Counticare Limited

Carlile Lodge

Inspection report

17 Grimston Avenue
Folkestone
Kent
CT20 2QE
Tel: 01303 250183
Website:

Date of inspection visit: 24 and 25 September 2015
Date of publication: 02/12/2015

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 unannounced inspection took place on the 24 and 25 September 2015. Carlile lodge provides accommodation and support for up to ten people who may have mental health needs or a learning disability. The service was last inspected in July 2013 and had met our standards of compliance.

At the time of the inspection ten people were living at the service. All people lived in their own personal flat either on the ground floor, female only floor or male only floor. All flats had an en-suite with shower or bath facilities. One person lived in a self-contained annex which was external to the main part of the home. All people had access to a large communal lounge/dining area, kitchen, shared bathrooms and laundry room. There is a small courtyard garden area that people could access when they wished.

The service is run by a registered manager, who was present on both days of the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were enough staff with the right skills and knowledge to support people. Staff felt confident that they received enough training and could ask for more if they felt they would benefit from it. They had good support and supervision to fulfil their role effectively and felt confident in approaching the registered manager, deputy manager or senior if they needed extra guidance.

Staff were trained in safeguarding and understood the processes for reporting abuse or suspected abuse. They were aware of the procedures for whistle blowing and felt confident that the management of the service would respond appropriately to any incidents of abuse.

Staff sought consent from people when providing support, promoted independence and encouraged freedom of choice. People's wishes were respected, even if decisions may be seen to be unwise. Staff had a clear understanding of the principles of the Mental Capacity Act 2005 (MCA). Where people were being assessed for capacity they were offered advocacy and the service had taken the appropriate steps to meet the requirements of the legislation.

Staff knew the people who lived at the service well, they understood what was important to help them meet their full potential. Each person had their own individual needs assessed and these were regularly reviewed and support plans were updated. People were fully involved in their support plans as much as they wished to be. This was clearly observed within the recorded documentation.

People received their medicine in a safe way. Robust processes ensured that medicine was safely stored, administered and recorded. Regular audits of medicines were conducted and records showed that previous errors had been investigated. People received their medicine in an individual way to meet their preferred needs.

People were offered choice regarding their food. People could choose when and where to have their meals.

People were encouraged to take ownership over the preparation of meals and devised rotas together to share out tasks such as the cooking and washing up. People had their dietary preferences met and were supported to manage restrictions to their food due to medical conditions.

We observed throughout our inspection numerous examples of people being shown care and understanding. People were encouraged to follow their own time table of educational and recreational activities and new activities and special days out were arranged with the involvement of the people living at the service. People were supported to have regular resident meetings which they were in charge of. They were given the opportunity to provide feedback to the service about things they wanted to improve or what they thought was going well.

The registered manager and staff took an approach to the service that encouraged independence, freedom and personal ownership. People were supported to live their own individual lives, and people were treated with dignity and as equals. There was a relaxed rapport between staff and people.

People knew how to complain and clear policies were evident. People were given information in an appropriate format that would help them understand what they should expect. Where complaints had been made the service had been responsive and sought solutions. Complaints were used as an opportunity to learn and improve outcomes for people.

People were encouraged to be fully involved in the management of the service. They were asked to be involved in the recruitment of new staff and would be part of the interviewing process.

Good leadership was clearly visible in the service. The registered manager had the right skills, experience and knowledge to lead the rest of the staff team to provide support in a way which improved people's lives. Good processes were in place for monitoring quality and making improvements.

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.

Staff had appropriate training to whistle blow and safeguard people from abuse.

Medicines were administered, stored and recorded safely.

Individual risk assessments were in place to reduce risks to people and help them understand the repercussions of unwise decisions

There were robust systems in place for recruiting suitable staff. There were enough staff to support people.

Good

Is the service effective?
The service was effective.

Staff had appropriate training to support people with their individual needs. Staff were encouraged to continue to learn and develop their own skills set and knowledge.

People were supported to gain access to healthcare professionals promptly when there was a need.

People were able to make decisions regarding when and where they would like to take their meals.

The provider was meeting the requirements of The Mental Capacity Act 2005.

Good

Is the service caring?
The service was caring.

People were spoken to and supported in a way which demonstrated dignity, respect and kindness.

People's needs were listed to and responded to promptly. Where issues may be complex staff took the time to support the person at a pace which suited them.

