Heritage Care Limited

56 High Street

Inspection report

56 High Street
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Date of inspection visit:
13 April 2018

Date of publication:
29 May 2018

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

This inspection took place on 13 April 2018 and was unannounced. This was the first inspection of the service since they registered with the CQC in February 2017. They were formally known and registered as Community Options Limited - 56 High Street. 56 High Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

56 High Street provides personal care and support for up to 10 people with severe and enduring mental health problems including dual diagnosis. The service focuses on providing support to people to help them gain the necessary skills to be able to lead independent lives. The accommodation consists of individual bedrooms and shared communal areas and facilities. At the time of our inspection there were eight people using the service. There was a registered manager in post. 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.

Risks to people were assessed, recorded and managed safely. There were robust systems and policies and procedures in place to deal with emergencies. People were protected from the risk of abuse, because staff were aware of the action to take if they had any concerns. Medicines were managed, administered and stored safely. There were systems in place to ensure people were protected from the risk of infection. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

There were systems in place to ensure staff new to the service were inducted and trained appropriately. Staff were aware of the importance of seeking consent from people and demonstrated a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This provides protection for people who do not have capacity to make decisions for themselves. People were supported to meet their nutritional needs and preferences. People had access to health and social care professionals when required. People told us staff treated them well and respected their privacy. People were involved in decisions about their care and had care plans in place which reflected their individual needs and preferences.

People spoke positively about staff and told us their diverse needs were discussed and met. People told us they were supported to maintain relationships that were important to them. People were supported to engage in a range of social activities. People's independence was respected and promoted. People were provided with opportunities to give feedback about the service through resident's meeting that were held and informally through a comments and suggestions box.

Care plans were developed and implemented based on assessments of people's needs and risks. People's needs were reviewed and monitored on a regular basis. Care plans included information about people's histories, culture and lifestyles choices and considered the support people may require with regard to any

protected characteristics under the Equality Act 2010. People were provided with information on how to make a complaint.

Staff spoke positively about the management support at the service. The service worked with health and social care professionals to ensure people's needs were appropriately met. There were systems in place to monitor the quality of the service provided. People's views about the service were sought and considered through annual satisfaction surveys.

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.

Risks to people were assessed, recorded and managed safely.

There were robust systems and policies and procedures in place to deal with emergencies.

Medicines were managed, administered and stored safely.

Accidents and incidents were recorded and acted on.

People were protected from the risk of abuse because staff were aware of the signs and action to take if they had any concerns.

There were systems in place to ensure people were protected from the risk of infections.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective.

There were systems in place to ensure staff new to the service were inducted and trained appropriately.

Staff were aware of the importance of seeking consent and demonstrated a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This provides protection for people who do not have capacity to make decisions for themselves.

People were supported to meet their nutritional needs and preferences.

People had access to health and social care professionals when required.

People were involved in decisions about their care and had care plans in place which reflected their individual needs and

preferences.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and told us their diverse needs were discussed and met.

People told us they were supported to maintain relationships that were important to them.

People's independence was respected and promoted.

People were provided with opportunities to give feedback about the service.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people to meet their identified needs and wishes.

Is the service responsive?

Good

The service was responsive.

Care plans were developed and implemented based on assessments of people's needs and risks.

People's needs were reviewed and monitored on a regular basis.

Care plans included information about people's histories, culture and lifestyles choices and considered the support people may require with regard to any protected characteristics under the Equality Act 2010.

People were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who demonstrated a good understanding of the requirements of being a registered manager and their responsibilities under the Health and Social Care Act 2008.

Staff spoke positively about the management support at the service.

The service worked with health and social care professionals to ensure people's needs were appropriately met.

There were systems in place to monitor the quality of the service provided. People's views about the service were sought and considered through annual satisfaction surveys.

56 High Street

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 was carried out by two inspectors on 13 April 2018 and was unannounced. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. 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. We contacted the local authority responsible for commissioning the service to obtain their views and used this to help inform our inspection planning.

During this inspection we spoke with four people using the service and four members of staff including the registered manager and the services in house occupational therapist assistant. We looked at four people's care plans and records, staff files and records relating to the management of the service such as audits and policies and procedures. We also spent time observing the support provided to people in communal areas.

