S.E.L.F. (North East) Limited

S E L F Limited - 15 Park View

Inspection report

15 Park View
Hetton le Hole
Houghton le Spring
Tyne and Wear
DH5 9JH
Tel: 0191 520 8570

Date of inspection visit: 21 September 2015, 25 September 2015 and 2 October 2015
Date of publication: 21/12/2015

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

This unannounced inspection was carried out on 21 September 2015, 25 September 2015 and 2 October 2014. The service was last inspected on 18 June 2014 and was meeting the legal requirements we checked during the inspection.

15 Park View provides care and support for up to eight people who have a learning disability. At the time of our inspection eight people were living in the home. Nursing care is not provided. The registered provider operates three separately registered services at Park View (numbers 14, 15 and 16). During this inspection we inspected all three services. Although the services are registered with the Care Quality Commission individually we found some information was applicable to all three services. For example, a single training programme, joint staff meetings and one set of policies and procedures across all three services. For this reason some of the evidence we viewed was relevant to all three services.

The home had a registered manager. 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 2008 and associated Regulations about how the service is run.

People and family members consistently told us the care was excellent. People said kind, considerate and committed staff provided their care. One person said, "It is perfect here" and "Staff are fantastic. They help you, come in on their days off to take you out. Come in on their own time to help you." One family member said, "It's like home from home. I can't speak highly enough."

Throughout our observations we saw people had developed positive relationships with their staff team. People actively engaged with staff, for example when they wanted to show them arts and crafts they were working on. Likewise staff responded with encouragement and praise. Staff were quick to respond to maintain people's wellbeing.

People were supported to be as independent as possible. People took part in structured activities based around improving their life skills and their literacy skills. We observed staff reinforcing these skills during activities. Some people attended college courses or worked at the stables to develop their life experiences and skills. Other people were accessing the local community independently. People, family members and staff said the home was a safe place to live.

Staff demonstrated a good understanding of safeguarding adults and whistle blowing. For example, they knew how to report concerns. All of the staff we spoke with said they would have no hesitation to report concerns to keep people safe. Safeguarding training was up to date.

Risk assessments were developed where required. These identified the controls required to help keep people safe. Accurate medicines records supported the safe handling of medicines. Medicines were stored safely.

There were enough staff to support and care for people. We observed people had their needs met quickly. The registered provider undertook recruitment checks to ensure new staff were suitable to work with vulnerable people.

Regular health and safety related checks were done to help keep the premises safe. Records showed incidents and accidents were logged and investigated.

Staff received good support from their line managers. They could have individual development sessions if they needed additional help. Records confirmed staff had regular one to one supervision and appraisals. On-going training was provided so staff had the knowledge they needed to care for people. Practical workshop sessions were provided based around the specific needs of individual people. Staff had completed a range of training courses, such as risk management, moving and assisting, food hygiene, first aid and fire awareness.

The registered provider followed the requirements of the Mental Capacity Act (MCA) including the deprivation of liberty safeguards (DoLS). DoLS authorisations were in place for people who needed them. People were asked for consent before receiving care and support.

Staff had access to personalised information to help them support people when they displayed behaviours that challenge. Staff used various strategies to help people including distraction techniques and physical intervention as a last resort. Detailed records were kept of any incidences of physical intervention used.

People received the support they needed to have enough to eat and drink. They also had regular access to healthcare professionals when required.

People's needs had been assessed to identify their support needs. Part of the assessment included identifying jointly with people their care preferences. Some people liked arts and crafts, puzzles, numeracy, gardening, the farm and sports. The assessment also considered people's abilities to complete daily living tasks such as eating, drinking, personal hygiene, cooking, cleaning and travelling independently. This assessment and other background information was used to develop detailed, person-centred care plans.

People told us about how they were focusing on developing daily living skills in three main areas. People discussed their progress with these skills during regular key worker sessions.

Summary of findings

People had lots of opportunities to take part in activities both inside and outside of the home. This included outings and planned activities such as games, arts and crafts.

People only gave us positive feedback about their care. They knew how to raise concerns. The registered provider had a complaints procedure. There were no complaints on-going at the time of our inspection. There were regular opportunities for people to meet together and give their views about their care.

We received positive feedback about the registered manager. People, family members and staff told us the registered manager was approachable. One person said, "The manager looks after me very well." One family member said, "I have no problem with the manager." One staff member said, "I can go to the manager at any time."

