Linkage Community Trust Limited (The)

The Palms

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 15 December 2016 and was announced.

The Palms is registered to provide accommodation and personal care for up to seven people who have a learning disability or autistic spectrum disorder.

There was a registered manager in post at the time of our inspection. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect them. The management and staff understood their responsibility and made appropriate referrals for assessment. Four people living at the service had been assessed to have their freedom lawfully restricted under a DoLS authorisation and were waiting on the DoLS authorisation to be issued.

Staff undertook appropriate risk assessments for all aspects of a person's care to keep them safe from harm inside and outside of the service. Care plans were developed to support people's individual needs. Staff knew what action to take and who to report to if they were concerned about the safety and welfare of the people in their care. People received their prescribed medicine safely from staff that were competent to do so. The registered provider ensured that there were always sufficient numbers of staff on duty to keep people safe.

People were supported to have a healthy and nutritious diet and hot and cold drinks and snacks were available throughout the day. People had their healthcare needs identified and were able to access healthcare professionals such as their GP and dentist. Staff knew how to access specialist professional help when needed. People had insight into their health needs and could tell us about the things treatment and care that made them feel better.

People were at the centre of the caring process and staff acknowledged them as unique individuals. Relatives told us that staff were kind and caring and we saw examples of outstanding care practice. People were always treated with dignity and respect. People were cared for by staff that were supported to undertake training to improve their knowledge and advance their skills to enable them to perform their roles and responsibilities effectively.

People were supported to have an active life and were encouraged to take part in hobbies and interests of their choice. Relatives commented that their loved ones were well looked after and their wellbeing had

improved since moving into the service.

People where able were supported to make decisions about their care and treatment and maintain their independence. People had access to information in an easy read format about how to make a complaint. Relatives told us that they could approach staff with concerns and knew how to make a formal complaint to the provider.

The registered provider had robust systems in place to monitor the quality of the service and make improvements. Staff had access to professional development, supervision and feedback on their performance. People, their relatives and staff found the registered manager approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People had their risk of harm assessed for all activities in and out of the service. Staff knew how to keep people safe.

Staff were aware of safeguarding issues, knew how to recognise signs of abuse and how to raise concerns.

Medicines were ordered, stored and administered safely. Staff were assessed as competent to administer medicines.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were cared for by staff that had the knowledge and skills to carry out their roles and responsibilities effectively.

People were supported to maintain a healthy lifestyle and received support from healthcare professionals when the need was identified.

Is the service caring?

Good

The service was caring.

People were supported by caring staff that treated them with care and kindness.

Staff communicated with people in a way that helped them to understand the care they received.

People were treated with dignity and staff respected their choices, needs and preferences.

Is the service responsive?

Good

The service was responsive.

People received personalised care, specific to their individual needs.

People received a personalised service which was responsive to their individual needs.

The service was committed to ensuring strong links with the community and placed a strong emphasis on enhancing people's lives through the provision of meaningful activities and opportunities.

A complaints policy and procedure was in place in a format that was accessible to people. Concerns raised were addressed in a timely and appropriate manner.

Is the service well-led?

Good

The service was well-led.

There were systems and processes in place to check the quality of care to improve the service.

Staff felt able to raise concerns with the registered manager. Staff were aware of the whistleblowing policy and procedure.

The registered manager created an open culture and supported staff.

The Palms

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 took place on 15 December 2016 and was announced. The inspection team was made up of one inspector.

We gave 48 hour's notice of our inspection because people who lived at the service were often out of the service taking part in educational and recreational activities. We needed to be sure that they would be in so as we could speak with them.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at information we held about the provider. This included notifications which are events which happened in the service that the registered provider is required to tell us about.

Before our inspection we spoke with three relatives by telephone. During our inspection we spoke with the registered manager, the deputy manager and one member of care staff. We spoke with six people who lived at the service. We visited a support centre and spoke with three members of support staff who were enabling people to participate in activities in the community. We also observed staff interacting with people in communal areas.

We looked at a range of records related to the running of and the quality of the service. These included staff training information, staff recruitment safety checks and arrangements for managing complaints. We also looked at the quality assurance audits that the registered manager and the provider completed. We the read the care records and daily notes for four people and medicine administration records for two people.

Good

Is the service safe?