It was strongly emphasised in the approach that the staff took that people were at the centre of the service. People were encouraged to be fully involved in the planning of their care.

Good

Is the service responsive?
The service was responsive.

Care plans were regularly reviewed updated and reflected the current needs of people.

People were encouraged to follow their own paths and participate in the activities they liked.

People knew how to complain and the service used this as an opportunity to learn and improve. Clear procedures were documented.

Good

Is the service well-led?
The service was well led.

There was strong leadership and vision from the registered manager, deputy manager and senior support worker. They provided a strong source of support for the rest of the staff team.

Good

Summary of findings

The registered manager demonstrated the right skills, knowledge and values to manage the home to meet the needs of the people living there. The aims and values of the home were clear.

People were fully involved in how the home was managed and their feedback activity sought.

Carlile Lodge

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 (Regulated Activities) Regulations 2014, 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 the 24 and 25 September 2015 and was unannounced. The inspection was conducted by two inspectors on the first day and one inspector on the second.

The registered manager had not received a Provider Information Return (PIR) at the time of our visit. The PIR 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 gathered this information during the inspection. Before our inspection we reviewed the information we held about the home, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. The registered manager was asked to send us some further information after the inspection, which they did in a timely manner.

During our inspection we spoke to five people, six members of staff, the registered manager and a health professional who was visiting one of the people who lived there. We asked for feedback from several health professionals after the inspection and received feedback from three. We observed interactions between staff and people. We looked at management records including peoples support plans, risk assessments, daily records of care and support, staff recruitment files, training records, and quality assurance information.

Good

Is the service safe?

Our findings

People knew how to report concerns they may have about their safety. One person said, "I'm really happy here, staff are really nice. If I wasn't happy or had concerns I would tell the staff or CQC (Care Quality Commission)". Staff knew how to keep people safe and protect them from harm. The service had a robust safeguarding policy in place which staff were aware of. Staff demonstrated they understood how to whistle blow and which outside agencies they could contact if the service was unresponsive to their concerns. One staff commented, "I completed safeguarding of vulnerable adults training (SOVA). We have a whistleblowing number to call and I could report to the CQC, the local authority or the police if I saw or suspected abuse". Another staff member said, "I would report abuse to a senior or the manager. I know how to whistle blow and there is a policy in place to flag up safeguarding". People at the service could use a form called "What happened?" to log any safeguarding concerns; this was located in the communal lounge in an easy read format. Eight people living at the home were able to read, other people were helped by staff to understand written documents.

People had their own individual risk assessments according to their needs. Risk assessments described actions to be taken to reduce risk, identified potential outcomes and were reviewed regularly to reflect any changes of the person's needs. There were environmental risk assessments to help reduce the impact of harm to people. Staff understood that although they had a duty of care to help keep people safe people were also free to make their own choices even if this could increase the level of risk to that person. A staff member said, "People have the right to make decisions even if they may be wrong or is a risk to them, we help pick up the pieces if needed". Accidents and incidents were recorded and audited to identify patterns and the registered manager used this as an opportunity to learn and improve outcomes for people.

Some people had keys to the front door, some people chose not to. All people had keys to their individual flats which maintained their privacy. There was a keypad system on the door leading to the courtyard garden. Staff told us that all people knew the code for this door so were able to move freely from the inside to the outside of the home should they wish. The keypad system was used to ensure the home was secure from outside intruders as a long alleyway ran from the front of the home directly down into the courtyard garden.

Fire procedures and risk assessments were available in the form of evacuation packs and people had their own individual personal emergency evacuation plan. Fire fighting equipment had been serviced within the required time and alarms had been recently tested in July 2015. Weekly checks were carried out and recorded by staff to ensure equipment was in good working order. People had fire blankets or fire extinguishers in their flats located next to their kitchenettes. The required checks had also been undertaken by appropriately trained outside agencies in regards to gas and electrical safety.

There was sufficient staff deployed in the service to meet people's needs. There were 21 staff in total including a registered manager, deputy manager, one senior support worker, two team leaders, three active team leaders, nine support workers and four zero hour contracted support workers. At night there was one wake night and one sleep in staff. Agency staff were occasionally used to cover staff shortages. Typically, there was a minimum of five staff on duty including the management team from the hours of 7:45am until 9:30pm. Some people went out independently whilst others required the support of one staff member. Some people were allocated an amount of one to one hours and they chose when they wanted to use them. People were protected because the service followed safe and robust recruitment processes: Employment gaps had been explored and Disclosure and Barring Services checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. References had been obtained and photographs were available on the files that we looked at apart from one. The registered manager rectified this and added a photograph to the persons file.

