

Kisimul Group Limited

An Caladh House

Inspection report

4 Church Hill
Washingborough
Lincoln
Lincolnshire
LN4 1EH

Tel: 01522790110
Website: www.kisimul.co.uk

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this announced inspection on 19 May 2016.

An Caladh House is based in the village of Washingborough, which is a short distance from the city of Lincoln. It provides accommodation and support for up to ten adults with a learning disability. There were ten people living in the home at the time of our inspection.

There was an established registered manager in charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to respond to any issues related to people's safety and people were kept safe from harm. People's medicines were managed safely and staff worked with people in ways which helped to avoid the risk of accidents. Background checks had been completed before any new staff were appointed and there were enough staff available during the day and night to provide the care people needed.

People were treated with kindness and compassion. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity. People had been consulted about the care they wanted to receive and all of the care they needed. Staff were creative in overcoming any potential obstacles regarding communication and in doing so supported people to pursue a wide range of interests and to maintain their individual hobbies in the way each person had chosen.

People had benefited from staff having access to a structured induction and up to date training and guidance to support them in carrying out their roles. Staff had developed and maintained the skills needed to care for people in the right way and people had also been supported to receive all of the healthcare assistance they needed.

People were supported to eat and drink enough to keep them healthy. Where people had special dietary requirements we saw that these were provided for.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had worked with the relevant local authorities to ensure that people only received lawful care that respected their rights.

Regular monitoring and quality checks undertaken ensured that any issues related to the running of the home which might be identified would be quickly resolved. There was a clear system in place for resolving

more formal complaints.

Staff were supported to speak out if they had any concerns because the home was run by the registered manager and provider in an open and inclusive way.

People living at the home, their families and visiting health and social care professionals were invited to comment on the quality of the services provided. The provider and registered manager had developed a culture based on listening and learning about how care should be provided in order to identify and take action to keep improving the services provided at the home.

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.

Staff knew how to keep people safe from harm.

There were enough staff available to give people the care they needed and background checks had been completed to make sure staff were safe to work with people before they were employed.

People were helped to avoid the risk of accidents and people who needed staff assistance to take their medicines were supported safely to do this.

Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to care for people in the right way. These skills included knowing how to meet people's individual communication needs.

People were supported to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Is the service caring?

Outstanding ☆

The service was very caring.

Care and support was provided in a warm and friendly way that took account of each person's personal needs and preferences.

Staff supported people in ways which enabled them to have as much independence, choice and control over their lives as possible.

Staff respected people's right to privacy and staff were

imaginative in how they responded to people's individual care needs.

Confidential information belonging to people was kept private.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their changing needs.

People were actively involved in the preparation and review of their personal care plan.

Staff enabled people to maintain their personal interests and hobbies and people were supported to retain an active presence in their local community.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted good team work. Staff were well supported and were encouraged to speak out if they had any concerns.

People, their relatives and visiting professionals had been asked for their opinions of the service so that their views could be taken into account.

There was a range of quality checks in place which ensured that people consistently received all of the care they needed.

An Caladh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were 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.

We visited the service on 19 May 2016. We gave the registered persons a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

Before our inspection we reviewed information we held about the registered provider and which the registered persons had sent to us. This included the Provider Information Return (PIR). This is a form that asks the registered persons to give some key information about the service, what the service does well and improvements they plan to make. We also took into account the notifications that the registered persons had sent us since the last inspection. These are events that happen in the service that the registered persons are required to tell us about.

During the inspection we spent time in the company of five of the people who lived at the home. We also spoke with three of the care staff team, the registered manager and the deputy manager. We observed care and support that was provided in communal areas of the home and looked at the care records for two of the people living in the home. In addition, we looked at records that related to how the service was managed including staffing, training and the registered manager and the provider's quality assurance processes.

As part of our inspection we sought the views of the relatives of six people who lived at the home. We also received feedback from three healthcare professionals who had regular contact with the home.

Is the service safe?

Our findings

People told us and showed us through their behaviour that they felt safe living at An Caladh House. When we looked around the home we saw staff responding to the routines people had chosen and the interactions and communication between people and all of the staff who were working were relaxed.

