

Vorg Hollies Limited

# The Hollies Residential Care Home

## Inspection report

447 Norton Road,  
Stockton on Tees  
TS20 2QQ  
Tel: 01642 550407  
Website:

Date of inspection visit: 1st and 2nd October 2014  
Date of publication: 16/01/2015

### 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 

### Overall summary

The inspection visit took place on the 1st and 2nd October 2014 and the first day was unannounced.

The Hollies is a large detached house built in 1801 in the centre of Norton. The home provides services for up to 18 adults with mental health needs.

We last inspected the home on 13th October 2013 and found the service was not in breach of any regulations at that time.

There was a registered manager in post who had been registered with the Care Quality Commission for two and a half years. '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.'

# Summary of findings

On the first day of our visit the registered manager explained the policies and procedures in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS) were not kept separate and were incorporated within other policies. On the second day of our visit the manager had rewritten the policies so they were stand alone. The registered manager had the appropriate knowledge to know when an application should be made and how to submit one. This meant people were safeguarded. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

People told us they felt safe living at the home. We found the registered manager had appropriate systems in place to protect people from risk of harm.

We found people were provided with support and care by staff that had the appropriate knowledge and training to effectively meet their needs. The skill mix and staffing levels were also sufficient. Robust recruitment processes were in place and followed, with appropriate checks undertaken prior to staff working at the service. This included obtaining references from the person's previous employer as well as checks to show that staff were safe to work with vulnerable adults.

Staff had opportunities for ongoing development and the manager ensured that they received supervision, yearly appraisal and training relevant to their job roles.

People who lived at the service were encouraged to live fulfilling lives and it was clear from our observations that staff had developed good relationships with people and understood individual needs. We saw kind and caring interactions and people were offered choices and had their dignity and privacy respected.

Good arrangements were in place to ensure people's nutritional needs were met. Where risks had been identified there was input from the relevant healthcare professionals. People could not compliment the food enough.

People had their needs assessed and these were detailed within their care records, which were up to date and reflective of people's current needs. People's care records contained a good level of information and provided staff with the information they needed to effectively meet people's physical and mental health needs.

People had opportunities to be involved in a range of activities, which were influenced by their hobbies, interests and lifestyle preferences. We noted that people who lived at the service were able and encouraged to maintain relationships with their friends and family and enabled to take risks.

People were provided with information about concerns and complaints. We found people's concerns were responded to appropriately by the registered manager and there were systems in place to learn from complaints and incidents.

From the discussion we had with people who lived at the service, healthcare professionals, staff and other professionals, we found the home was a well-led service. There were effective systems in place to monitor and improve the quality of the service provided. We saw that the culture was one that takes account of people's views and embraced continual improvement and development.

# 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 living at the home told us they felt safe and protected within the service. Staff had received training in respect of abuse and were clear about the action to take should they need to.

Individual risks had been assessed and identified as part of the support and care planning process, which allowed for people to take informed risks.

There was enough qualified, skilled and experienced staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured that only staff that were suitable to work in the service were employed.

Good



### Is the service effective?

The service was effective.

Staff received training appropriate to their job role, which was continually updated. This meant that they had the skills and knowledge to meet people's needs.

People had regular access to a range of healthcare professionals as need dictated, such as GP's, district nurses and Community Psychiatric Nurses (CPN's). People were also supported to attend hospital and dental appointments.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



### Is the service caring?

The service was caring.

People were happy with the care and support provided to them. They spoke positively about the way in which staff helped them. Staff were kind and friendly and had developed good relationships with people.

It was clear from our observations and from speaking with staff they had a good understanding of people's mental health needs and knew people well.

People's independence was promoted and their privacy and dignity respected.

Good



### Is the service responsive?

The service was responsive.

The service was responsive to people's needs. Their mental health, care and support needs were assessed and individual preferences discussed with people who used the service.

People's care records had been regularly updated and provided staff with the information they needed to meet individual's needs.

People were given the information about how to make a complaint and we saw that complaints had been responded to appropriately.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

We saw that the registered manager promoted a positive culture of openness and inclusion within the home.