The home had a good atmosphere. One person said, "I get on with everybody." Another person said, "[Staff] have a laugh with you." One family member described the atmosphere as "fantastic, really good." They added they "never feel unwelcome." Another family member said, "We are made very welcome." One staff member said, "Most of the time really good. We have a laugh."

There were regular team meetings so that staff could meet to give their views. These were used to discuss ideas to improve people's care and support. One-off discussions took place with individual staff members when required in response to specific situations. The registered provider consulted with staff and external care professionals. We found positive feedback had been received during the most recent consultation.

Regular quality audits were carried out to check on the quality of people's care. These included checks of fire safety, housekeeping, infection control, accidents and maintenance. Regular medicines audits also took place. The registered provider had plans in place to develop the service.

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?

Good

The service was safe. All the people, family members and staff we spoke with said the home was a safe place to live. Staff demonstrated they understood safeguarding adults and whistle blowing.

Risk assessment had been done to manage any potential risks identified. Medicines were handled appropriately.

Staffing levels were appropriate to meet people's needs in a timely manner. Recruitment checks were carried for all new staff.

Regular health and safety checks were carried out to help keep the premises safe. Incidents and accidents were logged and investigated.

Is the service effective?

Good

The service was effective. Staff received good support from their manager. One to one supervision and appraisals took place. Staff received the training they needed.

The registered provider was following the requirements of the Mental Capacity Act 2005 (MCA) including the deprivation of liberty safeguards (DoLS). People were asked to give their permission before receiving care.

Personalised information was available for staff to help them support people displaying behaviours that challenge.

People were supported to meet their nutritional needs. People had regular input from health and social care professionals.

Is the service caring?

Good

The service was caring. People said they received excellent care from kind, caring and considerate staff. Family members told us staff went out of their way to care for their relative. There were warm and positive relationships between people and staff.

People were actively supported to be as independent as possible. They proudly told us about how they had progressed since moving to the service. Activities were structured around developing people's life skills and literacy skills. Staff used activities to reinforce people's numeracy and literacy skills. Some people attended college and worked at the stables.

The registered provider proactively used pictures and photos to help people become involved in planning their care.

Is the service responsive?

Good

The service was responsive. People's care and support needs had been assessed. Detailed, personalised care plans had been developed.

People knew about their care plans. They told us about specific daily living skills they were working on. Progress with daily living skills was discussed during regular key worker sessions.

Summary of findings

There were opportunities to take part in activities both inside and outside of the home, such as outings and planned activities.

People knew how to raise concerns, although people we spoke with said they had none. People had regular opportunities to meet to share their views.

Is the service well-led?

Good 

The service was well led. The home had a registered manager. People and staff gave us positive feedback about the registered manager. People, family members and staff said the home had a good atmosphere.

Staff had regular opportunities to meet to give their views. Positive feedback had been received from recent consultation with staff and external care professionals.

Regular quality audits were carried out to check on the quality of care people received. The registered provider had plans to develop the service in the future.

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Detailed findings

Background to this inspection

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

This unannounced inspection took place on 21 September 2015, 25 September 2015 and 2 October 2014. An adult social care inspector carried out the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the local authority safeguarding team, the local authority commissioners for the service, the clinical commissioning group (CCG) and the local Healthwatch group. (Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.) We did not receive any information of concern from these organisations.

We spoke with five people who used the service and three family members. We also spoke with the registered manager, deputy manager, one senior care worker and one care staff member. We observed how staff interacted with people and looked at a range of care records. These included care records for two of the eight people who used the service, medicines records for all people and recruitment records for five staff members.

Good

Is the service safe?

Our findings

Without exception people, family members and staff told us the service was a safe place to live. One person said, "It's okay here." Another person told us they were "happy." They also told us they liked living at the service. Another person said, "I feel safer in here than outside." Another person said, "Oh yeah I am safe." One family member replied, "Definitely, yes. We have never had any problems in the past." Another family member said, "They keep an eye on [my relative] quite a lot. [My relative] always has people with them wherever they want to go." Another family member said, "They look out for [my relative]." One staff member said, "Safe yes, definitely safe."

There was a structured approach to risk management within the home. Potential risks were assessed and a detailed risk assessment written. Risk assessments identified the potential risk and the controls needed to manage the risk. For example, staff supported one person in a particular way when crossing roads to keep them safe. The registered provider used photographs to personalise risk assessments. This helped people to have a better understanding of risks relating to their care. A staff member said, "We do all of the risk assessments before [people] move in. Risk assessments are monitored and updated. If they need tweaking then we tweak them."