Relatives of people who lived at the home told us they felt their family members were well cared for and safe. One relative told us, "The staff use sensitivity and an approach which leaves us feeling confident that [my relative's] care is as safe as it can be." Another relative said, "[My relative] benefits from a consistent approach of positive behaviour support, rather than inadequate and ineffective crisis management. Difficulties, when they arise, are solved constructively, rather than reactively, and not as though [my relative] was the problem. [My relative] has started to enjoy life again, and has built a good relationship with a stable team working with [my relative]."

The registered manager and staff we spoke with told us and records confirmed they had received training and regular update training about keeping people safe from harm. Two staff members we spoke with described the procedure in place to report any concerns for the safety of people they supported which they might identify. The staff members also told us that, where required, they knew how to escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC).

Staff told us they knew people very well and that if anyone was unhappy about their care or was worried they would know. Staff said this was through the direct communication methods they had developed together with the person and through individual signs and changes in their behaviour. Staff confirmed their training focused on keeping people safe through the early recognition of any signs people might be getting distressed and supporting them in ways which kept people safe. This included the use of re-direction and de-escalation techniques. However, when it had been needed the registered manager, deputy manager and staff confirmed they were able to undertake safe physical interventions in order to protect people. Records of any interventions undertaken had been kept and were regularly reviewed by the registered manager and deputy manager and then discussed together with staff so they could work to reduce them wherever possible.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. For example, care records included individualised risk assessments which they used to ensure that care could be provided to people in a safe way. The assessments covered areas of risk such as developing people's personal support skills in the home and so that they could go out and enjoy a range of community activities. One person used sign assisted language to tell us how much they were looking forward to going out later in the day and how staff supported them safely to do this so they were free from any risks.

We also saw that there were suitable arrangements to protect people from the risk of financial mistreatment. This included senior staff assisting people to manage their personal spending money by

securely holding it for them, recording each time they spent money and checking that the remaining cash balances were correct.

We saw the registered manager had clear arrangements in place for ordering, storing, administering and disposing of the medicines people needed to take. The deputy manager showed us the arrangements were checked regularly as part of their regular audit procedures and that these audits were further supported by external audit checks. We saw that there was a sufficient supply of medicines and they were stored securely. Records showed staff who supported people to take their medicines had received training and that they were correctly following written guidance to make sure that people were given their medicines when they needed them.

Staff we spoke with and records we looked at confirmed that a range of recruitment checks had been carried out before they were offered any employment at the home. These checks included the provider completing security checks to make sure that the home only employed people who were suitable to work their. The checks also included confirmation of the applicant's identity, previous employment and references.

Relatives, healthcare professionals and staff we spoke with told us they thought there were enough staff available to support people in the ways they needed. A healthcare professional told us, "In my professional opinion the home is well staffed, with an appropriate number of staff to resident ratio. The managers on site are available to assist should this be necessary and they continue to support individuals and the staff as required."

Staff told us that they worked together well as a team and were able to cover any sickness or other absences within the team so that staff numbers were kept consistent. The registered manager confirmed that the level of staff cover provided at the home had been based on an assessment of the need each person had. Rotas had been planned in advance and were in place to ensure staff were deployed over each shift at the levels the registered manager had identified as being needed. The registered manager and deputy manager told us they regularly reviewed staffing levels alongside the information they had about any increase in care needs identified through feedback from staff and care reviews. The registered manager told us this information helped them to identify the amount of staffing required to meet any changes in need and that the provider supported them to maintain consistent staffing levels.

Is the service effective?

Our findings

People said and showed us that they were well supported by staff and were confident that staff knew what they were doing and had their best interests at heart. An example of this occurred when we spoke with one person who was being supported by a staff member to undertake an activity they had chosen. The person smiled and used signs to indicate that the member of staff was being supportive to them, laughed together with the staff member and said, "I like them."

Relatives told us they thought staff were well supported and well trained to carry out their roles. One relative said, "[my relative] has come on in leaps and bounds since being at An Caladh. This in our opinion is due to the care and dedication of the staff who are trained to a high level and always give 100% at all times. It is [my relative's] home now and always has a welcoming feel when we visit and nothing is ever too much trouble when we arrive. We are kept up to date with all that is happening in their day to day life and are always included in decision making regarding health matters contacted by phone on a regular basis."