Our findings

Prior to our inspection we spoke by telephone with relatives of three people who lived at the service who told us that their loved ones were safe. One person's relative said, "I am reassured that they are safe living there."

The provider had policies and procedures in place to support staff to prevent people from avoidable harm, potential abuse and help keep them safe. Staff told us that they had received training on how to keep people safe and how to recognise signs of harm and abuse and who to report any concerns to. The registered manager was the safe guarding lead for the service. One member of staff told us how they would recognise signs of abuse and report it. They said, "I've had safeguarding training. We have a five step green card that we follow if we think someone is being abused. I know how to log it and the [Local Authority] safeguarding phone number is on the card."

There were systems in place to support staff when the registered manager was not on duty, such as access to on-call senior staff out of hours for support and guidance. There was a business continuity plan to guide and support staff in an emergency situation such as a power failure. If the service needed to be evacuated in an emergency, procedures were in place to relocate people to the provider's resource centre. The registered manager told us that their evacuation procedures had been put to the test when a high alert had been issued due to the risk of coastal flooding from the sea.

We found that a range of risk assessments had been completed for each person for different aspects of their care. For example, road safety, handling money and swimming.

There were robust recruitment processes in place that ensured all necessary safety checks were completed to ensure that a prospective staff member was suitable before they were appointed to post.

We found that the provider employed sufficient numbers of staff to keep people safe and each person had a support worker allocated to them to assist with assessing, planning and delivering their care and social needs. The registered manager explained that the staff rota was flexible to meet the needs of the people who lived in the home. We observed that there were enough staff on duty to provide people with the level of support they needed. For example, we looked at two weeks duty rotas and saw where a person required one to one support that this was identified on the rota.

People received their medicine from staff that had received training in medicines management and had been assessed as competent to administer them. One member of staff told us about their recent refresher training and said, "I'm meds trained. I've just done my refresher. It does refresh you. You can get complacent otherwise." In addition to people being supported to take their medicines in the home they were also supported safely to take them when they went out into the community. For example, one person told us, "I have a "red tin" with my special medicine in it. I take this with me when I go out." A member of staff explained that this person was prone to seizures and always carried their rescue medicine with them. We saw two members of staff sign the "red tin" out of a secure cabinet when the person was going on a car

journey with a member of staff. We looked at medicine administration records (MAR) for two people and found that medicines had been given consistently and there were no gaps in the MAR charts. Each MAR chart had a recent photograph of the person for identification purposes and any allergies and special instructions for the storage and how to administer their medicines were recorded. One person's relative told us that staff were competent to manage their loved ones medicines and said, "They are very good with medicines. They have very strict guidelines to follow."

We saw that processes were in place to prevent people from being harmed by their medicine. For example, one person had regular blood tests from their community psychiatric nurse to ensure that the blood levels of certain medicines were within normal levels to reduce the risk of adverse effects.

All medicines were stored in accordance with legal requirements, such as locked cupboards and fridges. There were processes in place for the ordering and supply of people's medicines to ensure they were received in a timely manner and out of date and unwanted medicines were returned promptly. Staff had access to guidance on the safe use of medicines, the medicines policy and a system that identified when medicines needed to be reordered. Furthermore, individual fact sheets were available for each medicine a person was prescribed.

Good

Is the service effective?

Our findings

All staff undertook mandatory training in key areas such as safeguarding, deprivation of liberty safeguards and health and safety. In addition, staff were provided with training in areas relevant to the care needs of people who lived in the service such as the care of a person living with epilepsy and autistic spectrum disorder and the safe use of rescue medicines when a person had a seizure. The provider had their own training facility that staff attended for most of their training needs.

New staff undertook a 12 week induction where they followed a structured learning programme and shadowed experienced staff for the first two weeks. New starters also completed the care certificate. This is a training scheme supported by the government to give staff the skills needed to care for people. Staff told us that they worked through a six month probationary period and were assessed at intervals throughout. When staff successfully completed their probationary period they were signed off as competent by the registered manager and a member of the provider's human resources team.