When we spoke with staff they demonstrated a good understanding of safeguarding adults. This included how to report concerns. Staff knew about various types of abuse and potential warning signs. For example, changes in behaviour, not eating, changes in habits, marks or bruising. Staff told us they knew about the registered provider's whistle blowing procedure. One staff member said, "I have seen nothing of concern. Little concerns have always been dealt with immediately." Another staff member said, "Concerns would be dealt with straightaway. Managers would listen to concerns." We saw records which confirmed staff had completed recent safeguarding training.

Medicines were managed appropriately. Records we viewed confirmed medicines were administered safely. This was usually from two staff members to provide an additional check. Medicines administration records (MARs) were completed accurately. An independent pharmacist had trained staff on the safe handling of medicines. Medicines were stored securely in a locked drawer.

There were enough staff to meet people's needs. We saw throughout our inspection staff were on hand to help and support people in a timely manner. People, family members and staff all confirmed staffing levels were good. One person said, "There are loads of staff." Family members agreed there were enough staff to meet their relative's needs. One family member said, "There are always plenty of staff around. There is a good ratio of staff." Another family member said, "There are loads of staff around." One staff member said, "There are plenty of staff. We never have any absence or sickness. We have a good staff team at the moment." Another staff member said, "Yes [there are] enough staff, very consistent."

Staff files showed the registered provider's recruitment and selection procedures were followed. This was to check new staff were suitable to care for vulnerable adults. The registered provider had requested and received references. This included one from the new staff member's most recent employment. Disclosure and barring service (DBS) checks had been carried out before confirming staff appointments.

Staff carried out health and safety checks to help keep the premises safe. These were up to date at the time of our inspection. Checks carried out included checks of fire safety, emergency lighting, extinguishers, exit routes, gas and electrical safety. The registered provider had up to date plans and procedures to ensure the safe evacuation of people in an emergency.

The registered provider had a system in place to log and investigate incidents and accidents. Two accidents had been logged across all three of the registered provider's services in the past 12 months. Records showed the action taken following the accidents. This included emergency basic first aid and additional monitoring.

Good

Is the service effective?

Our findings

Staff were well supported in their role by approachable managers. One staff member said, "Very supported, we all get on well." Staff told us they could have an 'Individual Development Session' anytime if they needed it. For example, to discuss a new policy or procedure. We viewed an example of a completed individual development session. This related to improving the quality of recording in people's diaries. The development session provided staff with an explanation of the expected standards for recording information. The staff member's views had been documented. They confirmed they had received the information they needed and could ask for additional help if needed. The registered manager followed the session up with further checks to ensure records had improved.

We viewed staff supervision and appraisal records. These confirmed staff received regular one to one supervision and appraisal. Managers had identified good practice and development areas, such as ensuring staff followed care plans and dealt with unexpected situations in a timely manner. Staff discussed areas important to them, such as support with completing paperwork accurately.

Staff said they received the training they needed. A single training programme was in place for staff employed at the three Park View services. Training records showed there was regular training provided to all staff. Training completed so far since January 2015 included training workshops specific to the needs of individual people. Other training completed included risk management, moving and assisting, food hygiene, first aid and fire awareness. At the time of our inspection all staff were due to attend oral hygiene training. One staff member said there were, "lots of training sessions."

Family members told us there was good communication with the service. One family member said, "The manager or staff tell us what is going on. They are on the phone if [my relative] has seen the doctor or is taken to hospital." A staff member said, "If they need medical attention we get the doctor out as soon as possible. We also make sure they attend all appointments."

The Mental Capacity Act 2005 (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.

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 the registered provider was following the requirements of the MCA. Staff completed a DoLS indicator tool used to assess whether a DoLS authorisation was required for people using the service. These assessments had indicated some people's liberty was being restricted. For these people the registered provider had applied to a 'Supervisory Body' for the required authorisation. Staff we spoke with were knowledgeable about the MCA and their responsibilities under the Act. One family member told us they had recently met to discuss DoLS.

Staff knew about the importance of seeking consent before providing care or support. One staff member said, "We ask people if they need any help. We have a conversation with them." Staff said they used various communication methods to support people with making decisions. This included using visual timetables and pictures of various activities. We saw photos of staff were displayed on the notice board.

