appraisal systems. The staff we spoke with told us that they felt well supported and could approach the registered manager for support whenever they needed it. One staff member said “Any support you need X [registered manager] is there to guide you.” Staff we spoke with also confirmed that they had received regular supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. The registered manager told us that they had undertaken some appraisals, however some were a little overdue but they were to undertake these over the next few weeks.

We were shown a chart which detailed training that staff had undertaken. The training chart showed that staff had undertaken training in responding to health emergencies, health and safety, safeguarding, moving and handling and food safety. The registered manager told us that staff had undertaken additional training specific to the needs of people who used the service. This included training in dementia, dysphasia, bowel management, sex education and behaviour management.

The registered manager told us that staff had last attended fire training with an external training provider in 2013; however they had done in house fire training at other times the most recent being at the March 2015 staff meeting. We saw records to confirm that this was the case. After the inspection we spoke with the fire authority to determine if they were happy with this arrangement. The fire authority did not report any concerns. Further fire training had been booked for June 2015.

We asked the registered manager about the induction process for new staff. They told us that new staff would spend four weeks at the service shadowing more experienced staff. During this time they would read the care and support plans of people to make sure that they have the knowledge about how to provide good care and support. They would also read policies and procedures and undertake learning.



## Is the service effective?

The registered manager told us that the service had a five week menu plan which had been devised by a dietician to ensure that it was nutritionally balanced. They told us that people who used the service had been involved in making menu choices. People told us they enjoyed takeaways a couple of times a month. One person said, "I like a curry." We saw that people were provided with a varied selection of meals. One person said, "I like egg on toast." People who used the service, who were able, helped with the preparing and cooking of meals. Staff told us how they and people who used the service go shopping for food.

People were offered both hot and cold drinks throughout the day. This helped to ensure that people were hydrated. During the inspection people who used the service went out at lunch time. At tea time we saw that all people who used the service sat and chatted to each other as they ate their tea. Tea time was relaxed and people enjoyed their food. We saw that those people who needed help with eating and drinking were provided with support.

We asked the registered manager what risk assessments or nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us that staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. We saw records of such visits to confirm that this was the case. Nutritional assessments were evident on care files looked at, however were not

completed on a regular basis. Staff were not always calculating the person's BMI. This was pointed out to the registered manager at the time of the inspection who said that they would take immediate action to rectify this.

We looked at the arrangements that were in place to ensure that people were able to maintain their health, including access to specialist health and social care practitioners when needed. Each person who used the service had a health record file. This contained a one page calendar of appointments for 2015. This helped staff to see at a glance what appointments people had been to and what appointments were in the future. The care records we looked at showed that people who used the service had regular appointments with the community nursing team and social care professionals. Other professionals who had recently been involved in people's care included chiropodists, opticians, nurses, GPs speech and language therapists and dentists. We saw that people were supported to have their annual health check and flu vaccination.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. Hospital passports contained information that would help to ensure that care and treatment was provided in a way that the person would want it to be.

# Is the service caring?

## Our findings

People who used the service and relatives we spoke with told us that they were very happy with the care, service and support provided. One person said, “They make sure I’m alright.” A relative we spoke with said, “This is a great place. The staff are friendly and very caring. They do care I can see that.”

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication. For example one person who used the service became restless, staff told us that this was because they wanted to go out. Staff responded by taking this person out. They also told us that if this person led them to the kitchen it meant that they wanted a cup of tea. Staff were able to tell us about other people who used the service and describe their body language when they were happy or unhappy. This demonstrated that staff knew the people they cared for extremely well.

Staff described each person to us and their individual needs. They were able to tell us about what they liked and disliked. For example staff told us that one person who used the service liked to wear lipstick. They told us the importance of supporting people to make sure they were appropriately dressed with clothes that matched.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed. Staff interacted well with people and provided them with encouragement.

We looked at the arrangements in place to protect and uphold people’s confidentiality, privacy and dignity. We saw that staff treated people with dignity and respect. Staff were attentive and showed compassion. When one person who used the service returned from day services we saw that their t-shirt was marked. The registered manager discretely spoke with this person and took them to change their t-shirt. We saw that staff took time to sit down and communicate with people in a way that each person could understand. The care plan of one person described the importance of speaking to them about their family. We saw

that staff spoke to this person about their family on the day of the inspection which made this person smile. One person told us that they supported Sunderland Football Club. During the inspection we saw staff talk to the person about their interest in football. We saw staff gesture to them how they cheered at football matches. The person who used the service responded back with excitement by cheering and smiling.

Staff told us that one person liked some ‘quiet time’ in their room with the sensory equipment. They told us how this had a relaxing and calming effect on the person. Staff were able to describe and show us how they worked in a way that protected people’s privacy and dignity. One staff member said, “I always make sure the door is closed and tell them [people who used the service] what I am doing. I always make sure I give choice.” During the inspection one person who used the service had a chocolate biscuit. When they had finished eating this they had chocolate around their mouth. Staff were very quick to respond and wipe the person’s mouth.

We looked at the arrangements in place to ensure that people were involved in decisions about matters that affected them. At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

During our visit we observed people being involved in decisions about their day to day lives. For example, decisions about what they wanted to wear, eat, drink, what activities they wanted to do and where they wanted to go on holiday. We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. This helped to ensure that people received care and support in the way that they wanted to.