One member of staff reflected on their induction training and shared how one element; "nutrition, hydration and a healthy heart" had a positive impact on their understanding of a person's needs and said, "Interesting course. I did it on my first week of induction. Made me aware of the food we eat and how to relate it to our health. All the meals we prepare are balanced." We saw evidence of this in practice. Another member of staff spoke about the support they received to perform their role and said, "I'm well supported in my role. We get all the training we need. Moving and handling, everything. We do it all. The moving and handling we do is practical, but if someone was moving in [to the home] who needed a hoist we would be trained before they came."

Staff received an annual appraisal and attended supervision sessions six times a year. Staff recently had their annual appraisal and their training and development needs had been identified for 2017. We saw that staff had set objectives for the coming year, such as enabling people to integrate into the local community and to incorporate the Mental Capacity Act 2005 into all aspects of their daily role.

We saw where a person had the capacity to make decisions about their care and treatment that there was a record that they had been involved in the development of their risk assessments and care plans and had given their consent. However, some people who lived in the service were unable to give consent to some aspects of their care and treatment and we saw that staff followed the guidance in 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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For example, we saw that people had their mental capacity assessed and best interest decisions were made so as they could receive their medicines safely.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirements in the DoLS and four applications had been submitted to the relevant local authority, had been assessed and were waiting on the DoLS authorisation documents to be issued. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS.

We saw where a person had lacked capacity to consent to their care that they had court appointed deputies to look after their health and wellbeing needs. A court appointed deputy is someone appointed by the Court of Protection to make decisions on behalf of a person who is unable to do so themselves.

People and their relatives told us that the food was good. One person's relative said, "The food is good and [name of loved one] enjoys their food. [Name of loved one] has a good appetite and eats anything and everything." The service did not employ cooks and all staff had been trained in the safe handling of food. People who lived at the service met with staff on a Sunday to plan the menus for the following week. We saw that people and staff had access to books on healthy eating. People with special dietary needs were catered for. One person with a slow metabolic rate met regularly with their dietitian and their daily food intake was limited to 900 calories. All of their food and drink was weighed and measured and the calorific value of the ingredients was recorded in a diary. We found that the person enjoyed the routine of planning and weighing their food. A member of staff told us that this had a positive impact on the other people who lived at the service as the choices available were always healthy. We looked at the food plans and saw that fresh produce was always used. A member of staff said, "We make all our own sauces, they contain less fat and additives than bought sauces." Mealtimes were flexible and were planned around the times that people were coming and going from their different hobbies or community interests.

We saw that people were supported to access healthcare services such as their GP, dentist and learning disability support nurse. Staff kept a record of all consultations with information on advice given and treatment offered. The relatives we spoke with told us that staff informed them if their loved one was unwell and kept them up to date with their recovery. When a person needed specialist assessments and treatment, staff supported them to attend appointments. For example, one person attended a podiatrist and had their shoes specially made for them. The person told us, "[Name of podiatrist] cuts my toenails." One person's relative told us that their loved one's condition had improved with the right treatment and said, "[Name of loved one] gets down in the dumps, their medication was reviewed and the dose increased. They are happier now. Staff say they are improving."

We saw how staff understanding of one person's medical condition and working in partnership with them had led to a positive outcome for the person. The person previously took medicine to treat their medical condition and would have been seriously ill if they had not taken their medicine. However, staff worked in partnership with the person and their dietitian, a healthy eating plan was introduced and the person no longer needed to take medicine.

Staff supported people to take regular exercise to maintain their physical fitness. We saw that a wide range of physical activities were enjoyed outside the service. For example, one person attended a weekly Zumba class and others enjoyed swimming.

Good

Is the service caring?

Our findings

People and their relatives told us that people who lived in the service were well looked after. One person said, "I like living here." They then looked at two members of staff, smiled and held up both thumbs in a gesture of approval. We spoke with the relatives of three people who lived at the service. They told us that they were happy with the care their loved one received and that staff were caring. One relative summed up what they thought of the staff by saying; "Lovely staff" and spoke of how satisfied they were with the care their loved one received and added, "Very pleased, very good, I'm really happy. Definitely a good place. He has matured since being there." Another relative said, "[Name of person] relates to the staff as friends." A third relative said, "I feel really reassured. I'm very happy with him being there. They really couldn't do any more for him." We observed staff interacting with people who lived at the service. People and staff had a good relationship and there was evidence of mutual respect and trust. Each person had a key worker and four people were under constant supervision and had one to one support for 12 hours every day. One member of staff said, "This is a homely and caring environment. I would have my own family cared for here. It's like having two homes for me. I come here and get on with it. They are at home; I don't think any of them see it as anything else."