Records showed that new staff had received a structured six week induction and undertaken introductory training before working without direct supervision. This involved completing the Care Certificate which is a nationally recognised model for ensuring that new staff have the knowledge they need to care for people in the right way. Staff told us and records also showed that that staff had been supported to obtain a nationally recognised qualification in care. We saw that in addition to this, staff had received training in key subjects including how to support people who have a learning disability and who have complex care needs resulting from particular healthcare conditions. The registered manager said that this training was necessary to enable staff to continually adapt to any changes in needs and to care for people in the right way.

Staff told us and records confirmed staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we observed that senior staff regularly observed and supported the way in which other staff provided care. Staff told us this formed part of the on-going supervision and support they received and helped them to keep reflecting on and developing their existing skills.

People were supported to eat and drink enough to stay well. Staff had consulted with people about the meals they wanted to have and records showed us that they were provided with a wide range of meal options which reflected their preferences. We observed that staff were consistently supporting people to be as involved as possible in all stages of planning, shopping for and preparing their meals. This approach helped to engage people in taking care of themselves and in addition we saw it contributed to their meal times being enjoyed as a shared activity. As part of the menu planning any special dietary needs people had were taken into account so the associated risks could be removed. For example, we saw one person need to have a gluten free diet and they were supported with this.

Staff told us and records confirmed that whenever it had been necessary people were supported to see external health and social care professionals including their doctor, dentist and an optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health. For example, a

healthcare professional told us how another person had become healthier since they had moved into the home because they had been helped to follow a healthy eating plan. The healthcare professional told us the person had, "Lost a significant amount of weight which was planned with the dietician involvement around healthy eating and portion control and an increase in [the person's] physical activity."

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why it was advisable to have regular health checks and to attend doctors' appointments.

When people lack the capacity to give their informed consent, the law requires registered persons to make sure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions. This included involving relatives and the relevant health and social care professionals so that they could give advice about which decisions would be in a person's best interests. A healthcare professional described how they had worked together with the staff team and the difference they had seen in the development of one person's care since they moved to the home from another care home. They told us that in contrast to the person's previous care arrangements, "The person is having opportunities to try new activities with support workers taking a very proactive approach to risk management and pushing their comfort zones whilst dealing with the resulting behaviours as their new routines and positive behaviours become embedded."

People can only be deprived of their liberty in order 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 found that the registered manager had ensured that people were fully protected by the DoLS. Records showed that they had applied for the necessary authorisations from the local authority in relation to all of the people who lived in the service. This was because they lacked mental capacity and it was likely that they may need to be deprived of their liberty in order to keep them safe. Information showed six of the applications had been approved and we had been informed of the outcome of these. The other applications were at different stages of progression and whilst these were being completed people were being safely supported. By applying for the authorisations in question, the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected people's rights if it was necessary to deprive them of their liberty.

Is the service caring?

Our findings

People who lived at the home said or showed us that they were positive about the quality of care they received. We saw that people were being treated with respect and staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we observed a lot of positive interactions that promoted people's wellbeing. Staff did not rush when they worked with people and any support and time involved in helping people was centred on the person and not the task. For example, staff supported people to get up when they wanted to and make the food they wanted and the drinks they preferred at any time people chose to. We saw one person had a particular routine when they woke up in the morning and staff supported the person to follow this. Staff took their time and stopped providing support at any time the person wanted them to before re-starting to provide support again only when requested to do so. The person indicated through their behaviour that they trusted the staff who had helped them start their day.

We noted that staff recognised the importance of not intruding into people's private space. People had their own bedrooms to which they could go to in order to relax and enjoy their own company if they did not want to use the communal areas in the home. An example of this occurred when one person was following a particular routine they had chosen. The person had a drink in their room and indicated they wanted to stay in their room with the drink. Staff fully supported the person's decision. When the person decided to move out of the room they placed the drink in different places around the home until they wanted more and until the drink had been finished. The person was fully supported to have full control of their actions and follow their routine in their own way. Through the interactions they had with staff we saw the person was excited and happy with the support provided. A further example involved a person who was being supported to access all the things they wanted to do in their room. The room had been set out in accordance with the person's wishes. Staff were available in the room to support the person but were also careful to make sure the person made their own choices. Staff understood the person and their individual range of communication needs well. We saw staff used these skills to speak with and encourage the person to be themselves at all times.