The management of the home were part of the staff compliment so therefore spent time working alongside staff, provided learning through supervision and involved staff through regular staff discussions.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the manager to ensure any trends were identified and lesson's leant.

Good



# The Hollies Residential Care Home

## 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.’

The inspection visit took place on the 1st and 2nd October 2014 and the first day was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with one of the commissioning team about the service, a social worker and care manager. We also had the opportunity to speak to a visiting occupation therapist/care coordinator on the second day of inspection.

We were provided with the provider information pack (PIR) before the first site visit. 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. This information was reviewed and used to assist in our inspection.

Throughout both of the inspection visits we spent time observing the interaction between people who lived at the service, visiting healthcare professionals and staff. We also spent time looking around areas of the home including people’s bedrooms (with their permission) and communal areas.

During the visit, we spoke with nine people living at the service, the registered manager, deputy manager, cook, cleaner, one senior carer and one visiting healthcare professional. At the time of the visit, there were 17 people living at the service.

We spent time looking at a range of records, which included the care records of three people who lived at the home. We also looked at staff records and records relating to the management of the home.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at the home. They said, “I feel safe living here, safety means security for me.” “I feel safe, staff are there to support you and if you have any problems they help you.”

Staff who we spoke with told us they had received training in relation to abuse and safeguarding. Staff were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. We looked at training information which showed that staff had completed training in regards to these topics and this training was current and up to date. This showed us staff had received the appropriate training, understood the procedures to follow and had confidence to keep people safe. One member of staff we spoke with said, “People living here are safe and secure.”

We saw that safeguarding information was available within the service which also detailed the local authority’s safeguarding requirements, such as how and what to report.

We looked at the care records for three people who lived at The Hollies. The care records included information on both the mental health and physical health of the person, their past including work life, a goal statement with agreed steps on how to achieve that goal and risk assessments. The majority of the risk assessments were around people’s mental health needs for example where there was risk of people isolating themselves they were encouraged and motivated to be more involved around the home and the community. There was evidence that regular reviews and updates of risk assessments had been completed.

For people who smoked there was a smoking room for people to use. Only one person who used the service used this room, the majority of the smokers preferred to sit on a bench outside. The hazards of this were discussed in the ‘residents’ meetings, such as not putting paper into the cigarette bins as this was a fire hazard.

The registered manager told us in the provider inspection return (PIR) that, “All service users have individual risk assessments to enable them to pursue their chosen activities and lifestyle choices. Staff attended positive risk taking training and this reflects in the risk assessments. Positive risk-taking is weighing up the potential benefits and harms of exercising one choice of action over another.

Strategies and good systems were in place for people to take informed risks and to make sure they were managed properly. One person who used the service had arranged a holiday. The registered manager said, “X has gone to X every year for a long time, why should they not go now they live in The Hollies, it’s all about positive risk taking.”

We looked at the recruitment files of four members of staff. We did this to ensure the recruitment procedure was effective and safe. We found all staff went through a comprehensive recruitment process. This involved completed application form and interviews, two references and a Disclosure and Barring Scheme (DBS) check before starting work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB).

One person who used the service we spoke with said, “We are invited into staff interviews, X usually goes into the interview.” The registered manager told us they did invite the people who lived there to participate in the interviews of new staff. They said however, this could be a problem if the interviewee wanted to discuss personal issues. The registered manager said they now arrange for the interviewee to spend time with people who used the service prior to the interview. This allowed for observations to take place in terms of how potential staff interacted with people.

We discussed staffing levels with the registered manager and about the use of agency staff if cover was needed for holidays or sickness. The registered manager said they never used agency staff and they have their own bank staff who are very reliable and know the people who lived there really well.

We spoke with nine people who lived at the home, staff and one visiting healthcare professional. Everyone said there were always enough staff on duty. The registered manager explained that either themselves or the deputy manager were on call overnight and at weekends. The registered manager said they all know the people who lived there, really well and could recognise the signs if someone was becoming unwell, if this was the case they would always arrange for an extra member of staff to be on duty, to help support.