Medicines were administered, recorded and stored safely. To mitigate the risk of medicine mistakes only seven staff were permitted to administer medicine. Other staff who did not administer medicines still completed training to help them understand what medicines were for and what safe practices of administering were. Some people preferred to keep their medicines in their personal flats and individual plans to reduce risk had been assessed. Most people required some form of support from staff to ensure they

Good

Is the service safe?

received their medicines safely. Some people were prescribed medicines which are used when required (PRN). The service had made provisions for this at night time, sleep in duties were always covered by one of the senior team meaning medicine was always dispensed by a fully trained staff member. The service demonstrated it was responsive if mistakes should happen. An example of this is when a person accidently administered the incorrect medicine to themselves. The registered manager followed this up with their GP as well as the local authority safeguarding team. The service has minimal medicine errors due to the robust monitoring systems they had in place. The most recent incident was an error with recording rather than administering. This was discovered immediately and remedial action taken to put right.

Good

Is the service effective?

Our findings

All new staff received a four day in house induction and a four day induction with the organisation, an induction pack to complete and time spent shadowing other staff whilst being excluded from the rota. To help new staff learn about the people who live at the service there was a folder titled "Daily requirements". The registered manager explained there was a lot of information to learn so this folder was helpful as it identified the most important things new staff should know about the people they would be supporting.

Staff had appropriate training and experience to support people with their individual needs and demonstrated a clear understanding of the people who lived there. A staff member said, "I feel like I can ask for extra training if I need it, I get enough". Records showed that all staff members received essential training as well as additional training to support them with their roles. New staff were individually judged by the registered manager regarding their abilities and competencies before being allowed to work independently. Staff were encouraged to gain qualifications in health and social care while working at the service. Regular supervision was offered to all staff and conducted by the registered manager, deputy manager or senior support worker. There was a supervision and appraisal schedule located in the office, seven appraisals had been completed this year so far. A staff member commented, "I get supervisions every three months and appraisals yearly. It's a really nice home, very professional, very supportive".

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager and deputy manager. They demonstrated a clear understanding of the process that must be followed if people are deemed to lack capacity to make their own decisions. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Although most people living at the service had capacity, those who potentially did not were supported by the service and outside professionals to meet the requirements of the regulation. An independent mental capacity assessor (IMCA) had been involved to ensure one person who was being assessed for capacity was well supported and understood the process. We observed recorded documentation of how the service had responded to meet the requirements of this law and the needs of the people living there. We observed staff respecting the choices of people. When one person wanted us to view their flat staff asked if they would like to be accompanied by them for support, the person declined and staff respected this choice. Before we looked at people's individual care files the registered manager asked for their permission.

People had access to a shared kitchen as well as having their own cooking facilities within their personal flats. People chose when and where they wanted to have their meals. One person said, "I can choose my meals and I'm going to do some baking in a minute which I like to do". Some people made their own breakfast and lunch in their personal space, some chose to make meals in the communal kitchen. Most people came together for their evening meal in the communal dining room. People living at the service all had a personal food shopping budget, some people bought their own food, and others decided to collectively do a shopping list together. Although people were free to have snacks and drinks when they wished the people living at the service had decided together to put in place rules so things were shared out fairly. For instance, it would not be acceptable if one person ate all the crisps from the communal kitchen. We observed people making their meals in the shared kitchen and staff were on hand should they require any help. A rota was agreed by the people using the service to share out cooking and cleaning duties. We spoke to people about this rota and they said it worked well and was fair, if they decided they did not want to do a task they did not have to. Staff said "I couldn't cook before, the people who live here helped me learn. People can choose what they have to eat, people can choose alternatives if they wish".

