

Home Group Limited

# Stonham Albion House

## Inspection report

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Date of inspection visit:  
16 February 2016

Date of publication:  
12 April 2016

## 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 of Stonham Albion House took place on 16 February 2016 and was unannounced. This was the first inspection of the service since it became registered in July 2015 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This new service provides domiciliary care services to people with learning difficulties that live in four flats on Albion Street in Driffield. The service intends to expand to provide support to people within the local area. It provides 24 hour cover, seven days a week. It enables people to lead lives of their choosing and supports them with all aspects of living independently. There is limited car parking on street outside the location.

The service had links with Home Group Limited Housing branch, which also provided the accommodation and rented tenancies for people. However, this was a totally separate provision to the domiciliary care service. This meant that anyone living under a tenancy with Home Group Limited Housing were free to seek alternative domiciliary care services and were not tied to Home Group Limited.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager that had been registered and in post since registration of the service in July 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found that people were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were managed and reduced on an individual basis for each person that used the service so that people avoided injury or harm wherever possible.

The premises where the domiciliary care service operated from were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. People's individual flats at Stonham Albion House were also risk assessed to ensure people and staff were safe. Maintenance of

the whole building: office area, communal area and flats, was carried out by Home Group Limited Housing. Staffing numbers were sufficient to meet people's need and we saw that rosters accurately cross referenced with the people that were on duty. We saw that recruitment policies, procedures and practices were carefully followed to ensure staff were 'fit' to care for and support vulnerable people. We found that supporting people with their medication was safely carried out by staff.

People were supported by qualified and competent staff that were regularly supervised and received appraisal regarding their personal performance. Communication was effective, people's mental capacity was appropriately assessed if necessary and their rights were protected.

People received support to have adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for supporting people that had mild learning disability and required support with their social interactions.

We found that people received the support they required from kind staff who knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their support plans and were always asked for their consent before staff undertook support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible. This ensured people were respected, that they felt satisfied and were enabled to take control of their lives.

We saw that people were supported according to their person-centred support plans, which reflected their needs well and which were regularly reviewed. People had the opportunity to engage in some pastimes and activities if they wished to and tended to lead full lives in this respect. People were supported to maintain family connections and support networks, if this was their wish.

There was an effective complaint procedure in place and people were able to have any complaints investigated without bias. People that used the service were encouraged to maintain healthy relationships with family and friends of their choosing by means of visits, telephone calls and exchanging cards.

We saw that the service was well-led and people had the benefit of this because the culture and the management style of the service were positive. There was an effective system in place for checking the quality of the service through the use of audits, satisfaction surveys, meetings and good communication.

People had opportunities to make their views known through direct discussion with the registered provider or the staff and through more formal complaint and quality monitoring formats. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and were held securely in the premises.

## 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 were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury wherever possible.

The premises' offices were safely maintained and people's flats were maintained by a housing branch of the organisation. Staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People were supported with their medication in a safe way.

Good 

### Is the service effective?

The service was effective.

People were supported by qualified and competent staff that were regularly supervised and received appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received support with adequate nutrition and hydration and with their health and wellbeing. The premises were suitable for purpose.

Good 

### Is the service caring?

The service was caring.

People received support from kind staff. People were supplied with the information they needed and were involved in all aspects of their support plans.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible.

Good 

### **Is the service responsive?**

The service was responsive.

People were supported according to person-centred support plans, which were regularly reviewed. They had the opportunity to engage in pastimes and activities of their choosing.

People had their complaints investigated without bias. They were encouraged to maintain healthy relationships.

**Good** ●

### **Is the service well-led?**

The service was well led.

People had the benefit of a well-led service, where the culture and the management style of the service were positive and the checking of the quality of the service was effective.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely.

**Good** ●

# Stonham Albion House

## Detailed findings

### Background to this inspection

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

The inspection of Stonham Albion House took place on 16 February 2016 and was unannounced. The inspection was carried out by two Adult Social Care inspectors. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to the local authorities that contracted services with Stonham Albion House and from people who had contacted CQC, since the service became registered, to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A 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 three people that used the service and the registered manager. We spoke with three staff that worked at Stonham Albion House. We looked at care files belonging to three people that used the service and at recruitment files and training records for three staff. We looked at records and documentation relating to the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas as well as people's bedrooms, after asking their permission to do so.