We reviewed the staff rota for the week of the inspection visit and two weeks prior to the visit. At all times during the

## Is the service safe?

day and up until 10 pm at night there were at least two members of staff on duty. The night shift was covered by one member of staff with the registered manager or deputy manager on call. The people who used the service were independent and staff were mainly there for support when needed, to observe changes in mental health and administer medication.

We observed a lunch time medicines round. Medicines rounds were always done by two staff and people who used the service came to the medicine trolley to receive their medicines. People were given their medicines safely and assisted where needed and they stayed with the member of staff until they had taken the medicines. We looked through the medicine records and it was clear all medicines had been administered and recorded correctly, with full explanations if they had refused. On the day of our visit one person had recently returned from hospital with new medicines, the registered manager had arranged for the GP to visit that afternoon to discuss the new medicines.

The medicines trolley was locked in a dedicated cupboard when not in use and the cupboard temperature was

checked and recorded daily. At the time of our inspection no one living at the home was prescribed drugs liable to misuse called controlled drugs. The ordering of medicines had recently changed to electronic and the registered manager said this was a lot easier.

We spent time looking around the home and found the communal lounges were comfortable and furnished to meet the needs of people who used the service. We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as boiler safety and water temperature checks. The fire service were there on the second day of our inspection checking emergency lighting, the fire alarm system and fire extinguishers. This ensured that people were living in a suitable and safely maintained building.

There was a refurbishment schedule in place and the registered manager explained that replacement windows were being fitted in November 2014. This had taken a while due to the building being a Grade 2 listed building.

# Is the service effective?

## Our findings

We saw for breakfast people had a choice of cereal or toast which the majority of people who used the service made themselves when they woke up, staff would help where needed.

We observed a lunch time meal and saw there were two choices, one person said “The food here is lovely and today is my favourite, hunters chicken.” Everyone complimented the chef during lunch and we observed the chef had adapted meals to match people’s needs. An example included if someone did not like the sauce with the hunters chicken they were provided with a gravy, one person did not really like chicken so they were offered bacon with the sauce.

We spoke with the chef who stated they were fully informed of people’s dietary needs and that they have one person who was vegetarian and two who were diabetics. The chef explained that all ingredients are bought in fresh each day and they had recently changed to a more winter style menu.

We saw evidence in peoples records that they were weighed monthly with clear instructions that if their weight was to go up or down a certain amount, weekly weighing would be introduced. Staff were aware of anyone who did not turn up for lunch and were still in the home, if this was the case they would check their room and remind them it was lunchtime. The registered manager said that one person needed encouragement to get up out of bed and not spend all day in their room. This was highlighted in their care plan with suggestions for staff.

The training information we looked at also showed staff had completed training which enabled them to work safely. This included fire, first aid and medication training and competencies, which was regularly updated. Staff had also received training in subjects relevant to people they were caring for such as personality disorder and self-harm.

Staff we spoke with told us they received regular supervision. They told us they received appraisals annually and supervision every six to eight weeks and we saw evidence of this in the records we looked at. The staff said they feel very much supported by their manager.

We saw that staff had opportunities to attend meetings, which were minuted and made available to staff. We looked at some of the minutes and saw there were some general topics. These included medication, key working, keeping the home clean and anything relating to the residents mental and physical health.

We also observed that people who used the service had a key to their own room and staff asked permission before entering a person’s room. People were able to personalise their rooms as they wished. We spoke to the people who shared a room and they explained that they had been consulted about this and agreed to share. One person told us; “Yes I share my room but I like it.” Another said “I enjoy the company.”

We saw evidence in peoples care plans of working with the multi-disciplinary teams such as the GP, dentist, community psychiatric nurse and district nurse. All appointments were documented.

Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people’s best interests and the least restrictive option is taken. The registered manager was aware of a recent change in DoLS legislation and the high court judgement. The registered manager also told us that there was no one living in the home who needed an authorisation in place. The training information we looked at showed that staff had completed training in respect of these topics.

On the first day of our visit the registered manager explained the policies and procedures in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS) were not kept separate and were incorporated within other policies. On the second day of our visit the manager had rewritten the policies so they were stand alone.

We asked the registered manager if anyone at the service used an advocate. They said they don’t but they do encourage advocacy and information was available for people who lived there.



