

A L A Care Limited

Whetstone Grange

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

We inspected Whetstone Grange on 14 March 2017. The visit was unannounced. This meant that the staff and provider did not know that we would be visiting.

At our last inspection on 29 and 30 November 2016 we asked the provider to take action to make improvements in two areas. We asked them to improve practice relating to assessing people's capacity to consent to their care and support and with regard to good governance. At this inspection we checked to see if the provider had made the necessary improvements. We found that they had.

Whetstone Grange is located in Whetstone, Leicester. The service provides care and accommodation for up to 38 older people with age related needs, including dementia and physical disability. On the day of our inspection there were 25 people living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Whetstone Grange and felt safe with the care workers who supported them. The staff team were aware of their responsibilities for keeping people safe from avoidable harm and knew what to do if they suspected someone was being abused. This included reporting any issues of concern to the management team.

Risks associated with people's care and support had been assessed. These assessments provided the management team with the opportunity to reduce and manage the risks presented to both the people using the service and the staff team.

People had plans of care that reflected their care and support needs. These provided the staff team with the information they needed in order to properly support people using the service. Staff knew the people they were supporting including their preferences.

Appropriate checks had been carried out when new members of staff had started working at the service. This was to make sure that they were suitable and safe to work there. An induction into the service had been provided for all new staff members and ongoing training was being delivered. This enabled the staff team to provide the care and support that people needed.

People we spoke with felt there were currently a sufficient number staff on duty each day because their care and support needs were being met. Their relatives and members of the staff team we spoke with agreed with what they told us.

People were on the whole receiving their medicines as prescribed by their doctor. Medicines were being appropriately stored and the necessary records were being kept.

People told us the meals served at Whetstone Grange were good. Their nutritional and dietary requirements had been assessed and a balanced diet was being provided. For people who had been assessed to be at risk of not getting the food and drink they needed to keep them well, accurate records were kept showing their food and drink intake so that this could be monitored.

The staff team involved people in making day to day decisions about their care and support. Where people were unable to make their own decisions, we saw that decisions had been made for them in consultation with people who knew them well and in their best interest. The staff team were working in line with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

People were supported to maintain good health. They had access to relevant healthcare services such as doctors and community nurses and they received on-going healthcare support.

The staff team felt supported by the registered manager. They explained that they were given the opportunity to meet with them on a regular basis and felt able to speak with them if they had any concerns or suggestions of any kind.

People told us that the staff team were kind and caring and they were treated with respect. The relatives we spoke with agreed with what they told us. On the whole we observed the staff team treating people in a kindly manner throughout our visit.

People were encouraged to follow their interests and take part in social activities. An activities leader was employed. When on duty they supported the people using the service with both one to one and group activities which people clearly enjoyed. On the day of our visit they were also supported by two students from a local college.

A complaints procedure was in place and although not everyone we spoke with was aware of this, they all knew who to talk to if they had a concern of any kind.

Relatives and friends were encouraged to visit and they told us that they were made welcome at all times by the staff team.

Meetings were held and surveys were used to gather people's views on the service provided.

There were systems in place to regularly monitor the quality and safety of the service being provided. Checks had been carried out on the environment and on the equipment used to maintain people's safety. A business continuity plan was in place for emergencies or untoward events and personal emergency evacuation plans were in place should people using the service need to be evacuated from the building.

The registered manager understood their legal responsibility for notifying the CQC of deaths, incidents and injuries that occurred or affected people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People told us they felt safe and the staff team knew what to do to keep them safe from avoidable harm.

Appropriate recruitment procedures were in place and there were a sufficient number of staff on duty to meet the current needs of the people using the service.

The risks associated with people's care and support had been assessed so that staff had guidance on how to help people to remain safe.

People were supported with their medicines appropriately.

Is the service effective?

Good 

The service was effective.

The staff team had the knowledge they needed to be able to meet the current needs of the people using the service.