## Our findings

People we spoke with told us they felt safe living at Stonham Albion House. They said, "Safety is very good and I do feel safe when I am with the staff" and "I love it here, I do feel safe and I know staff are around if I need them. Staff sometimes get on my nerves but I know they are only looking out for my interest."

We found that the service had systems in place to manage safeguarding incidents and that staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. There was evidence in staff training records that staff were trained in safeguarding adults from abuse. The service had a safeguarding policy and procedure in place, which was produced by the organisation in 2012 and had not been updated yet for Stonham Albion House.

Records held in respect of handling incidents and any referrals that had been considered showed there had been some incidents that did not fit the criteria for referral to the local authority safeguarding team. As no referrals had been made, the service had not notified us of any. Staff trained in this area, systems in place to manage safeguarding and practices followed to reduce risks ensured that people that used the service were protected from the risk of harm from abuse.

Discussion with people that used the service and staff revealed that all four people had diverse needs in respect of one of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We were told by people that they often felt they were discriminated against while out in the community. People said, "That is why I like living here at Stonham, the staff teach me to speak up for myself and show me I can do more than the community thinks I can" and "I like being here because these staff have taught me to realise I can lead a better life than I thought. Staff respect my beliefs." We saw no evidence to suggest that anyone that used the service was discriminated against in the service. People were enabled and encouraged in many ways.

People had risk assessments in place to reduce their risk of harm when they undertook chosen activities and pastimes or learnt new living skills. People said, "I am learning to manage my own finances, as I wasn't able to do that before and there are safety measures in place to help me in this" and "I know I have to be careful and only do certain chores in the kitchen when staff are supervising me."

We saw that the service had maintenance safety certificates in place for utilities and equipment used in the service that were all up-to-date. We also saw people's personal safety documentation for evacuating them

individually from the building in the event of a fire. There were contracts of maintenance in place for ensuring the premises and equipment were safe at all times. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

We found that the service had accident and incident policies and records in place should anyone living or working there have an accident or be involved in an incident. Records showed that these had been recorded thoroughly and action had been taken to treat injured people and prevent accidents re-occurring.

People told us there were no restrictions on what they could do, as far as they were aware, but one person acknowledged they were not allowed to consume large amounts of alcohol and had a limit on what to drink each week. This was with their signed agreement only, which was recorded in their care file.

People had safe systems in place to support them with finances. There was a policy on handling finances and risk assessments in place for individuals so that they were protected from the risk of financial exploitation. 'Client finance records' contained details of transactions completed on behalf of people and they were signed by staff where necessary. The records were regularly audited.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. People told us they thought there were enough staff to support them with their needs. One person that used the service said, "There is always enough staff to help me with going on buses and taking me out." Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities and most of all to spend time with people supporting them to lead independent lives. They said the service only used agency staff if absolutely necessary. We saw that there were sufficient staff on duty to meet people's needs. We were informed by the registered manager that a new staff member was due to start in the next few days and that the service would then be fully staffed.

The registered manager told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed (electronically), references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in all three staff recruitment files we looked at.

Staff files contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable. When we spoke with staff they confirmed the process they had followed to obtain their positions and that just about everything was completed on computers. Staff also informed us people that used the service assisted in the recruitment process and interviewed candidates for jobs alongside the registered manager.

We looked at how medicines were managed by the service and checked a selection of medication administration record (MAR) charts. We saw that people were supported to obtain their medicines in a timely way so that they did not run out of them. We saw safe storage, administration, correct recording and appropriate disposal. There were no controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001).

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken when.

When we asked people about their medication they said, "I get help with taking medication at eight o'clock every morning and it's really good" and "Each person has ten minutes support each night to ensure they take their evening meds and because I don't take any I felt I was missing out. I find this works better for me now as I get some time each night just to chat with staff."

## Our findings

People told us that the staff at Stonham Albion House understood them well and had the experience to guide them well in their daily lives. They said, "Staff are doing a really good job and are helping me with such as my money. I pay my own bills and television licence, with support from staff" and "I am trying to improve my confidence and the staff are supporting me in this. I think they are very skilled in what they do."

The registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. The registered provider had an induction programme in place and reviewed staff performance via one-to-one supervision and an appraisal scheme.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. Staff said they felt competent and trained to support people well. One staff said, "I completed an induction which lasted a week and since then I have done several training courses including safeguarding adults, first aid and food hygiene certificate." Staff told us they were trained to manage medicines and trained in fire safety. They said some courses were completed on-line and that the registered provider gave them time to complete training while at work.

Staff files confirmed the training that staff had completed and there was evidence of the qualifications they had achieved. There was recorded evidence that staff had received supervision regularly and that appraisal scheme meetings had been held with them.

Communication within the service was good between the management team, the staff and people that used the service. People said, "Staff are always there to listen to me and I think they keep me well informed about what is going on" and "We all know what is happening at Stonham, as everyone shares information."

Staff were aware of the Mental Capacity Act 2005 and understood its implications in respect of the people they supported. Staff explained there was a policy on this, they knew how to access it and apply the legislation in supporting people. Staff stated that all of the people they supported had capacity to decide things for themselves and so the criteria for assessing someone's capacity to make a specific decision would only be used if there was any doubt the person did not fully understand the implications.

People gave staff their consent to receive support by discussing their needs with staff and agreeing a way forward. There were some documents in people's files that had been signed by people to give permission, for example, for photographs to be taken, support plans to be followed or medication to be handled on their behalf. There were forms for professionals to sign if they had read people's documentation.

People's nutritional needs were met by the service because people had been consulted about their likes and dislikes, allergies and medical diets and the service sought the advice of healthcare professionals when needed. The service enabled people to provide their own meals each day plus snacks and drinks. There were nutritional risk assessments in place if necessary. Staff knew about two people that used the service with peanut allergies.

Menus were devised by people individually to suit their needs and with guidance from staff. This was done each Sunday for the following week. They said, "I am learning to cook and sometimes manage easy things on my own, but I am getting better. I just need more confidence to cook properly, but I do make my own decisions about what I want to eat and when."

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions and information had been collated and reviewed with changes in their conditions. We were told by staff that people were supported to access their GP or a District Nurse, chiropodist, dentist and optician whenever necessary. Staff accompanied people to appointments if people wanted them to. Health care records held in people's files confirmed when they had seen a professional, the reason why and what the instruction or outcome was. We saw that diary notes recorded where people had been assisted with the health care that had been suggested for them. One person said, "Moving into here was the best thing that ever happened to me, because staff have supported me to improve my health greatly."

People that used the service lived in their own rented accommodation which was assessed for hazards and safety by the staff at Stonham House. Environmental risk assessments were used to reduce risk that were evident for people, for example, regarding using their kitchen equipment and cooking their meals.



## Our findings

People we spoke with told us they generally got on well with staff and each other. They said, "Staff treat me really well, they are understanding and always help me with the things I need to do. I'm really settled now" and "I sometimes find staff say things that my mother might say and that annoys me, but I know they are trying to be helpful. I just don't like being told anything, that's all." One person said, "I like the staff, they help me with my finances or anything."

Staff said they were caring and could demonstrate this in the approach and rapport they had with people. They said they fully respected people's wishes and helped them understand the implications of their decisions.

Staff related well to people and had built up trusting relationships with them and they had a pleasant manner when they approached people. Management and staff gave the sense that people were supported using a 'partnership' model. An example of this was when one person needed to go out to attend a meeting with a group they had become involved in. Staff acted as the person's organiser and facilitator, but enabled the person to take part fully in the discussion in the meeting. This approach alleviated people's anxieties and encouraged them to be more assertive.

People had good opportunities in the service to receive the support they required. They were all spoken with by staff in the same polite way and yet were treated as individuals with specific and particular needs that were to be met according to their individual wishes. Care plans, for example, recorded people's individual routines and preferences for activities, employment and engagement with other organisations or services in the community. They recorded people's differing food preferences and how they wanted to be addressed, for example. Staff knew these details well and responded to them accordingly.