In addition, staff were creative in overcoming the obstacles to achieving a kind and compassionate approach to the care needs of the person. Through gaining a full understanding of the person's individual ways of letting staff know what they wanted, staff had taken time to think about and develop accessible tailored and inclusive methods of communication. For example the registered manager and staff had worked with the person to agree and time their activities in ways which meant the person remained in control of their life whilst at the same time not overloaded with choices. The person showed us they had a book which listed all of the things they were doing for each part of the day and they regularly referred to this. When they changed their mind about a routine or activity staff discussed the options available to the person and the person made their own decision about any changes made. Staff then helped the person to update their book. This enabled the person to make informed choices about any activity they had decided to undertake. The person showed us they were looking forward to going out in one of the home's mini buses by using signs and chairs in the home to show us where they liked to sit on the bus. They also communicated that they liked to have control over the money they had planned to spend when they went out and that

staff helped them to have this control.

All of the relatives we spoke with told us the staff were caring. One relative told us, "[My relative] always seems happy and content when we see them and their relationship with staff members is wonderful and comforting to see. We have no doubt that the progress [my relative] has made is due to the outstanding care and commitment that staff give at all times and we are so grateful that [my relative] is now flourishing in their environment." Another relative commented that the registered manager and all the staff were, "Very approachable and nothing seems too much trouble, we have had no issues or concerns with [my relative's] well-being, in fact [my relative's] well-being has shone throughout the two years they have been with this service provider. All the staff are caring, compassionate and loving towards [my relative]. We feel that this is the most outstanding provision that a young person could ever wish for."

Relatives also told us and records showed that staff regularly supported people to keep in touch with them through planned visits, by telephone and through the use of computers some people had chosen to use. In addition to maintaining and building strong links with family member's the registered manager and staff had also developed links with local lay advocacy services and there were arrangements in place to enable people to quickly access a lay advocate if this was needed. Lay advocacy services are independent both of the service and the local authority and can support people to communicate their views and wishes. The registered manager and staff said this was important if someone did not have family or friends to help them communicate their wishes. Contact details for the local lay advocacy service were available for people to access at any time.

Healthcare professionals told us they felt the registered manager and staff were caring. One healthcare professional told us, "I have been involved with An Caladh for a number of years. I have always been welcomed in to the home, and the staff have always offered a friendly and professional approach while following procedures for visitors." They also commented that, "In my professional opinion they offer support to families who themselves can require a sensitive yet clear approach and the managers and staff have evidently build good working relationships with families." Another healthcare professional commented that, "Residents always have presented as clean, smartly dressed and well-nourished and cared for when I have seen them. I have visited the home which is always very clean and beautifully furnished. The home has a lovely atmosphere. They advocate wholeheartedly for residents, involving families and significant people. I have been very impressed!"

The registered manager and staff understood the importance of maintaining confidential information and respecting people's right to confidentiality. Staff were discreet when they spoke with us about how they met people's needs and ensured the doors to rooms were closed when they were sharing any information which was confidential to the person they were speaking with us about. The registered manager confirmed people could speak with relatives and meet with health and social care professionals in private if they wanted to do so and we saw in addition to people's private rooms, private spaces were available in the home for people to meet. Written records that contained private information were stored securely and computer records were password protected so that they could only be accessed by staff. We noted that staff understood the importance of respecting confidential information. For example, we observed that staff did not discuss information relating to people who lived in the service if another person who lived there was present.

Is the service responsive?

Our findings

Records showed that staff had consulted with people about the care they wanted to receive and they had recorded the results in a care plan for each person. We saw that care plans were regularly reviewed and updated to make sure they reflected people's changing needs and wishes. We saw a lot of practical examples of staff supporting people carefully so they were gently encouraged to do things for themselves whenever possible. For example, one person was supported to tear paper and that the activity had been arranged with them because they enjoyed doing this. Another person liked to paint and had set up their materials and paper with the support of a staff member. We saw, and the person told us, "I like to paint pictures of people." They showed us they had painted pictures of staff members and they undertook to paint a picture of the inspector saying, "I am very happy here." The person laughed together with the staff member who supported them whilst they freely painted.