Good

Is the service safe?

Our findings

People told us they felt safe within the home environment and with the staff that supported them. One person said "Yes, I feel safe living here. The staff are nice." Another person commented, "I know the staff well and I feel safe with them." A third person commented, "I like living here. The staff are friendly and helpful and they know what to do if anything happens."

There were systems and policies and procedures in place to deal with emergencies. The provider notified us of a fire that occurred within the home in November 2017. No one was harmed in the fire which affected mainly one room and staff evacuated people promptly in line with the provider's procedures. Staff were praised for their quick response in ensuring everyone evacuated the building safely. However the London Fire Service undertook an investigation following the fire and took enforcement action against the provider to ensure compliance with fire regulations. We saw that an action plan was implemented to ensure the work was carried out and during our inspection we saw that most of the work had been completed. However some further work was required which was planned to be completed by August 2018. We will check with the provider following this inspection that all work required has been completed. We saw that people's care plans and records contained up to date personal emergency evacuation plans which detailed any support they required to evacuate the building safely in the event of a fire. The provider had an up to date fire risk assessment and business continuity plan in place which detailed the evacuation procedure ensuring people were supported to leave the building safely in the event of an emergency and contact information for emergency services and key people. Staff knew what to do in the event of a fire and emergency and had received up to date fire safety, health and safety and emergency first aid training. Provider records showed that regular fire drills and evacuations were conducted to ensure everyone's safety was maintained.

We observed the home environment had been redecorated and new furniture had been purchased due to some fire and water damage and was clean and free from odours. The home employed a domestic staff member and there were cleaning schedules in place which ensured the home was kept clean. We observed them cleaning the home during our inspection. Liquid hand soaps and hand washing technique signage was visible in all communal bathrooms to protect people from unnecessary infections. Training records confirmed that all staff had completed training on infection control and food hygiene. We saw and staff told us that personal protective equipment was always available to them when they needed it including aprons and gloves. Records showed that infection control audits were carried out on a regular monthly basis by the registered manager. Environmental checks were conducted by the provider to ensure the home environment was safe. These included checks of electrical and gas appliances, water and water temperatures, first aid equipment and cleaning substances to ensure they were kept in a safe locked place.

Assessments were conducted to identify and assess risks to people's physical and mental health whilst ensuring individual's independence and rights were respected. Care plans and risk assessments identified and evaluated individual risks in areas such as physical health, mobility, behaviour, personal care, mental health, medication regime and concordance and finance management amongst others. Risk assessments and care plans provided guidance for staff on the support and actions to be taken to minimise any identified risks. For example one care plan documented that the person could become angry when anxious or

confused. Guidance for staff detailed the actions that should be taken including strategies for managing and deescalating behaviour and for ensuring the individuals physical and mental well-being. Risk assessments considered both positive and negative factors of risk taking as well as identifying any support measures for staff to follow in order to reduce the level of risk. Care plans also contained information on health and social care professionals involved in the support of individuals such as, community mental health teams, emergency out of hour's duty teams and local GP's to ensure people and staff remained safe and supported when required.

The home had policies and procedures in place for safeguarding adults from abuse and whistle-blowing. Staff we spoke with demonstrated a clear understanding of how to safeguard people and the types of abuse that could occur. They said they would report any concerns they had to the registered manager. One member of staff told us, "I would report any safeguarding concerns to the registered manager. I would contact the head office if nothing was done or I would report to social services or the CQC if I felt I needed to." They also told us they would use providers whistle blowing procedure if they felt the need to report issues of poor practice. Training records confirmed that all staff had received training on safeguarding adults from abuse. Safeguarding information was displayed within the home for people's reference and we saw that this was a topic regularly discussed with people at residents meetings held.

People told us they received support to manage their medicines safely as prescribed by health care professionals. One person said, "Oh yes, the staff give me my tablets when I need them. Every day." Another person told us, "I go to the office when it's time for my medicine. Staff make sure I take them."