The registered provider kept accurate records of any physical restraint used. These clearly documented the reason for the intervention and the type of intervention used. Records confirmed physical intervention was used as a last report, where there was a risk of physical aggression either towards staff or another person or damage to the environment. People's views about the incident were also recorded. Staff had the opportunity of a de-briefing session after the intervention if they wanted to discuss the incident further.

Some people using the service displayed behaviours that challenge. Each person had a personalised behaviour profile. This provided staff with information to help them provide appropriate support to people when they were

Good

Is the service effective?

agitated or anxious. Information provided included the person's background, the behaviours they displayed and how best to support them through these difficult times. For example, strategies recommended included diversion and distraction, such as physical activity, time alone, listening to music or having a bath. One staff member said, "We know how to settle them if they are stressed."

People received support to have enough to eat and drink. Staff had guidance to refer to about safe handling of food and healthy eating. Menus showed people were offered various choices at each meal including fresh fruit and vegetables. Staff told us people using the service did not have any problems with eating and drinking. They said people were independent requiring staff to only "keep an eye on them." One person said, "I am well fed."

Care records showed people had regular access to health care professionals when required. For instance community nurses, GPs, dentists and hospital based professionals. One family member told us their relative had a specific health condition. They said, "They are well catered for on that side."

Good

Is the service caring?

Our findings

People consistently told us they received care from kind, considerate and committed staff. They described how staff went the 'extra mile' to look after them. One person said, "It is perfect here." They went on to say the, "Staff are fantastic. They help you, come in on their days off to take you out. Come in on their own time to help you." Another person commented, "I am well looked after." Without exception people told us they were happy living at the home.

Family members described how their relatives received excellent care from dedicated staff. One family member said, "It's like home from home. I can't speak highly enough." They also commented, "Staff can't do enough for [my relative]." Another family member said their relative received, "Really good care. [My relative's] needs are well catered for."

People's individual choices and preferences were respected and acted on. For example, people told us their bedrooms had been decorated according to their personal taste. One person said the registered manager had asked them, "What colour do you want your room?" Another person told us their favourite colour was green and this was the colour they chose for their bedroom. Another person said, "I chose how my room was decorated."

Staff described how they aimed to deliver care with respect and dignity. For example, supporting people to clean themselves after meals, always knocking on bedroom doors and shutting the door when people were using the toilet. One family member said, "The service is very caring. [My relative] is very happy, very settled. They are well cared for." They went on to say, "I know the managers very well. They go out of their way to help."

Warm and positive relationships had developed between people using the service and staff. One person said, "I am close to the manager and other staff. The manager does all sorts for me, the best she can." Another person said, "I get on well with my key worker, we go shopping." Family members told us how people living in the home got on well together. One family member described the relationships between people as being "like a big family." We observed people were relaxed around staff. They were continually engaged in chatting and talking with staff.

People received care from staff who had developed a deep understanding of their needs. Staff had individual person centred training from health professionals to help ensure they had an excellent understanding of each person they supported. One staff member said, "The training covers how they [person using the service] are getting on and medicines." They went on to tell us they were tested on how well they knew the person. One health and social care professional told us staff worked closely and appropriately with professionals when required to inform people's support plans and approaches.

Family members confirmed staff knew their relative's needs extremely well. One family member said, "Staff have got to know [my relative] over the years. They do have a good understanding of [my relative's] needs." They described how staff were pro-active in responding to their relative's needs quickly to help prevent behaviours that challenge. One staff member said, "We understand all of the service users. We know their little ways."

People said staff treated them extremely well. One person said, "Staff treat you like royalty." Another person said, "Staff treat me nice. I have no concerns with staff." Another person said, "I am happy here, staff treat me nicely." Family members said staff treated their relative well. Another person said, "All the staff are lovely." One family member said, "Staff were very friendly." They went on to say, "Staff treat everyone equally as far as I am concerned." Another family member said, "I can't find anything wrong with the staff."

People talked at length about how staff had helped them to improve their health and well-being. One person told us about how they felt much better since moving to the service and had been supported to lose some weight. Another person said, [if they felt anxious], "I see the staff and they help calm me down. I just go and talk to the staff." Another person said, "Staff are there for you when you need them. They talk to me when I am upset." We observed staff intervene discreetly when one person became anxious during a planned chair exercise activity. They sat with the person and asked them gently if they would like to go and colour in together. The person agreed and went with the staff member to have one to one time.