In addition, we found that staff were able to effectively support people who could become distressed. We saw that when people had stated to get distressed, staff recognised the signs and gently followed the guidance described in the person's care plan and reassured them. A relative told us about a home their relative had previously lived in and how their family member was being supported when they got distressed. The relative said, "Staff at An Caladh, with relevant experience, worked to restore [My relative's] trust and confidence, involving us at each stage. [My relative] benefits from a consistent approach of positive behaviour support, rather than inadequate and ineffective crisis management. Difficulties, when they arise, are solved constructively, rather than reactively, and not as though [My relative] was the problem."

Staff were confident in the way they gave support to people who had developed their own ways of communicating their preferences and wishes. We saw staff understood people who expressed themselves using sounds, signs and gestures to add meaning to the single words and short sentences that they preferred to use. Through this understanding staff were better able to support people to pursue their interests and hobbies. Staff told us, records showed and our observations confirmed that each person was being supported to enjoy a wide range of activities that they had chosen. These included daily bus rides, walks to the local shop, day trips, including trips to the seaside, football matches and visits to amusement parks. In addition, people had been supported to enjoy planned holidays together with staff each year which reflected their particular interests.

The registered manager told us and information in the homes statement of purpose confirmed that people who wished to practise their religion would be given any support they needed to do this. We saw the home's statement of purpose was up to date and set out the aims of the service, the types of services provided and the contact details for the provider and registered manager. The registered manager and relatives we spoke with confirmed that although people had chosen to celebrate the main annual Christian festivals, wherever needed any other religious events people wished to celebrate would also be supported and respected. The registered manager told us how one person had been supported to practise elements of the religion their relative followed and that this had been positive for them in maintaining and developing their relationships together with their family.

People showed us through their interactions with staff that they would be willing to let the registered manager and staff know if they were not happy about something. We noted that people had been given a user-friendly complaints procedure that used pictures to explain their right to make a complaint. A relative told us, "I would have no hesitation in raising any issues as soon as we had any. I trust the communications and relationships we have built with the manager and staff." The registered persons also had a procedure which helped to ensure that any more formal complaints they might receive could be resolved quickly and fairly. Records showed that the registered persons had received one formal complaint in the 12 months preceding our inspection. The complaint had been responded to fully by the registered manager and the person who had raised it had informed them they were satisfied with the outcome.

Is the service well-led?

Our findings

There was an established registered manager and deputy manager in post and we observed that there was a clear management structure in the home. Staff demonstrated a clear understanding of their roles and responsibilities within the structure and said the registered manager and senior staff were always available to speak with either direct or by telephone. Staff also confirmed when the registered manager was away from the home management cover arrangements were in place to support them at all times.

We saw people were comfortable and relaxed in the company of the registered manager and throughout our inspection we saw people and staff having a range of positive conversations with them. The registered manager also managed another home owned by the provider which was located next door to An Caladh House. The registered manager told us how they supported people to develop relationships with people and staff across the two homes and that this was beneficial to people in developing their confidence and social skills.

Records showed that the registered manager, deputy manager and provider had regularly completed quality checks that were intended to ensure that people reliably received all of the care and facilities they needed. These checks included making sure that people were being given all of the practical assistance they wanted, medicines were safely managed, people were correctly supported to manage their money and staff were receiving all of the support they needed.

We saw that there was a range of easy to read information for people and visitors to access about the way the home was run. This included a copy of the service user guide. Relatives we spoke with told us they understood how services were provided and that the provider and registered manager always ensured they were as involved as they wished to be. One relative told us, "It is [my relative's] home now and always has a welcoming feel when we visit and nothing is ever too much trouble when we arrive. We are kept up to date with all that is happening in [my relative's] day to day life and are always included in decision making regarding health matters etc. and are contacted by phone on a regular basis."