There were safe systems in place for managing, storing and administering medicines. Medicines were stored securely in a locked cabinet and a locked trolley in a locked room. We spoke with a member of staff about how medicines were managed and observed them during a medication round. They told us that only trained staff administered medicines to people. We saw records confirming that competency assessments had been completed by the registered manager with staff before they could administer medicines safely. We observed the member of staff administering medicines to people safely in a caring and unrushed manner. People had individual medication administration records (MAR) that included their photographs, details of their GP, information about their health conditions and any allergies.

There was individual guidance in place for staff on when to offer people 'as required' medicines (PRN). MAR records had been completed in full and there were gaps in recording. The member of staff told us there were no controlled drugs currently held at the home, however there was a locked cupboard and policies and procedures in place for the management of controlled drugs if this should be needed. We saw that staff had carried out audits on people's MAR's twice a week to ensure continued safe practice. These confirmed for example that there were no gaps in the MAR records, that medicine blister packs contained the correct number of medicines against what was recorded on the MAR's and that loose boxed medicines (tablets) tallied with what was recorded on the MAR's. The registered manager also completed monthly audits. We saw that people also had hospital passports which outlined their health conditions, medicines prescribed and their support needs for professionals when they attended hospital.

Accidents and incidents involving the safety of people were recorded, managed and acted on appropriately. Records demonstrated that staff identified concerns, took actions to address concerns and referred to health and social care professionals and the police when required. There was an up to date accident and incident policy in place and we saw that notifications to the CQC and referrals to other professional bodies were sent as appropriate. There was an accident and incident log in place which the registered manager monitored to identify any themes, trends and patterns and to learn from accidents and incidents.

People told us they thought there were enough staff available to support them appropriately. One person said, "There is always enough staff around to help if I need it." We observed there were enough staff on duty to meet people care needs. The registered manager told they arranged staffing levels according to people's needs. They told us if extra support was required for people to attend social activities or health care appointments, additional staff cover was arranged. They said they were one staff short on the morning of the inspection, however they felt there was no need to get another member of staff to cover as some people were out on planned activities and there was enough staff to support people as Friday was not usually a busy day. One member of staff told us, "There is always enough staff on duty. Today we are one down but it's an easy day to manage. All of the people's needs are being met and we are not rushed." The provider had a team of bank staff which they employed to cover staff annual leave or sickness. The registered manager said bank staff were familiar with people's needs and they received the same training and supervision as full time staff. A bank member of staff confirmed they received the same training as full time staff and they received formal and informal supervision and support with the registered manager.

There were robust staff recruitment practices in place. Appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment and staff records we looked at confirmed this. The registered manager told us that all recruitment records were held at the provider's head office and these were later sent to us following the inspection. We saw that recruitment checks conducted included application forms and interview records, photographic evidence to confirm identity, criminal records checks, references, right to work in the UK where applicable and history of experience and or professional qualifications including any gaps in employment.

Good

Is the service effective?

Our findings

There were systems in place to ensure staff new to the service were inducted and trained appropriately. One member of staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. They said they shadowed experienced staff as part of their induction and they received regular supervision with the registered manager. Another member of staff told us, "I shadowed experienced staff when I started and that was helpful for me getting to know the residents and the home. I am up to date with all of my training." The registered manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

There was a staff training matrix in place confirming that staff had completed training that the provider considered mandatory. Mandatory training included first aid, health and safety, moving and handling, the safe handling of medicines, food hygiene, fire safety, safeguarding adults and infection control. Staff had also received other training relevant to people's needs for example, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), dementia care and positive behaviours. Records seen confirmed that all staff were receiving regular supervision and an annual appraisal of their work performance with the registered manager.

People told us they were involved in planning and making decisions about their care and staff sought their consent. One person said, "Oh yes they always ask me and check with me first. I'm quite independent and come and go as I please." There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This provides protection for people who do not have capacity to make decisions for themselves.

Staff we spoke with were aware of the importance of seeking consent from people but where necessary for them to act in someone's best interests. The service worked within the principles of the MCA and people were supported to make their own decisions about their care and support. The registered manager told us that most people currently using the service had the capacity to make decisions about their own care and treatment. We saw that applications were made to local authorities to deprive people of their liberty where this was assessed as required. Where applications were authorised we saw that appropriate documentation was in place and kept under review and any conditions of authorisations were appropriately followed by staff.