# Is the service caring?

## Our findings

People had their needs assessed before they moved into the home. This ensured the service was able to meet the needs of people they had admitted. The majority of people living at the home had been there for four or more years.

The health professional we spoke with said, “If I ever have to refer anyone this is the first place I will think of, I rate the care here very highly.”

People we spoke with said, “I love living here, we have company and we have privacy.” Another person said “I enjoy the social interaction from the Hollies.” and “I like living here, I also enjoy going to visit my relative, I go every Thursday, Saturday and Sunday.”

The registered manager told us in the PIR that, “All service users have needs assessments in their care plan. This includes their preferences with food, lifestyle choices, preferred faith and activities as well as any health needs. There is an activity file with information for the service users. This is up dated regularly.”

People we spoke with told us, “The staff treat me with respect.” “Staff are always willing to talk to you, it’s like a hideaway from the world.” “I understand my care and I share my psychosis with my key worker.”

A visiting healthcare professional said, “Staff here are really good, they promote people to live independently.” and “They get to know people and understand them as a person.”

Staff we spoke with said, “I know peoples likes and dislikes, such as X does not like loud music.” “I feel they value the fact you understand what they are going through and they value the time you have to sit with them and talk.” We asked if they have this time to sit and talk and they said “Oh yes we always have time, it’s part of their care.”

We saw from the care records of three people we looked at that care planning was person centred (aims to see people as an individual with unique qualities, abilities, interests, preferences and needs). These records contained detailed information about people’s past and present mental health needs and gave staff the information they needed to support people in the way they wanted to be supported. For example one person who used the service would only wear certain colours, this was documented in the care plan and staff were all aware.

We saw evidence in the care records we looked at that people had been involved in discussions about their care needs and plans of care, with signed consent throughout. We saw within the care records that people had been assigned a key worker. The key worker worked closely with the person who used the service, they held weekly key working sessions to discuss how the person was feeling, if they had any concerns or needs that were not being addressed at that present time. These sessions were led by the person who used the service, if they did not want a key working session at a certain time, they would be rearranged, or if they wanted a key working session more frequently this was also arranged, we saw evidence of this in the care records .

We spoke with staff about the people whose records we looked at. All had a very good understanding of people’s individual needs and their lifestyle preferences. Some people we spoke with said they were aware of their ‘care plans’ and that they had been involved with them and that reviews had taken place, others said they had not. We saw evidence that people had signed the care plans so show they were involved, in the three care records we looked at.

We noted that if people had a particular diagnosis of a medical condition then additional information about the specific condition was contained within the person’s care records. An example’s included information about schizophrenia, this helped to ensure care staff were aware of what the diagnosis meant.

One person liked to write down their daily thoughts and these were kept in the care file. This person was also writing a novel which they gave to staff to proof read. We were told how good this was. The person who lived there told us this helps with their psychosis. Psychosis describes a set of symptoms that include delusions (believing something that is unlikely to be true – that members of a secret society are conspiring to hurt you, for example), hallucinations (hearing voices, for example) and confused and disturbed thinking.

People who used the service held their own monthly meetings which we observed on our second day of inspection. One person who used the service chaired the meeting and another person took the minutes. The meeting we attended it was noted that nothing had been put in the suggestion box but people were still encouraged to do this. They discussed fire hazards around people who smoked, they welcomed a member of staff back, who had

## Is the service caring?

just returned from maternity leave and discussed that another member of staff had just left due to personal circumstances, the people at the meeting expressed their disappointment. The chairperson asked if anyone wanted to do anything for Halloween, nobody volunteered anything but could add to the suggestion box. They discussed the recent change in the menu and wanted to check if people were enjoying it, everyone discussed how happy they were with the food.

The registered manager said the 'resident' meetings provided the time to take into account peoples views and to help us to develop and improve, such as changes to the menu.

We observed staff treating people with respect and maintaining their dignity. Staff told us of the importance of dignity and respect. One member of staff said, "We don't provide personal care but one person is a bit unsteady and needs support in the shower and to dry places they cannot reach, we need to do this sensitively."