In order to support continuity of care across different care settings people had an "emergency" grab sheet that went with them if they were admitted to hospital or if the service was evacuated in an emergency. The grab sheet provided hospital staff with information that the person may not be unable to share with them. For example, information about their general health, medicines and family contacts. In addition, people had a hospital passport that provided in-depth detail of their likes and dislikes and the name and contact details of the learning disability nurse at the local hospital who would support them during their stay in hospital.

We observed how staff enabled people to develop and maintain their everyday living skills to reach their optimum level of independence. People were allocated two house days each week and were supported to undertake a range of housekeeping activities, such as their personal laundry, preparing and cooking meals and cleaning duties, as able. For example, we saw that one person had prepared their own breakfast and another person was supported by their key worker to make their bed, tidy their bedroom and put their laundry in the washing machine. We spoke with this person's relative who told us, "[Name of person] needs staff to clean; they prompt her to clean her bedroom and do her laundry." Furthermore, we saw this person set the dining table for the evening meal and helped prepare food in the kitchen.

We saw that staff respected people's cultural and religious beliefs. For example one person had been brought up as a regular church goer and enjoyed singing hymns. The person told us that they went to church every Sunday and to a Christmas carol service a few evenings before our inspection. They added, "The best bit was tea and biscuits." We spoke with this person's relative who told us that staff always ensured that their loved one attended a church service on a Sunday and said, "Staff are happy to take [Name of person] and participate."

We noted that staff took an inclusive approach to people's individual likes and preferences and met their diverse needs. For example, some people enjoyed a regular pampering session that included a head

massage, a hand massage and nail painting. A male resident proudly showed us their manicured and painted finger nails and said that they really enjoyed the pampering sessions.

We found that people were supported to celebrate special occasions. For example, one person told us that it was their birthday in a few weeks' time and they wanted a party for their friends. Staff were liaising with this person's relative to plan the event. People were excited about Christmas and looked forward to spending time with their relatives in their family home. One person told us, "I have six sleeps and then I'm going home." The person held up their hands to demonstrate what six sleeps looked like.

Relatives spoke about the contact they had with their loved ones and informed us that they could phone, Skype and visit at any time. Also, people were supported to spend time at home with their relatives or go on family holidays. One person's relative said, "He went on holiday with us, but has stopped now. Wants to go on holiday with his friends in the home. He's grown up." People told us that they were supported to make friends with people who did not live in the same service. One person told us that they had made new friends at their wood work class.

The weekend before our visit three people took part in Santa fun runs to raise money for charity. We spoke with the relatives of two people who had taken part. One person's relative told us that they were very proud of their loved one. Another relative said "We joined in the fun run with them and two others and their carers." The registered manager told us that the relatives of one person who had taken part had invited people, their relatives and staff to their home for lunch after the event. We spoke with two people who had taken part and they told us that it was good fun and they had dressed up as Santa Claus.

We saw that people's right to their privacy and personal space was respected. People kept their bedroom door closed when they did not want anyone else to enter and we noted that other people and staff respected this.

People and their relatives were made aware of the lay advocacy service. Lay advocacy services are independent of the service and local authority and can support people to make and communicate their wishes. We saw information on display about the service. No one at the time of our inspection had a lay advocate.

Good

Is the service responsive?

Our findings

We saw the key points of the provider's mission statement were reflected in our observations of what it was like to live in the service. For example, we found that people were enabled to realise their full potential and live as independent a life as their disabilities allowed. The provider had received an award from The National Centre for Diversity as one of the top 100 organisations who embraced equality, diversity and inclusion for all who used their services.

Five people had their own bedroom with en-suite facilities to suit their abilities and two people shared a self-contained two bedroomed annexe. Although most people were out of the service during our inspection, the registered manager had asked them for permission for us to look at their bedrooms and this was recorded in their care records. We saw that their decoration, furniture and personal items were relevant to their needs, preferences and personality. For example, one person liked to visit military air bases and their bedroom was decorated with pictures of planes. Shared areas including the lounge, dining room and kitchen were homely and reflected a family environment with photographs of people on display and Christmas decorations. We saw that people were comfortable with living at The Palms and treated it as their own home.