When the registered manager and deputy manager spoke with us about the support each person required it was clear they understood how to meet their needs and that they had a very detailed knowledge of the care each person received. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff. The registered manager also told us about, and review records showed the strong links they had developed with other professionals and agencies and that this had helped provide services in a co-ordinated way.

Staff we spoke with told us the registered manager and deputy manager were very supportive to them and that they were available to discuss any issues or concerns they had whenever they needed to. In addition to the structured supervision provided for staff the registered manager also received regular supervision from their assistant director and they told us that this helped them to reflect on and keep developing their roles together. In addition the registered manager confirmed regular meetings were held between the registered

managers of all the homes owned by the provider. Records showed the meetings were used to discuss any issues they had needed to respond to so they could share their learning. For example, the registered manager showed us how they had recently completed training related to the approach they and staff were taking in regard to positive behaviour support. They described how this training and other research they were undertaking was being shared with the provider and the other registered manager's at the meetings and that the work was contributing to a wider review of the way safe physical interventions were being used. In this way the provider and registered manager was continually assessing reviewing and looking to keep improving their approach to the care and support provided for people.

Staff told us that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. Staff said the meetings helped identify any changes needed and any additional support they might need during the shift they were starting. Records also showed that staff meetings were held regularly and covered topics such as people's needs, staff rotas and deployment, specific roles and tasks, and training and development. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed in order to care for people in a responsive and effective way.

Staff told us they knew about and fully understood the provider's whistle blowing procedure. Staff said they would not hesitate to use it if they had concerns about the running of the home or the home owners that could not be addressed internally. However they also said they knew what to do if they had concerns about practice and would be confident that the registered manager and provider would respond quickly to anything they raised with them.

The registered manager and provider had regularly completed a range of additional quality audit checks which were intended to ensure that people consistently received all of the care and facilities they needed. The registered manager showed us a monthly quality assurance audit tool they completed and shared with the provider. The tool had been designed for use by all the managers of the homes owned by the home owner and was mapped to the five questions we ask when we undertake our inspections. The registered manager said this was helpful in ensuring they and the staff team were doing the right things in the right way.

As part of the audit process the registered manager maintained and regularly reviewed their accident and incident records so that they and staff could ensure the risks of them happening again were minimised. The manager also showed us they understood and had systems in place to report any untoward incidents or events which happened within the home in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations.

These audit checks also included making sure that people were being given all of the practical assistance they wanted, that medicines were safely managed, people were correctly supported to manage their money and staff were receiving all of the support they needed.

People who lived in the service and their relatives said and showed us that they were consistently asked for their views about their home as part of the everyday process of living at An Caladh House. Two relatives we spoke with when they visited the home told us they had just returned from having a meal with their family member. Both relatives told us communication was consistent and that they were asked for their views of the services provided. One of the relatives said, "They always check we are okay with everything. The manager is very consistent and clear about how everything is working and it's great."

The registered manager told us in their PIR that, "Feedback in any form be it positive or negative is extremely

important to us. Due to the nature and complexity of the residents we support at times communication and receiving appropriate feedback can be difficult to ascertain. We have easy read versions of all feedback forms and questionnaires but we also record resident experiences for those that may not be able to complete questionnaires how they would wish to."

We saw examples of this approach throughout our inspection. For example people were supported to use personal books to communicate their interests, feelings and views. The registered manager told us how the books and their use were being reviewed in order to determine how they could be better used to obtain feedback. After we completed our inspection visit the registered manager sent us additional information about the work they were undertaking and told us, "You will also notice that we have added further monthly inserts to our personal books that allow residents/key workers/staff to view a more chronological way of recognising what residents have achieved, what they enjoyed, what they didn't enjoy and what they would like to do next." The registered manager also confirmed one person had already started to use this approach in their personal book and this has worked well for them to positively express how they felt.

Relatives and external professionals were also formally asked for their views about the quality of the care provided at the home through the use of survey questionnaires. The last survey was completed with relatives in December 2015 and external professionals in April 2016. We saw the feedback received had been positive. Overall feedback was very positive and included comments from relatives such as, "Each client is treated as if they are living in a family home and this philosophy underpins the care so well" and "[My relative] has all their needs catered for and is very happy. Ten out of ten."