Staff we spoke with said, "There is always enough staff on duty, we never feel overworked." and "I am key worker for X and they often like a chat in the evening, we have a cup of coffee and talk through their problems or what they have done that day."

# Is the service responsive?

## Our findings

We saw that people received care that was responsive to their needs, which was in line with their assessed needs.

We looked at care records for three people who lived at the home. All of the care records contained up to date information and accurately reflected the person's individual care and mental health needs. The information was personalised and there was evidence that people had been consulted and involved. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their care record.

People's needs were regularly assessed and reviews of their care and support were held annually or more frequently if necessary. One person who used the service needed urgent dental care and to be monitored by a dentist due to certain medication they were taking. This person normally refused to go to a dentist but staff supported this person to understand the need. All staff signed the care files to say they had read and were aware of what was in the care plan and that they understood the information.

Healthcare professionals we spoke with prior to the inspection told us, "We have recently done a review of the service and found the staff to be approachable and helpful," "We find them professional and approachable," and "All residents seem happy and settled and the staff are supportive and caring."

The registered manager detailed in the PIR that "As well as routine appointments staff support service users to access other healthcare as needs are identified. An example of this, X became mentally unwell and needed immediate intervention from their care coordinator and psychiatrist. As they were very unwell we had to act on their behalf within their care plan to attain the help they needed. X started to become more unstable on their feet to the point they were in danger of serious injury. We requested a needs assessment with a reviewing officer and they agreed we could no longer meet X physical needs. This was explained and discussed with X and they were assisted to find a suitable placement they were happy with. X is now happy in their new home and they still visit from time to time. We do recognise our limitations with some physical conditions but equally if we can adapt to accommodate any physical changes we will."

We also observed people getting involved with daily living or household activities within the home such as setting the table, ironing, shopping and making each other drinks.

We spent time in the conservatory where a lot of the people who lived at the service sat. People were constantly in and out of the service, going to the shops, local community centres or just for walks. We saw people made choice about how to spend their time, one person who lived there said, "Staff never stop you from going out, they just like to know for fire regulations." People we spoke with said "I go to the Lighthouse (The Lighthouse Drop In support Centre ) and I build model ships, I make a beautiful job." "I go to the local church or the community centre, I can't decide which one to go to today, I enjoy both."

The registered manager said it was difficult finding group activities that everyone enjoyed. The activities room with the snooker table had been a huge success and the majority of people accessed this room. They tried to arrange days out and had recently arranged a day trip to the beach and to the park. The registered manager said people were enthusiastic during the planning stage but changed their mind on the actual day so the numbers were low of people participating. People did still carry on their own individual hobbies for example one person loved motorbikes and worked on them at their relatives. Another loved going shopping.

The registered manager told us that people liked to play board games such as frustration. Other people who used the service often watched these games and enjoyed it as a group activity. One person who used the service liked to watch repeats of American comedies saying "Better than what is on television today."

People who used the service said they enjoyed going to the local Chinese restaurant and often had takeaways. The chef also arranged cooking sessions once a week where one person who used the service would bake something for that night's supper. One person we spoke with said, "I made rock buns, everyone enjoyed them." Another person said, "I love the baking sessions I would like to bake more often."

Due to people being different age groups and all having different likes, dislikes and needs, the registered manager said group activities were difficult to arrange in house. The registered manager had arranged for one of the communal rooms to be used as an activities room. People had a

## Is the service responsive?

snooker table, board games, large television and computer for their use. The registered manager told us she was struggling to gain internet access but was still working on it. The staff and people who used the service had set up snooker tournaments and we observed friendly competitiveness.

We saw the complaints policy was displayed in the entrance to the home; this was in an easy read format. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said if people were to make a complaint it would be fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be

raised. Only one complaint had been received this year which was about the way a member of staff had spoken to a person who used the service. We saw the procedure had been followed correctly.

People we spoke with who used the service said, "I have made a complaint once, I was not happy about the way X (staff member) had spoken to me." Another person said "X chairs a meeting once a month and asks if we are happy in the home, I would mention it then if I had a problem."