One staff member we spoke with told us how they and other staff had nominated another support worker (that we spoke with during the inspection) for an award. The award was presented in December 2014 by the registered provider. Staff told us that this award was for ‘best support

## Is the service caring?

worker'. The registered manager told us that this staff member was recognised for going beyond her duties to ensure a good standard of support is given to service users at her fellow colleagues.

# Is the service responsive?

## Our findings

Staff told us that people were involved in a plentiful supply of activities and outings. We were told that people liked to go shopping, swimming, to the theatre, pub, disco, to the seaside for walks and to Newcastle airport to watch the aeroplanes. A relative we spoke with said, “She [person who used the service] goes out for meals and to the cinema. She’s in Blackpool on holiday at the minute with two of the staff.” Another relative we spoke with said, “She [person who used the service] has a very good social life. She goes out all over the place. They are always out.”

People told us that they went on holidays. One person said, “I’m going to Scarborough.” Another person told us that they were looking forward to their holiday in Blackpool. Staff told us that another person was going on holiday to the Harry Potter experience. The registered manager told us that all people who used the service had been to Scarborough last bank holiday and staff were planning another trip for people to Beamish. One person told us they loved to go to the theatre. They told us how they had enjoyed going to the theatre to see Dirty Rotten Scoundrels the day before the inspection.

One person told us about and showed us their pet guinea pig. As soon as this person came home from day services they asked about their guinea pig and had hold of it. Another person showed us their fish.

During our visit we reviewed the care records of two people who used the service. We saw that person centred plans had been developed with people who used the service. Person centred plans provide a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect them. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. Some people who used the service had

difficulty with communication. The care and support plans of people with limited communication clearly described their body language and what this meant. For example the sleep plan for one person advised that they liked to go to bed between 9pm and 11pm. Staff were to ask the person if they wanted to go to bed. If they did want to go to bed the person would nod and stand up, however if they didn’t they would remain seated and look away. This helped to ensure that people received care and support how and when they wanted it.

People who used the service and relatives told us if they were unhappy they would complain to staff or the registered manager. People and relatives told us that staff were approachable and listened to them. One person who used the service said, “If I was sad or unhappy I would talk to X [registered manager].”

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The service had an easy read complaints procedure, however this was still quite lengthy and a number of people who used the service would find this difficult to understand. The registered manager said that they spoke to people on a daily basis and at meetings to make sure they were happy. A relative we spoke with said, “We would know if there was something wrong she [person who used the service] would tell us.”

Discussion with the registered manager during the inspection confirmed that any concerns or complaints were taken seriously. There had not been any complaints in the last 12 months. However, we did see that the service had received a compliment. The compliment was from a social care professional. The service had supported a person who used the service for two years and they had recently moved on to supported living. The compliment read, ‘May I take this opportunity to thank everyone for the good care and support that has been given to X [person who used the service] to allow her to come this far. It is such a good outcome that we don’t see very often!’

# Is the service well-led?

## Our findings

People and relatives told us they thought the registered manager was approachable and that the service was well organised and well led. One person said, “X [registered manager] is nice.” A relative we spoke with said, “X [registered manager] is lovely. She is very approachable and good with X [person who used the service], well all of them [staff] are.” Another relative said, “She’s [registered manager] very approachable.”

Staff and people who used the service told us that they felt supported. Staff we spoke with said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, “You can just go to her [registered manager] at any time the door is always open. She will give you as much support as needed.”

The registered manager told us about their values which were communicated to staff. The registered told us that they had an open door policy in which people who used the service and staff could approach them at any time. The registered manager spoke very positively about the staff team and how the main focus was on people who used the service, they said, “This team are major team players and that’s what I like about them. We support each other.”

Observations of interactions between the registered manager and staff showed they were open, positive, respectful and supportive. Staff told us that they were a visible presence in the home and that the registered manager provided them with support and encouragement in their daily work. One staff member said, “Everything just runs smoothly. We are one big team here and we all help each other out. X [registered manager] is a good manager.” During the inspection we saw that the registered manager spent time with people who used the service. The registered manager effectively engaged with people to make sure their needs were met.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous audits and checks which were carried out on a weekly and monthly basis to ensure that the service was run in the best interest of people. These included monthly health and safety audits which contained checks of the premises, checks on care records and checks on financial records. We also saw that there was a more in-depth annual health and safety audit undertaken on an annual basis, the last was carried out in September 2014. The outcome demonstrated a very good standard of health and safety with only a small number of recommendations for change. We saw records to confirm that the registered manager was in the process of doing an infection control audit.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and they were encouraged to share their views. We saw records of a meeting that had taken place in April 2015. Discussion had taken place about the key worker role, activities, safeguarding and finance.

We saw records to confirm that meetings for people who used the service took place. We looked at the notes of the last meeting which took place in May 2015. Records confirmed that people were encouraged to share their views and opinions. We saw that discussion had taken place about fire safety and what people should do in the event of a fire. People had been asked what they liked to do and what activities they would like to be part of.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks. However accidents and incidents were minimal.