We were told by a health professional, "I do not have any concerns about this service. Quite the opposite. I enjoy working with them I feel confident they will escalate any concerns, the client file is excellent and most important huge changes to health and wellbeing has been noticed with the resident who is happy including their family". People were fully involved in monitoring their own health, had health action plans and other support plans to manage any health needs. Appointments were clearly documented and followed up and staff communicated with the rest of the staff team any information which may need to be shared to support the person following

Good

Is the service effective?

appointments attended. Each person was assigned a key worker who would produce a key worker report to monitor health needs and follow up appointments which may be missed. Staff understood the expectations of the key worker role, "I am (persons) keyworker. I'm responsible for encouraging them to do more and be independent. I will encourage (person) to think of activities to do".

Some people had complex needs. The service was good at monitoring and re-assessing the support people received to help them manage this. We saw that people were being involved to deal with their own individual complexities and the staff team understood people well. An example of this was a person who was being assessed for capacity regarding specific decisions they wanted to make which were arguably a risk to the person's health and well-being. We saw that the service had responded appropriately to this person and was seeking to achieve the best possible outcome for them. This was a complex situation, the service could demonstrate that they were listening to, and including the person throughout the process.

One person had low moods which could result in verbal aggression and anxiety. A low mood chart was used to try to identify patterns and triggers. Work was on going with support from the mental health team to help this person manage their moods. Related behaviour guidance was in place to help staff manage these incidents which was current and recently reviewed. A document titled "Special notes form" was used to help monitor potential issues. The registered manager explained this form was helpful to "keep an eye" on something which could develop into a more serious concern. Because people using the service can be complex it helped staff to be more aware, it was not used to pry or as a reportable incident form. Each person was allocated on their activity rotas talk time with staff if they chose to participate. This gave people an opportunity to have their own special time to discuss things that may be bothering them, what they wanted to do or what they thought was going well.

Good

Is the service caring?

Our findings

People told us they were happy with the way they were supported by staff. One person said, "I'm very happy here", and "I'm going to decorate my room it's really warm which I like. I like the staff; they play games with me on my Play Station. If I tell them I'm going to have a nap they won't keep bothering me. I'm very happy". A health professional told us, "The staff I have seen on my visits appear kind and caring. They are friendly and have interacted in a kind manner with residents. I have never heard staff say something that would reflect negatively on their staffing".

The service had a visible person centred culture and the registered manager recognised how staff could use their own individual experiences and skills to help support people who may be going through similar situations. Staff demonstrated a genuine positive attitude towards caring for the people at the service and helping them to reach their potential. We observed a conversation between the registered manager and a person regarding their future plans, hopes and wishes. At the end of the conversation the person hugged the registered manager and said, "I know it's because you care about me".

Throughout our visit people came and went as they pleased. The registered manager had an open door policy, and we observed people frequently coming in and out of the office to talk to her and other staff members or to retrieve their personal money which was kept in the safe. People were always spoken to in a dignified and respectful manner, it was apparent that people felt confident and comfortable in their home and that the staff were easily approachable. In the evening we saw people and staff come together for their evening meal. People were relaxed and chatting to one another in a sociable way.

One person told us, "I like (staff member) I want them as my keyworker, they make me laugh".

People had a good rapport with one another and were encouraged to engage in positive relationships. On the first day of our visit we spoke to two people who were just about to leave the home to do some shopping together in the town.

Staff recognised that sometimes it was difficult to manage the dynamics of the house and the complexities of the people whom, lived there but said they encourage people to find solutions to problems they may have with one another through the resident meetings and talking to one another. If people wanted to get away from others they had their own personal space and privacy to do this. People were able to move freely around the home. One person would often stay up with the staff at night to watch DVDs and drink hot chocolate if they felt like company.

People were fully involved in the planning of their care if they wished, and were supported to maintain control over the decisions they made. When people made choices which posed a risk to themselves the service demonstrated a genuine concern for the person. However, staff were aware that this person had the right to make their own decisions even if unwise and would support the person to understand the possible repercussions of the choices they made. One health professional told us, "They have managed my clients challenging behaviours well. The team knows what to do and when, ensuring that my client is fully supported in a person centred way". We saw from peoples care files that they were encouraged to take ownership of their personal documents. For example a document called "My Plan" said next to it "written by (person's name), helped by (staff members name)"

Throughout our visit we observed many interactions between people and staff which was positive and encouraged engagement. One person was by the office smiling and laughing with the registered manager eating crisps. Staff were talking to this person in a positive way and they were joking with another staff member showing that communication was relaxed. Another staff member was with a person in the dining area helping them look for earphones for their new stereo. They were discussing options and the staff member was respectful and kind in their approach to the person. Staff told us, "I didn't realise it would be so rewarding or enjoyable to do this line of work. I like the people who live here and have been on holidays with them which I like".