Assessments of people's physical and mental health needs and preferences were completed before they moved into the home to ensure their needs and preferences could be met. Care plans contained referral information and assessments from local authorities and health care professionals that commission the

service. This provided staff with a detailed history of people's lives and needs to support the development of individual care and support plans. Assessments conducted covered areas such as people's physical and mental health needs, medicines, nutrition and hydration and behaviours amongst others. Care plans documented involvement from people and their relatives where appropriate and any health and social care professionals involved to ensure all individual needs were addressed.

People were supported to access a range of health and social care services when needed and records confirmed this. One person told us, "I see the doctor if I need to and meet with my care coordinator from the mental health team." Care plans detailed the support people received from a range of professionals including the provider's in house occupational therapist assistant (OTA), GPs, community mental health nurses, dentists and opticians. The OTA told us, "I am an occupational therapist assistant. I carry out assessments with people in areas where they might be struggling. I work with them and their key workers to come up with what they want to achieve and set goals. The key workers would take this on board when updating people's care plans." Records showed that staff monitored people's mental and physical health and where any concerns were identified they referred people to health and social care professionals as appropriate.

People were supported to meet their nutritional needs and preference and care plans documented the support people required with food and fluid preparation to ensure their safety. One person said, "I like the food here. The cook is good and we get to choose what we want." Another person commented, "I love the food. We can pick what we want and we have to take it in turns to lay the tables. We have puddings which are nice." Care plans included details of people's dietary needs and preferences and indicated their dietary requirements, food allergies and any care and support needs required at meal times. We visited the kitchen and spoke with the cook. They were knowledgeable about people's dietary needs, preferences and cultural and medical needs. We saw the kitchen was clean and well stocked with suitable foods including fresh fruit and vegetables. The home had been awarded a rating of five in September 2017 by the food standards agency. Hot and cold prepared drinks were available to people throughout the day and night served within the dining room.

Good

Is the service caring?

Our findings

People spoke positively about staff, the support they provided and told us their diverse needs were discussed and met. One person said, "They know me well and how I like things to be done." Another person told us, "They do care; they help me to meet my needs. I like to go to church and they know that." A third person commented, "Staff are nice. They make sure I am well and help me to do things that I want to do."

Throughout our inspection we observed staff interacted and treated people with kindness and respect. For example, staff enquired about their well-being and the activities and appointments they had planned for the day. People who required support to complete any activities were offered appropriate support. Staff knew people they supported really well and were familiar with their daily routines and preferences in the way they received support. The atmosphere in the home was relaxed and friendly and we observed that people's independence was respected and encouraged with people entering and leaving the home throughout the day as they pleased.

People told us they were consulted about their care and records we looked at confirmed this. One person said, "I meet with my keyworker and talk about how I am and if I want to change anything." Records showed that staff met with people on a one to one basis at keyworker meetings to discuss their individual needs and preferences. Key worker's responsibilities included providing individual one to one support and coordinating individuals care with relatives and health and social care professionals where appropriate to meet desired goals.

People's diverse needs were discussed, assessed and reviewed as part of their on-going support to ensure all needs were met where possible. Care plans included information about individuals cultural and spiritual requirements and staff told us they were committed to supporting people to meet their needs with regard to disability, race, religion, sexual orientation and gender. One member of staff told us, "We aim to support people to meet their needs where possible. There are several people who like to attend church on a regular basis and we make sure that they are supported to do this as it's important to them." We saw that people's religious and spiritual needs were met as some people visited a local church and one person attended their own preferred place of worship. We also noted that several people were supported to attend cultural social clubs on a regular basis such as a Caribbean, Indian and Asian social group. Care plans recorded individuals communication needs to ensure staff communicated with people effectively, information was provided in a format that met people's needs and advocacy services were readily sourced if people required this support. The registered manager told us that several people had used an advocacy service to support them independently and had found this service useful.