We found that staff responded in a supportive way when a person made the decision that they would like to live in a different care environment. We spoke with one person who was enthusiastic about a planned moved from The Palms to a self-contained bungalow in a service run by the same provider. We saw that they had been assisted by staff to shop on-line to buy new items of soft furnishings, crockery and cooking utensils. Staff told us that the person's relative wanted them to have "everything new" and they had worked closely with them to achieve this.

The registered manager shared with us in detail how staff liaised with the care team at the new service to ensure a smooth transition. Furthermore, two members of staff had been seconded until February 2016 to support the person to settle into their new home. The person had not visited their new home, because they did not understand that they could not live there until it had been refurbished and staff and the person's relative were concerned that they would not want to return to The Palms. However, staff had provided the person with a photographic record of all the improvements made. The person shared their photographs with us and told us with pride about their purple carpet and butterfly patterned bedding.

The provider invited feedback from visitors to the service including health and social care professionals. Three feedback forms had been received and all spoke positively about the service. For example, one group of healthcare professionals fedback, "The Palms is always welcoming and well kept. A lovely atmosphere and a pro-active approach to care provision." Our observations of what it was like to live in the service reflected their comment.

People were enabled to take part in a diverse range of activities and were seldom in the service during the day. Therefore, before our inspection we arranged with the registered manager that after lunch we would catch up with people participating in their preferred recreational activity or employment.

We spoke with one person who was on a work experience painting and decorating programme with the provider's training and resource centre. This person also volunteered once a week at a local outdoors museum where they maintained the grounds. The person told us, "I enjoy my work. We are just going to have our afternoon tea break." The registered manager told us that this person's goal was to have a paid job and live in the community. The provider had a transition team who helped people to look for employment and prepared them for interviews. We saw that this person was fully independent with daily living skills and shared a self-contained flat with another person.

Some people had spent the morning at a craft session in a nearby garden centre. This session was open to both people who used the provider's care and day services and members of the public. We caught up with them in the resource centre in the afternoon. People showed us the Christmas decorations that they had made that morning. These included a Christmas wreath and felt reindeer antlers to wear. We found that this activity supported people to develop their communication, creative and technical skills. For example, people were talking about what they had made and we observed one person being assisted by a member of staff to download photographs they had taken that morning onto a computer.

We visited another person who was taking part in a craft and computer group. We saw that they were very happy, able and confident. This was because other people were asking them for support and guidance on using the computers and they felt a sense of achievement because they were able to share their knowledge.

We also spent some time observing people of varying abilities participate in a music and drama course. We spoke with the course leader who told us that some people who used the providers care and day services were members of a choir called "Linkage Voices". We found that the choir had grown from strength to strength and were invited to perform to different audiences. For example, they had sung at the switching on of the Christmas lights in a nearby town, had performed to older people living in care homes and were invited to sing at a carol service in the local parish church that evening. The choir had recently been presented with an award for achievement at the provider's annual awards ceremony.

When a person had a house day they did not participate in structured activities or education. We observed that staff worked in partnership with the person and promoted and developed their independence and sense of responsibility for looking after their personal belongings and the home environment. However, once they had attended to their housekeeping tasks they spent the remainder as they wished with their care worker. One person told us that they were going to the local shops to buy a colouring book. On their return they settled down to spend the remainder of the afternoon colouring the pictures in their book, drinking tea and chatting with staff.

Staff exchanged information about a person's care needs and wellbeing at shift handover to maintain continuity of care throughout the day. Daily notes were kept for each person. Staff recorded what they person had been able to do independently and also what staff had done to support them. For example, we saw recorded in one person's daily notes, "Independent with daily tasks and made own breakfast."

People had their care needs assessed and personalised care plans were introduced to outline the care they received. Care was person centred and people where able and their relatives were involved in planning their care. We saw that individual care plans were written from the person's perspective and focussed on the support and understanding the person required to live well, develop new skills and manage their emotions. For example, one person who can communicate verbally resorted to using Makaton when they were feeling insecure or nervous. Their care file recorded the things that helped them to feel better were a cup of tea and bubble bath. Makaton is a sign language often used by people who have difficulty communicating their needs verbally.