Good

Is the service responsive?

Our findings

The service was responsive to people's individual needs. One person said, "The staff here are really nice, you have choice and can go out when you like. I'm going to London soon to visit the museums and Winter Wonderland. We have a Halloween party and Christmas party in the home, I love Christmas". The organisation has a dedicated placement team for new people who may move to the service. Before people moved in the registered manager carried out an assessment of their needs to understand if the person would fit in with the other people who lived there. She said she must be confident that the service will be able to meet the person's needs before accepting admission. A staff member commented, "We knew the new people who moved here this year really well before they came. The registered manager is very good at communicating". A health professional arrived to visit one of the people who had recently moved in. They told us, "I've been to visit about six times. It's nice and my client has settled in, the transition has gone well. Staff have supported the new placement well"

People chose to participate in a variety of vocational, educational and recreational activities. One person had an administrative job at the organisation's day centre and another person was the resident DJ for the day centre when discos were arranged. Most people were free to come and go as they pleased throughout the day and evening. Two people were currently under review regarding their freedom to leave the service alone. This was well documented with input from the multi-disciplinary team and with regards to the Mental Capacity Act. Some people, although able to, chose not to go out independently. Some people living at the service would go out together doing a variety of activities such as bowling, walks to the town and harbour to get seafood, shopping, swimming and visits to the day centre.

On the second day of our visit one person had taken the bus to Margate to meet some friends for the day. People were able to add their name to outings which would be pinned to the notice board in the communal lounge, one person said although they had been offered the opportunity to go to London to visit Winter Wonderland they had declined as it was not their "cup of tea". Some people had computers and game consoles in their flats. People told us that they went on holiday and four people in particular liked to go to Butlins.

One person told us, "I can look at my care plan if I like, it's my plan so belongs to me". People were fully involved in their plans of care as much as they wished to be. Some people would write their own daily reports; others would read what staff had written and ask for amendments if they wanted to. One person could not write independently so staff would write down extracts of the report for the person to copy write into their personal report once they had agreed they were happy with the content. Each person's plan of care was individualised and personal to them, one person would frequently read their plans and ask for things to be taken out or put in. Another person, although not too bothered to look at their plan, would tell staff what documents they wanted in their file. Some people chose to have lots of pictures and photographs in their plans and would reminisce with staff as they looked through their file. Documents were in an easy read format where necessary. Staff were able to demonstrate a good understanding of the people they supported. One staff told us, "I follow the care plans and guidance to help support the people who live here".

Within peoples plans were my life story/life histories, easy read complaints/comments policy, consent to administer medicines/ self-medication assessment form, guidance on communication, personal risk assessments, "How to support me" describing how the staff should support the person with various needs, my achievements so far and there was planning for the future. Each person had about four goals which may be short or long term. One person told us that they were rewarded when they completed exercise to help manage their weight. They would receive a tick each time they completed their agreed exercise and when they collected enough ticks they were able to choose a special treat like a visit to the coffee shop for a latte and cake. This helped motivate the person and they said they looked forward to their chosen treat.

The service responded to complaints appropriately and had robust systems in place; an easy read format was available for people who may need it. When concerns or complaints were made these were recorded and follow up action taken and recorded. Staff understood the complaints procedure. A staff member said "Service users

Good

Is the service responsive?

know how to use the complaints procedure, and they ask staff to help them write down their complaints. I know how to help people complain. If it was a relative I would read the form to remind myself and help them to complete the form. When a person complained before the registered manager dealt with the complaint within seven days". We saw that the service had taken appropriate responsive action when there had been a complaint made between two people who use the service. Staff had supported the individuals to agree to an action plan to help them manage the situation which they were unhappy with. This meant that they were able to continue to have a relationship which they enjoyed to have. The complaint had been a good opportunity for the people involved to improve their relationship.

Good

Is the service well-led?

Our findings

Through our discussions with the people who live at the service, the staff, management and other outside professionals it was clear that the people who live in the home are the most important part of the service. The registered manager said "This is a service lead by the people who live here". One staff said, "There is very good support here, it's the best management team I've worked for. The registered manager is very good, she listens and gives feedback".