We saw that people who used the service had their general well-being considered and monitored by the staff who knew them well. Staff knew what could upset people's mental health or affect their physical ability and health. People were supported to engage in pastimes they had undertaken prior to receiving the service, which meant they were able to 'keep a hold on' some aspects of the lifestyle they used to lead. Where people preferred to take up new activities and forget past ones, this was also supported. This helped people to feel their lives were worthwhile and aided their overall wellbeing. One person liked swimming and was soon to take up cycling, while another enjoyed kick boxing and a third was in a pool team. Everyone was working towards more independent living. We found that people were experiencing a satisfactory level of well-being and were positive about their lives.

We were told that advocacy services were available for people to access if required. Information was provided to people on an individual basis and in written format.

People we spoke with told us their privacy, dignity and independence were always respected by staff. People said, "Any help I need is done discreetly, though I really only need help with rinsing my hair in the shower and there is always a female staff willing to help. I always get plenty of time on my own to be able to carry out private affairs" and "I have no concerns about my dignity being maintained as mainly the male staff help me with anything personal." One person said, "When staff knock on the door to my flat I can just ignore them if I wish and sometimes do, if I am feeling that way out. They leave me alone until I am ready to 'surface'."

We did not see any instances where people received personal care, but staff told us they only provided care considered to be personal in people's bedrooms or bathrooms and knocked on people's front doors to their flat and on their bedrooms doors before entering, if they needed to enter. Staff said they always knocked on people's flats and only entered when they were invited. Staff understood the importance of ensuring people had privacy when they needed it.

## Our findings

People we spoke with felt their needs were being appropriately met. They talked about their ambitions to develop their lives and one person talked about assisting with the growth of the service, as they wanted to promote the service in meetings they attended within Home Group Limited. One person said, "I have been supported to join the Human Library, which is where we meet to discuss issues and share experiences, and where we try to improve things for ourselves and others. I am taking on the client representative role for everyone here at Stonham and will soon be doing my induction." The arrangements that people had were recorded in their support plans, which people told us they kept in their flats.

We looked at three support files for people that used the service and found that their individual support plans reflected the needs they appeared to present. Support plans were person-centred and contained information under several relevant areas of need, so that staff knew how best to meet people's individual needs. There was a document called 'My Way Forward', which contained details about the people's future goals and ambitions. Support files also contained personal risk assessment forms to show how risk to people would be reduced. There were communication records and details of contact that people had with friends and family. All of this was written in a person-centred and, where necessary, pictorial format.

We saw that support plans and risk assessments were reviewed monthly or as people's needs changed. Support plans gave staff a clear understanding of what was important to people. For example, one person's support plan said they liked to look people in the eye when they were speaking to them. It said that they had a wasp allergy and that they liked to maintain contact with family members. It said if the person went out alone and was not back at the expected time then give them an hour before considering them as in need of support and maybe missing. Another person's file talked about their goals to undertake an animal care training course, to better manage an addiction and to improve cooking skills.

Care files also contained relapse and management plans as devised by local NHS mental health services and 'patient passports', informing health care professional what a person's needs were should they be admitted to hospital.

The service offered people the opportunity to get involved with an organisational initiative called 'Inspiring Futures at Home', which helped people develop their skills with a future goal of increasing people's chances of employment. There were opportunities to take up apprenticeship schemes and to volunteer with Home Group Limited. One person had already secured a voluntary job working at a local cricket club and enjoyed this immensely.

There were individual activities held for people with support from staff and there were occasional group activities held where the four people came together or joined with people from another Home Group Limited service. People told us they enjoyed going on individual outings, being part of community based activities, for example, kick boxing and swimming, and mixing with each other to share a meal and a movie. One person said, "I do kick-boxing for a hobby and to keep fit and I am soon to be assessed for a red belt." Another person said, "I really like going into town as I am nosy and like to see what people are doing. I've just bought a bike and will be cycling soon to help get fit."

Staff explained that they supported people to engage in pastimes and activities and they told us that 'event' nights were often held communally for those people living in Stonham Albion House flats. Recently there had been a pancake night, a pool competition evening and a singing event.

People worked at their living skills, cooking and keeping their flats clean and also maintained a level of independence via management of their finances and medication. One person said, "I do my own cooking sometimes and staff support me to go shopping for things I need." People also spent some time relaxing on their own and enjoying music or television entirely of their own choosing.