People told us they were supported to maintain relationships that were important to them. One person said, "I like to travel most days to a café I like. I get the bus and spend most of the morning there. I know the people there and I like them." Another person told us, "I like to visit my family every week. I can get the bus and it doesn't take too long." People were able to make their own decisions about their daily activities and the level of support they needed. People were provided with information about the service in the form of a 'service user guide' for their reference. The registered manager told us this was given to people when they

joined the service and included information on the support people could expect to receive from the service, the home's facilities and details on how they could make a complaint.

Staff were aware of the importance of keeping information and records about people's care and support confidential and we saw that records were stored appropriately. One member of staff told us, "I always make sure information about people is locked away. If people call enquiring about people's needs I would only disclose information on a need to know basis to a known GP or health care professional."

People told us staff respected their independence, privacy and treated them with dignity. One person said, "I can leave when I like and go out where I want. I have my own room and staff always knock before coming in." Staff we spoke with described ways in which they worked to promote peoples independence and how they respected their privacy. One member of staff said, "Our aim is to enable people to be as independent as possible. People can do a lot for themselves and we mostly just supervise, prompt or reminded people to do things independently such as personal care." We saw that for one person who required prompting and reminding, staff had produced clear written and pictorial guidance for the person on washing and dressing promoting their independence.

People were provided with opportunities to give feedback about the service through resident's meeting's that were held and informally through a comments and suggestions box located in the entrance hall of the home. We looked at the minutes from the last meeting held in March 2018. Items discussed included confidentiality, safeguarding, food and menus, health and safety within the home and the provider's complaints procedure. We saw that further choice regarding cultural foods cooked such as plantain was requested and people said they wanted residents meetings to be held monthly rather than quarterly which we saw was noted and planned for.

Good

Is the service responsive?

Our findings

People received personalised care which met their needs and preferences. People told us they were involved in planning and reviewing their care. One person said, "Yes, staff always ask me at meetings if I am happy or want to change anything." Another person commented, "I know about my care plan and all the things in it. We review it regularly."

Care plans were developed and implemented based on assessments of people's needs and risks. Care plans and records identified areas of people's lives and detailed the support they required to ensure positive outcomes in areas such as meeting their physical and mental health needs, communication, dietary and hydration, medicines management, managing finances, activities and social networks, diversity and cultural needs and independence amongst others. Care plans detailed individuals objectives and aims and risk assessments were implemented to support positive risk taking in a safe and supported way. For example when using public transport or community services and when maintaining personal hygiene. Care plans contained guidance for staff on the support people required in a range of areas and staff we spoke with demonstrated they supported people in line with their assessed needs and preferences. Records demonstrated that people met with keyworkers on a regular basis to discuss their needs, in order to ensure the support they received continued to meet their individual needs and preferences. We saw that care plans and records were reviewed on a regular basis to help ensure they remained up to date and reflective of people's current needs.

Care plans included information about people's histories, culture, communication needs and lifestyles choices and considered the support people may require with regard to any protected characteristics under the Equality Act 2010 they have. For example in relation to age, race, religion, disability, sexual orientation and gender. Staff we spoke with were knowledgeable about people's needs and one member of staff told us, "We are a small team and work together well to ensure people receive the correct support to help them to meet their needs whatever they maybe." Assessment tools were in place which allowed for people to identify any end of life care needs and preferences should they so wish, however the registered manager told us that no one currently using the service required support with end of life care.

People were encouraged and supported to engage in a range of social activities in and out of the home environment and to seek educational opportunities that reflected their interests and aims. Care plans detailed people's preferred and chosen activities such as maintaining family and social networks, attending social clubs and events and completing one to one and group sessions with the provider's in house occupational therapist assistant. One person told us, "I like going to my club and seeing my family." Another person commented, "I go to church and like to go out for the day in the mini bus." The home had a well-equipped activities room which displayed people's art work. There was a programme of activities planned within the service should people wish to participate. The registered manager told us that the provider hired a mini bus on a monthly basis which allowed for people to be supported to visit places of interest such as castles, parks, museums and theatre shows. They also told us they had visits from external entertainment groups and some people were supported by staff to have individual trips out to personal chosen activities such as going to the ballet, cinema or shopping.