We spoke with a member of staff who had a key worker role for one person. They explained that they had the responsibility to keep the person's relative informed about their progress and invite them to care plan reviews. One member of staff said, "I'm [Name of person] key worker. I liaise with their [role of relative. Every month we have a chat on the phone. I bring them up to date. I know if there is a problem I can ring them at any time and they know they can ring me. They are very good support." We spoke with the person's relative who confirmed that staff kept them up to date with their loved one's progress and said, "We always go to the reviews, we go to anything like that. We go to the annual meeting. [Name of registered manager] will ring me to keep me up to date and his key worker rings once a month. Let us know what he is doing."

One member of staff told us that the people who lived in the service were all different and had mixed abilities. They shared with us that is was important to know everything about them, such as what to do if a person had a seizure. They also told us that before a person moved into the service staff read their care plans and added, "There is a lot of information we need to know about them before they move in."

People who lived at the service met as a group with staff once a week to discuss their leisure activity plans and the following week's menu. We looked at the minutes of the meeting held on 11 December 2016 and saw that people had contributed to the meeting and signed the minutes to confirm that they had attended and agreed with the minutes.

One person who lived at the service was the elected representative for the "client parliament group." It was there responsibility to speak on behalf of their peers with the senior management team of the provider organisation to implement changes to the services.

People and their relatives had access to information on how to make a complaint. An easy read version was on display. We saw it made good use of pictures and photographs to explain to people what they may want to complain about; including feeling lonely or upset and being bullied. We looked at the concerns and complaints log and saw that no formal complaints had been received in the last two years. However, one person's relative had raised a concern and we saw that the registered manager had met with the relative to resolve their concerns. The relatives we spoke with told us that they knew how to complain but never had to. One person's relative said, "Never had to complain. Everything is positive." Another person's relative said, "He had a personality clash with one of the staff. We met with [Name of registered manager] and talked about it. She smoothed things out. Everything has been okay since then."

Good

Is the service well-led?

Our findings

We found that the registered manager and their deputy were approachable. We saw that people who lived at the service and staff were at ease with them. One member of staff said, "All the staff work together. If we have any doubts we go to [Name of registered manager] or [Name of deputy manager]. They are both approachable. Leadership is very good. [Name of registered manager] keeps us on our toes, but we can go to her with a problem.

The registered manager held staff meetings six times a year on alternative months to their one to one supervision sessions. We saw the minutes of the meeting held on 25 November 2016 recorded discussion about the frequency of deep cleaning bedrooms, that more detail was required in activity plans and staff annual appraisals and training needs. All staff had signed to say that they had read the minutes. A member of staff spoke about their experience of the staff meetings and said, "We need staff meetings. It's an opportunity to air our views."

Staff had access to policies and procedures on a range of topics relevant to their roles. For example, we saw policies on medicines and safeguarding. Staff were aware of the whistle blowing policy, knew where to find it and knew how to raise concerns about the care people received with the registered manager. One member of staff told us, "We have an in-house reporting system and I could also contact CQC."

People and their relatives received an annual questionnaire about their satisfaction with the service. We looked at the results for the 2016 surveys. Relatives had given the service an overall rating of 86% and people who lived at the service gave a rating of 100%. The registered manager told us that the results were an improvement on the previous year.

There was a programme of regular audits that covered key areas such as health and safety, medicines and infection control. In addition, the provider had a quality assurance process that involved all registered managers undertaking audit and monitoring of another registered manager's service every two or three months. Following their audit an action plan with realistic timescales was developed and a follow up visit was undertaken to monitor progress. In addition, registered managers undertook a self-assessment using CQC key lines of enquiry and rating system, to monitor their progress against their regulation requirements.

The registered manager told us that their role was autonomous. However, the registered managers employed by the provider met regularly with their line manager who was the operations manager. The registered manager said, "We have a voice and we are listened to. We are supported in our roles."

We saw that effective systems were in place to investigate and learn from mistakes. For example, the registered manager found on a routine medicines audit that one person's medicine had not been given and there was no recorded explanation why it had been omitted. The staff member responsible was retrained and had their competency to administer medicine re-assessed. The incident was shared at staff meetings so as lessons could be learnt to prevent further errors and omissions.