We carried out an observation in the communal lounge. People from both 14 and 15 Park View were spending time together in the lounge. People were actively engaged in activities such as colouring in, crafts and doing jigsaws. Without exception we saw staff treated people with kindness and respect. For example, one staff member

Good

Is the service caring?

asked a person what colour pencil they would like. They showed the person a selection of pencils from which they selected the one they wanted. Another staff member noticed a person's slipper had fallen off their foot. The staff member came over to the person to assist to put it back on. Staff supported and encouraged people with their activities. Staff were complimentary about people's work which people were keen to show them. We heard staff commenting "Great job", "Well done", and, "That's really good."

People were actively supported to develop skills to promote their independence. One person said they took part in "literacy, numeracy, letter writing and self-care." Another person said they did "writing, sums and numbers." They also said, "I get plenty goes on the computer." Another person commented, "I have moved on loads." They also told us about the various college courses they had completed, such as cookery, arts and crafts. We observed staff reinforcing further development of these skills during planned activities. For example, whilst playing indoor darts staff prompted and encouraged people to add up their own scores. People also had time planned each week to write letters to family to practice their writing skills.

People told us about how they were focusing on developing their skills in three main areas. These included cleaning their teeth, replacing the towel and facecloth in their bedroom and washing their hands after the using the toilet. Specific care plans had been developed to help each person with the task. Plans identified the steps needed to complete each task. A score was used between one (requiring help 100% of the time) to five (completed task independently) to measure the person's progress.

Staff told us about how they aimed to promote people's independence. One staff member said, "We try to maintain people's independence." They said where people were in danger of losing some of their independence a specific team meeting would be held. Staff would consider why the person was no longer doing things they usually did, observe them and update care plans. One health and social care professional told us staff used available resources to try to work as creatively as they could with all the people on an individual basis.

People had specific care plans which focused on areas of personal development. Plans were individualised to the abilities of each person. For example, plans around oral hygiene, personal care and household skills such as ironing were in place. All of the people we spoke with could tell us about these plans. One staff member said, "Service users love kitchen activities and love going to the farm."

The registered provider told us about one person who found communication difficult and lacked self-confidence when they moved into the service. They said the person was now able to communicate their needs well and spoke with confidence in meetings. They had completed a number of college courses and were looking forward to starting a college course. Another person displayed behaviours that challenge requiring a large staff team to support them. The person had progressed and enjoyed a wide range of activities including attending the stables. They had also completed three accredited college courses in art and crafts. People were happy to tell us about their progress.

The registered provider helped to make information accessible to people through using photographs and pictures. We saw 'service user meeting' agendas and minutes as well as the service user guide were written in a pictorial format. The service user guide provided included information about access to healthcare, nutrition, complaint/concerns and advocacy. The activity timetables on notice boards were visual using pictures to help with people's understanding. People's personal risk assessments and care plans used photos to help people become involved in the care planning process.

Good

Is the service responsive?

Our findings

Staff had access to information to help them better understand people's care needs. Care records contained information such as the person's place and date of birth, family details, other agencies involved in the person's care and personal characteristics.

A detailed baseline assessment was carried out to identify each person's care and support needs. This assessment included a consideration of people's spiritual needs, a mental health assessment, nutrition, mobility, occupation and leisure. Preferences were recorded during the initial assessment. For instance, people's likes were documented such as particular toiletries, music, DVDs, going to restaurants, reading books, one to one time, puzzles and visits with family. People's abilities to complete daily living tasks were assessed. This included eating, drinking, personal hygiene, cooking, cleaning and travel.

The information gathered during the initial assessment and other information known to staff was used to develop personalised care plans. Care plans were person centred and included people's preferences. For example, one person enjoyed walking in the park, art and crafts. Plans were focused around what people needed to restore, maintain or achieve a level of independence and quality of life. All care plans were unique to each person using photos to help with people's understanding. Care plans were detailed and structured to ensure consistency when supporting people. This helped build people's awareness of how to move towards greater independence. Care plans covered a range of needs such as communication, relationships, physical skills, an activity timetable, health, living skills and personal care. Family members said they were involved in developing their relative's care plans. One family member said, "I have seen care plans. I get to read all of that and sign documents." Care plans were kept up to date through monthly reviews. People met with their key worker every two months to discuss their care.

People attended regular key worker meetings to discuss their care. Meetings included a review of social interaction, health appointments, behaviour/mood and activities. People reflected with the key worker on their progress and looked at areas for improvement. Key worker reports showed people had visited the local shops, worked at the stables, been go-karting and visited family members.