People told us they knew how to make a complaint and felt that staff would resolve any issues they had. One person said, "I would tell the staff if something was wrong. I know they would help me." Another person commented, "I don't need to complain about anything. I like it here." People received a copy of the provider's complaints procedure when they moved into the home which provided them with guidance on what they could expect if they raised any concerns and details of the timescale in which they could expect to receive a response as well as the process for escalating any unresolved complaints if needed. We noted that the provider's complaints procedure was also displayed within the home for people and visitors reference. We looked at the complaints file and noted that no complaints had been made since August 2017. We saw that when complaints had been raised these were managed appropriately in line with the provider's policy. We also noted that there were systems in place to monitor complaints received, to learn from complaints raised and to ensure best outcomes for people.

Good

Is the service well-led?

Our findings

People spoke positively about the management and staff at the home and told us they felt the service was well managed. Comments included, "Staff know us all very well and help us when we need it", "Yes, I like living here and think they manage it well", "The managers good and I see him every day", "Staff are caring and we have a laugh", and, "I do like it here, I think it's pretty good."

The home had a registered manager in post who demonstrated a good understanding of the requirements of being a registered manager and their responsibilities under the Health and Social Care Act 2008 and had good knowledge of people's needs and the needs of the staffing team. Notifications were submitted to the CQC as required and they were aware of the different types of events they were required to notify CQC about. 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.

Staff spoke positively about the management support at the service and the team and said the manager had a visible presence in the home offering them support and leadership. One staff member said, "I receive very good support from the registered manager and senior managers. There is a very good team here and we all work really well together." Another member of staff commented, "I have worked here for many years. It's a nice place to work and I enjoy coming here. The team and the residents are lovely. They try to foster people's independence. It's really nice seeing people doing things for themselves and we are always here to help them if they need us. I get really good support from the manager and staff. I feel very valued in terms of my opinions and feelings. I think I am listened to because of my experience and professional background."

During our inspection we observed staff worked well as a team, communicated clearly and offered each other support where needed. There were systems in place to promote effective communication and which provided staff with the opportunity to meet and discuss people's needs on a daily basis. We observed a daily staff handover meeting in which items relating to people's well-being and support needs were discussed and any issues were cascaded to staff starting their shifts to ensure people received appropriate levels of support. Records demonstrated that regular staff meetings were held to discuss the running of the service and people's support needs. We looked at the minutes of the last staff meeting held in February 2018. Items for discussion included welcome back to the home after the fire, provider budgets, care plans and key working and maintenance. We saw that the provider held 'Service Managers Meetings' on a monthly basis whereby all registered managers met to discuss issues at provider level. We looked at the minutes for the meeting held in February 2018, and saw items for discussion included accommodation, provider fire plans, recruitment, staff training and service user involvement.

We saw that the service and provider worked in partnership with other agencies in order to provide good quality care to people. Records showed that the registered manager engaged with health and social care professionals to ensure people's needs were met and communicated with local authority commissioners on the running of the service. We contacted a member of the local authority contract monitoring team who

spoke positively about the management of the service and the work the registered manager had done to ensure people retuned to the service promptly with least disruption after vacating the property due to the fire.

The provider recognised the importance of regularly monitoring the quality of the service and there were systems in place to ensure audits and checks were conducted. Records we looked at confirmed that checks and audits were completed in areas such as infection control and housekeeping, medicines management, fire safety and equipment maintenance, incidents and accidents, care records, management of finances, health and safety, catering, safeguarding and policies and procedures amongst others. Audits we looked at were up to date and conducted in line with the provider's policy. Records of actions taken to address any highlighted issues or concerns were documented as appropriate.

There were systems in place to ensure the provider sought the views of people using the service through regular resident's meetings, annual surveys and by impromptu feedback through the use of a comments and suggestions box located in the hallway of the home. We looked at the results for the resident's survey that was conducted in August 2017. We saw that respondents were happy with the support they received. For example 100 percent of respondents felt that since receiving the service their mental health had improved, 100 percent said they were given information to support them to make choices, 100 percent said the support had helped them to achieve their goals, 100 percent said they felt staff believed in their well-being and recovery and 100 percent felt listened to by staff.