The registered manager told us, "We have a link to 'Daisy Chain' which is a local charity we support. We have a collection tub which a lot of the residents like to put change into. They look forward to receiving the frequent certificates with the amount donated. Daisy Chain is a farm/activity centre in Norton for children with autism."

The service also made and donated soup and cake for the boy's brigades annual quiz, which helped keep links with the community.

# Is the service well-led?

## Our findings

The home was well-managed. The registered manager had been in post for two and a half years and was registered with CQC. The registered manager was supported by a deputy manager.

They stated in their PIR return “We actively promote training, both mandatory and other training relevant to our client group. All staff are encouraged to do NVQ up to L3 as a minimum and supported with any training. We promote an open door policy, both staff and service users are aware they can always discuss any issues/suggestions. This is evidenced in supervisions (staff). Staff have regular supervision from me (manager) or the deputy manager. We work with staff and observe practices during shifts. We hold regular team meetings. We lead by example and work on the floor with staff. As a result of an issue going to safe guarding (unfounded) we accessed Boundaries training for all staff.” Boundaries training highlights the potential dangers of boundary crossings and provides clarity for employees within an organisation as to what behaviour is and isn’t acceptable.

The registered manager told us about the need for continuous improvement and development within the staff team. For example staff we spoke with told us that they were encouraged to continually develop, such as one member of staff was encouraged to do NVQ level 3 in leadership and management. One member of staff said, “I feel I have enough training and support to carry out my role, the manager is always there to support.” The registered manager said she encouraged everyone to become a senior care assistant at the service. A senior carer holds more responsibilities such as administering medication and being a key worker. One staff member said, “I love my job.”

People we spoke with said they had the opportunity to attend the monthly ‘resident’ meeting. We attended the meeting on the second day of inspection and we found it to be well attended and very well structured.

The registered manager told us that they sent out questionnaires to the people who used the service on a yearly basis. The last questionnaire was sent in May 2014

and had a 90% response rate. These were evaluated and the main issue identified was in respect of activities. The registered manager said, “Due to this we invented the activities room with the snooker table.”

The registered manager stated in their PIR “We will be looking at survey questions to make the survey more effective. We aim to do this before the next surveys are given around May 2015.” The registered manager felt the questions encouraged a yes or no answer and they would like a more detailed answer.

The registered manager said that they had sent a questionnaire to healthcare professionals but had no responses.

Staff surveys were sent out annually, the last one had been sent out in October 2013 and they were due to send another the month of our inspection. Staff had the option to remain anonymous if they so wished and the response from October 2013 was 100%. Again the main issue at that time was the struggle to find meaningful activities for people who used the service. The survey results were collated and discussed at a staff meeting.

We looked at a sample of internal audit reports. These included audit of the medication systems, care records and health and safety. The home had recently received a medicines audit from the supplying pharmacy, no issues or concerns had been highlighted. The provider did not carry out any quality assurance audits.

We saw the registered manager had a robust system in place for monitoring accidents and incidents. We saw individual accidents were reviewed and analysed by the manager.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people living in the home. One staff member we spoke with said “All the staff are very good with the people who live here and the manager is very approachable.” Another staff member said “I had a personal issue a while ago and the manager was and still is supportive, they are very patient with me.”

We asked the registered manager and the staff what the biggest achievement at the service was and they said,

## Is the service well-led?

“Keeping everyone well and maintaining their mental health.” And “People have fewer relapses.” “Getting to know people not their illnesses.” And “People living here feel safe and secure and at ease.”

The registered manager said that they subscribe to ‘Time to Change’ which provides information on mental health events and articles. They said “They send us a monthly e-newsletter. We have found this useful as we print the blogs off for the residents to read as well as the staff.”

The registered manager also said, “I also subscribe to Chipmunk Publishing which produces books about people’s personal experiences of mental health as well as

frequent newsletters, which give inspirational advice to those who choose to write down their thoughts and life experiences with mental health. I print these for anyone to read, and I do feel they have given inspiration to one resident in particular to write down how they cope with their mental illness.” And “These may seem like simple ideas but to some people they are a way to express/vent how they feel.”

The registered manager told us that one of the people who used the service found the books from Chipmunk Publishing very useful and it has ‘spurred’ them on to continue with their own writing.