Staff told us that it was important to provide people choice in all things, so that people continued to make decisions for themselves and stay in control of their lives. People had a choice of what they ate and they planned their meals, went shopping for all of their food items and personal requisites and cooked their meals whenever possible, with support from staff if needed. One person said, "I'm supported to make healthy eating choices, like grilling my meat and making sure I eat vegetables and fruit."

People chose when they went out, where and who with. They chose when they rose from bed or went to bed, what they wore each day and whether or not they were to meet up with other people in the community or maintain as much individualism as possible. Staff supported people in everything they chose and so people's needs and choices were respected. One person said, "I always choose what to wear and how to cut my hair. I decide when I want to get up and that can be different each day, as I am not really a morning person."

People were supported by staff to maintain relationships with family and friends. This included support with telephones, internet and other electronic communication aids. Staff who key worked with people got to know family members and kept them informed about people's situations if people wanted them to. Staff encouraged people to receive visitors, although there was a strict visitor policy in place for having family and friends over to stay. This was a condition of the tenancy that people had with Home Group Limited.

We saw that the service had a complaint policy and procedure in place for everyone to follow and records showed that complaints and concerns were handled within timescales. Compliments were also recorded in the form of letters and cards. People we spoke with told us they knew how to complain. They said, "I have a complaint form to fill in if I need to and would talk with staff first before doing so. I've only had grumbles so far and that was to do with my settling in period" and "I think I know who to see if I want to complain. I haven't had to yet. There has been nothing to complain about." Staff we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. All of this meant the service was responsive to people's needs.

## Our findings

People we spoke with felt the service had a progressive culture where everyone was encouraged to lead as fulfilling a life as possible. Staff we spoke with said the culture of the service was, "Very supportive of everyone", "One of equality and based on teamwork" and "A sharing, caring culture."

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post.

The registered manager and registered provider were fully aware of the need to maintain a 'duty of candour' (responsibility to be honest and to apologise for any mistake made). The service had been registered for seven months and in that time there had been no need to send a notification to us, as no incidents had taken place to require it. However, the registered manager was aware of their responsibility to ensure notifications under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were sent to the Care Quality Commission, where the criteria was met to do so.

We found that the management style of the registered manager was business-like, open and approachable. Staff told us they could express concerns or ideas any time and that they felt these were considered and discussed when they did. Staff said the registered manager was very supportive towards them, approachable and managed using clear boundaries.

The service had written visions and values, which were 'Commercial, Caring, Energise and Accountable. Staff were booked on an internal training course in May 2016, which was on the organisations values. There was a 'statement of purpose' and 'service user guide' that were kept up-to-date (documents explaining what the service offered). These also contained the aims and objectives of the service.

Stonham Albion House, under Home Group Limited, was registered in July 2015 to provide domiciliary care to people that also lived in flats owned and maintained by Home Group Limited, on a tenancy basis.

We looked at documents relating to Home Group Limited's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals.

Staff said they were not greatly involved in audits but were aware that they were carried out by the organisation. They said it was their responsibility, however, to carry out health and safety checks each

morning in people's individual flats and that these were recorded. Staff explained to us people that used the service assisted in these safety checks. Staff also had to ensure any vehicles provided by the service were checked on occasion.

While we saw evidence of medication audits completed by the registered manager we only saw evidence of other audits to be completed by the organisation, as these had not yet been undertaken because the service was still new. It was planned that audits would be analysed and action plans devised to ensure shortfalls would be addressed. All action taken would also be recorded on completion.

When asked about satisfaction surveys one person said, "I think I filled in a survey at my six month review. It has been all right up to now." Another person said, "I think I have completed three questionnaires while I've been here, not sure who they were all for. I am definitely asked for my opinion about the service though." The registered manager explained that surveys were sent out periodically but as the service had only been registered for eight months there had been only one survey issued so far. We saw that this was in January 2016 and on those that had been completed we saw only positive comments about the quality of the service.

Other ways the service tried to drive improvement were holding service user and staff team meetings, keeping training updated and analysing the compliments and complaints received, which could be anonymously submitted if wished via a complaint/compliment box on the wall in the communal part of the building.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.