Where people lacked the capacity to make decisions, their plans of care showed that decisions had been made for them in their best interest.

A balanced diet was being provided. Records relating to people's eating and drinking were accurately completed and demonstrated that people received the food and drinks they needed to keep them well.

People were supported with their healthcare needs and were supported to access health services when they needed them.

Is the service caring?

Good 

The service was caring.

People were on the whole treated in a kind and caring manner and people's privacy and dignity were respected.

The staff team knew the needs of the people they were supporting well.

The staff team on the whole ensured that people were offered choices on a daily basis and involved them in making decisions about their care and support.

People's relatives were able to visit and were made welcome at all times.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and they and/or their relatives had been involved in deciding what care and support they needed.

People's plans of care reflected the care and support they needed.

The staff team followed the guidance within people's plans of care.

A formal complaints process was in place and although not everyone was aware of this, people knew what to do if they were concerned or unhappy about anything.

Is the service well-led?

Good ●

The service was well led.

The management team were open and approachable and the service was managed appropriately.

Staff members we spoke with felt supported by the registered manager.

People had been given the opportunity to share their thoughts on the service being provided.

Monitoring systems were in place enabling the registered manager and the management team to check the quality of the service.

Whetstone Grange

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 inspection took place on 14 March 2017. The visit was unannounced. This meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at the Provider Information Return that the provider had completed prior to our last visit in November 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened in the service that the provider is required to tell us about.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

At the time of our inspection there were 25 people using the service. We spoke with four of the people living there and with four relatives of other people. We also spoke with the registered manager, the deputy manager, three senior staff members, the cook, three care workers, two night staff and a student from a local college attending work experience.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not

they were comfortable with the support they were provided with. We also 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 a range of records about people's care and how the service was managed. This included five people's plans of care. We also looked at associated documents including risk assessments and medicine administration records. We looked at records of meetings, one staff recruitment and training file and the quality assurance audits that the management team had completed.

Is the service safe?

Our findings

At our visit in November 2016 concerns were identified with regard to the numbers of staff on duty during the night. At that time there were two waking night staff to support the 28 people living at the service. The registered manager explained that there were four people who required the assistance of two care workers. This meant there were not enough staff to support those people should they require support at the same time, nor the other people using the service. When we spoke to the staff team, thoughts on staffing numbers varied. Whilst some told us there were enough staff to meet people's needs, others did not.

At this inspection we saw that there were still two waking night staff. However, there were three less people living at the service and two less people requiring the assistance of two care workers. There was also a member of the management team on call should support be required. We spoke with two of the night staff members working at the service. They told us that they felt that the staffing numbers at night were currently sufficient to meet the needs of people living there. The registered manager was monitoring the staffing levels to make sure that they remained appropriate. A night staff member we spoke with told us, "Its ok at the moment [numbers of night staff] with the resident ratio. I work two nights a week; we don't have to rush people." Another explained, "Two waking staff at the moment is fine, there are two people that are hoisted but they don't get up early and get up when the day staff come on. It is really quiet at night so it's fine."

People we spoke with felt there were enough staff on duty to meet their needs and staff members we spoke with agreed with what they told us. One person explained, "I can ring my buzzer anytime and they come very quickly." A staff member told us, "Yes, I think there are enough staff, I did a night for the first time the other month and everything seemed to go alright."

People we spoke with told us they felt safe living at Whetstone Grange and they felt safe with the staff team who supported them. One person told us, "Yes I do feel safe, very safe." Another explained, "I feel quite safe with the staff."

Visitors we spoke with agreed that their relatives were safe living at the service. One told us, "She is safe living here." Another stated, "He has been here a month. He is quite safe here."