The registered manager demonstrated a confident and clear understanding of the standards expected to manage the service and the legal responsibilities and legalisation which must be complied with. Leadership was visible throughout the service. A health professional told us, "I have been very impressed with the manager at Carlile. The resident moving to Carlile has been the best thing for them". When the registered manager was not present the deputy manager would take charge of the home. They have worked together for a number of years; the senior support worker was previously a deputy manager at another service within the organisation and had also worked with the registered manager for a number of years. There was an on call system in place for staff to use in the event of an emergency or if they should require guidance and support.

There was honesty and transparency from staff and management when mistakes occurred. An example of this is when a mistake had been made with medicine. The service acknowledged this and sought remedial advice to rectify the error and learn from the mistake. The registered manager commented, "There are always things to improve, and I have an open door policy so people can come and chat to me when they like".

People living at Carlisle Lodge were encouraged to be fully involved in all aspects of their home and had frequent resident meetings. One person said, "There are meetings you can go to but it's up to you". A staff member said, "People have a monthly meetings together, it's their meeting, not ours. We listen and take note, we don't interfere". Staff were present at meetings to ensure that everyone was given the opportunity to contribute. People had agreed together a set of ground rules to abide by when having their meetings, included were things like, "No shouting, no swearing, one person at a time talks". Meetings were documented and progress action was followed up on. People talked about what planned activities they would like to do, what they liked about the service and what was important to them at the moment. Some of the things people liked were that everyone pulled together; and the staff and others in the home were kind. The most recent meeting was 14 September 2015. People discussed the Halloween party and agreed that everyone would be permitted to invite one guest. People agreed together how they wanted to run their home and how chores would be distributed fairly between one another.

The service sought inclusion from people at all levels. For example, people were able to be part of the interviewing process for potential new staff if they wished to be. Candidates who had been interviewed by the management of the home and shortlisted would then be interviewed by the people who lived there. Each person contributed three to four questions to ask in the interview. After the interview people would discuss what they thought of the candidate and then feed this back to the registered manager. They would discuss their findings as a group. People involved in the interview process would then rank the people they interviewed, for example if they interviewed three people one would be first, one second and one third.

People were included in the monitoring and reporting of repairs and were each supported to complete a weekly walk around health and safety check list. This was a checklist of their personal flats and gave people an opportunity to report any equipment breakages or other maintenance issues. A maintenance folder was available to report any maintenance problems, and action documented when followed up. The sofa in the communal lounge was in need of replacement being broken and torn in places although still usable. The registered manager had proactively responded to this and we saw that books from sofa manufacturers had been obtained with samples of materials for people to feel and look at; replacement of the sofas had been discussed in the resident meetings and recorded. The registered manager said a new sofa would be purchased within the next two weeks and people who wished to go to choose the sofa could.

Staff told us, "Management are really good, I heard about this home when at another home in the organisation. I like it here, the manager, deputy and team leader are really good". Staff had easy access to the providers on line management system of policies, procedures, health and safety and generic risk assessments. When these were

Good

Is the service well-led?

updated by the organisation the registered manager would be notified and filter this to the other staff members meaning that they would be working to the current legislation and standards. The registered manager said that it is important that the staff team continue to learn and develop, "I often get staff to do quizzes in the team meetings. It helps people to develop and raises awareness of the areas that they need to improve, we will be covering the ten point dignity challenge at the next meeting". The registered manager told us they went to other homes within the organisation to conduct audits. She found this was an excellent way to pick up ideas and find solutions to common problems. A health professional said "I think the service can manage any problems. The manager is very good and on top of everything they are good at sharing information. I have no concerns the service is good". Another professional said, "I have been very impressed with the skills and expertise of the registered manager. She is one of the most competent managers that I have ever experienced".

The registered manager asked people to complete satisfaction surveys, the most recent surveys were issued in January 2015. Where negative comments had been made this had been explored with the person and action plans implemented to improve situations for people. This was then discussed at the persons review to see if they were happy with the action the service had taken. The organisation sent questionnaires to relatives, professional, and staff annually and produce reports based on the data collected across the board. We could see that the service was proactively taking steps to think of ways to continually improve the lives of the people who live there. Staff meetings were arranged monthly and progress on actions would be discussed at every meeting staff told us, "Usually we have monthly meetings and once in a while the manager will do mandatory team meetings".