People and family members only gave us positive feedback about the service. They said they knew how to complain but had not needed to do so. One family member said, "I have no concerns at all. I am quite happy with [my relative] being there." They went on to say they would go to the manager if they were unhappy but "have never had to do that." There was a complaints process which was available for people to access if they wanted. No complaints were on-going at the time of our inspection.

There were plenty of opportunities for people to take part in activities inside and outside of the home. One person said they were "kept busy playing games." They went on to tell us they had been on holiday twice. They also commented, "I have got my own bike." Another person said they took part in creative arts and hobbies. Another person said, "I go on trips out. I have been to Beamish, Herrington Country Park, swimming and the seaside." They went on to tell us about a recent trip to the Lake District which they had enjoyed. Staff said people could do puzzles, games, watch TV, watch a DVD. A health and social care professional commented people could access individual and group activities appropriate to their interests.

'Service user meetings' provided people with opportunities to share their views. People from all three services met as a group. Pictorial agendas and meeting minutes were used to help with people's understanding. Topics previously discussed at meetings included staff, menus, care plans activities and outings. We viewed the minutes of previous meetings. We saw people had commented they were happy living at the service and enjoyed spending time together. Meetings included team building activities which people confirmed they had enjoyed and found useful. We saw previous activities had been based around people's likes and dislikes.

Good

Is the service well-led?

Our findings

There was an established registered manager who had been registered with the Care Quality Commission since 1 October 2010. People, family members and staff told us the registered manager was approachable. One person said, "The manager looks after me very well." One family member said, "I have no problem with the manager." One staff member said, "I can go to the manager at any time.

The home had a positive and welcoming atmosphere. One person said, "I get on with everybody." Another person said, "[Staff] have a laugh with you." One family member described the atmosphere as "fantastic, really good." They added, "I never feel unwelcome." Another family member said, "We are made very welcome." One staff member said, "Most of the time really good. We have a laugh."

Staff confirmed there were regular team meetings. One staff member said, "I find [team meetings] useful. I find out information about the other houses." Another staff member said they had 'end of duty' meetings with the registered manager. Staff from all three services [14, 15 and 16 Park View] met together in one team meeting. Meetings were used as an opportunity to discuss areas for improvement. Minutes confirmed topics discussed at previous meetings included staffing rotas, people's meal time experience and confidentiality. Action plans had been developed after each meeting. We viewed examples of actions plans. These included actions to improve team work, change working practices and ensure staff followed health professional's advice and guidance.

The registered manager and all staff members we spoke with demonstrated a commitment to provide people with quality, person-centred care. They were positive about the registered provider's work and had a very clear view about what the service did best. Their comments included, "The standard of care. We have a high standard of care in here", and, "Providing a safe environment for service users."

We saw staff had responded positively about the service in the most recent staff survey. When required one-off discussions took place with individual staff. These were to deal with specific situations, such as time keeping, attendance at training and not following company policy.

The registered provider carried out regular quality audits to check on the quality of people's care. Previous audits included checks of fire safety, housekeeping, infection control, accidents and maintenance. There was a specific check in place on the quality of care records. This was to ensure risk assessments, care plans and other important care related records were up to date. The registered provider also carries out checks of staff personnel files. In this way the registered provider could ensure recruitment checks had been carried out, such as the receipt of references and DBS checks.

Medicines audits were completed to check people received their medicines correctly. Previous audits confirmed medicines for each person using the service had been checked in May and September 2015. Further random samples of records had been checked in between. The medicines audits we viewed found medicines had been handled appropriately.

The registered provider had identified aims and objectives for the forthcoming 12 months. These were included in a 'mission plan' covering all three services at Park View. The mission plan included specific aims, steps on how to achieve them and goals for 2015. One aim was to develop the service provided at Park View through listening to people, staff, relatives and visiting professionals.

The registered provider consulted with health and social care professionals working into the service. We viewed the four replies received from the most recent consultation in November and December 2014. Professionals gave positive responses to questions including whether they felt people appeared happy, whether there were enough activities, access to local/wider community, whether people had made progress and were given choices. Specific comments from health professionals were, "The whole team are fantastic, go the extra mile and make sure that service users are stimulated"; "The home feels alive and positive, people are happy when you met them"; "[Staff] friendly and professional"; "Service users are always smart, dressed appropriately and take pride in welcoming you into their home"; and, "First class service."