The staff members we spoke with knew their responsibilities for keeping people safe from avoidable harm. They knew the signs to look out for to keep people safe and they knew the procedure they needed to follow when concerns about people's health and safety had been identified. This included reporting concerns to a member of the management team. One staff member explained, "I would go and speak with the manager or the deputy and if that didn't work I would go to safeguarding." Another told us, "I would go straight to my line manager and express my concerns." When we asked them if they felt the registered manager would deal with any concerns they told us, "Yes, straight away, absolutely!" When we asked them what they would do if the registered manager did not deal with their concern they explained, "Then I would contact the director and follow the whistleblowing procedure and contact the relevant authorities."

The registered manager was aware of their responsibilities for keeping people safe, as were the senior staff

members we spoke with. They knew the procedures to follow when a safeguarding concern had been raised with them. This included referring it to the local authority who have responsibility to investigate safeguarding concerns. This meant that they could investigate further if necessary.

Risks associated with people's care and support had been assessed when they had first moved into the service. This was so that the risks presented to the people using the service could be, wherever possible, minimised and properly managed by the staff team. Risks assessed included those associated with people's mobility and their eating and drinking. We saw that the risk assessments had been reviewed to ensure they remained relevant and accurate and so that staff had up to date guidance..

We looked at the maintenance records kept. We found that regular checks had been carried out on both the environment in which people's care and support had been provided and on the equipment used to maintain people's safety. An up to date fire risk assessment was in place and regular fire drills had taken place, with the last drill taking place in December 2016. The staff members we spoke with knew what was required of them in the event of a fire.

We did note that there were portable heaters in use within the communal areas. When we checked these we found them extremely hot to the touch and as such, posed a possible risk to the people using the service. We shared this with the registered manager and these were immediately removed from use.

A business continuity plan was in place. This covered untoward events or emergencies that could occur at the service such as fire or loss of utilities. The plan provided the management team with a plan to follow, enabling them to continue to deliver a service should these instances ever occur. Personal emergency evacuation plans had also been completed and showed the staff team how each person using the service were to be assisted in the event of an emergency.

We looked at the recruitment file belonging to a person who had been employed since our last visit in November 2016 and saw that the provider's recruitment process had been followed. This included obtaining references and a check with the Disclosure and Barring Service (DBS). A DBS check provides information as to whether someone is suitable and safe to work at this type of service.

We looked at the way peoples medicines had been managed to see if this was safe. We found that safe systems were in place. The medicine trolleys were safely secured when not in use. There was an electronic medicines administration record system which helped staff to administer medicines as prescribed. The records included a photograph of the person using the service and were clearly completed to show that medicines were given as required.

When speaking with one of the people using the service we were told that they had not received one of their medicines. We discussed this with the registered manager who had acknowledged that this had occurred. They explained that the medicine had been ordered and chased but there had been a delay between the doctor and the pharmacist. This was resolved and the medicine was recommenced.

We observed the senior on duty during their medicine round. They wore a red 'do not disturb' tabard and scanned the medicine as they dispensed it. They approached people in a gentle manner and offered them their medicines. They ensured the medicine cabinet was secured each time they left it. One of the people using the service told us, "I take it twice a day [medicine]. It can be delayed at lunchtime but not by much."

Protocols were in place for medicines prescribed 'as and when required'. This included pain relief for when a person was in pain. These protocols informed the staff what these medicines were for and how often they

should be offered. We saw that people were always asked for their consent to take their medicines.

There was an appropriate system in place for the receipt and return of people's medicines and a checking process was in place to ensure that people's medicines were handled in line with the provider's policies and procedures.

Is the service effective?

Our findings

At our last inspection we found that the registered manager had not protected people against the risk of receiving care and treatment without their consent or that was not in line with the Mental Capacity Act (MCA) 2005. The MCA is a law that protects people who do not have the mental capacity to give consent. We found this to be a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us the actions they would take to address this. At this inspection we looked to see that decisions about people's daily lives had been completed in line with the Mental Capacity Act. We found that they had.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

The registered manager and deputy manager understood the MCA and applications for DoLS authorisations had started to be made in respect of people who lacked mental capacity to make their own decisions about their care and support. At the time of our visit there were four people with an authorised DoLS in place. We found that people were being supported in line with those authorisations.

The registered manager explained that if a person lacked the ability to make a decision about their care and support, for example, when deciding whether to accept help with personal care, a capacity assessment would be completed. A best interest decision would then be made with someone who knew them well. This ensured that any decisions were made in people's best interest. Mental capacity assessments were included in the records we looked at.

The staff team were in the process of completing training on the MCA and DoLS and those we spoke with during our visit understood its principles. One staff member told us, "We assume that people can make choices unless they are deemed unable to." Another explained, "It's when people can't tell us what they need or are unable to make a decision. We involve their family and their GP and make decisions in their best interest."

We saw that whenever possible, people had been involved in making day to day decisions about their care and support and opportunities for making choices were on the whole provided. This was with the exception of the morning of our visit when drinks were provided. People were not offered a choice, there was little interaction by the staff member providing the drinks and not everyone was offered a choice of biscuit. Other choices that were seen being offered included a choice of fruit which one of the people using the service

served and with meal choices. One of the people using the service told us, "I can get up when I want and go to bed when I want. I choose to spend my time in my room, it's my choice." A staff member explained, "They [people using the service] all get to choose their food for the day. They have bathing choices, if they say no we say 'that's fine, we will come back later' and they always choose what clothes they want to wear."

People we spoke with told us that they were looked after well and they felt the staff team had the skills and knowledge to properly meet their individual care and support needs. Relatives we spoke with agreed with what people told us, A relative explained, "I'm happy with the staff skills. She [relative] was falling a lot at home but not here".

The staff team had been provided with an induction when they had first started work at the service and training suitable to their role had been completed. The training records showed us that training including moving and handling, fire safety and safeguarding adults had been completed. One staff member told us, "I had an induction when I first started and the deputy showed me round." Another explained, "I have attended a range of training."

The staff members we spoke with felt supported by the management team. They explained that they had been given the opportunity to meet with a member of the management team to discuss their progress and there was always someone available for support and advice. One staff member told us, "Yes, I do feel supported; I know if I have an issue I can speak to the manager or the deputy. They are very helpful. I have had a lot of sit down chats with the manager." Another explained, "I definitely feel supported, if you want to tell her [registered manager] anything, she will listen."

We asked people what they thought about the meals served at Whetstone Grange. One person explained, "I'm happy with the food most of the time. They come round about 9.30am and take your order. On Friday I don't like the menu, I have ham and chips instead." Another told us, "I've nothing to complain about, the food is good. You get a choice at the table".

Menus were devised on a four weekly cycle and provided a variety of meals and choices. The cook had access to information about people's dietary needs. They were knowledgeable about the requirements for people who required a soft diet and for people with diabetes. For people who did not want what was on the day's menu, other alternatives were offered. The cook explained, "If there is something they don't like we suggest something else. If we cook something and find a lot of people don't like it we can change it on the menu."

Monitoring charts to document people's food and fluid intake were used for those people assessed to be at risk of not having enough to eat and drink. The charts we looked at were complete. They showed the recommended fluid intake for each person, the food and fluids that had been offered and the signature of the staff member providing it. The senior team were checking these records regularly to make sure they were completed accurately.

It was evident that people had access to relevant health professionals such as doctors, chiropodists and community nurses. One person told us, "Doctors come by request, they do that. A chap comes round to do my feet once a fortnight and the optician comes here." We saw that when someone had been identified as having difficulty swallowing, the speech and language team had been contacted for support and advice. This showed us that the staff team monitored and acted appropriately with regards to people's health and well-being.

Is the service caring?

Our findings

People we spoke with told us that the staff team at Whetstone Grange were kind and caring. One person told us, "The staff are lovely, quite respectful." Another explained, "Oh yes, they are very nice, the activities lady chats to me."

Relatives we spoke with told us that the staff team were kind and they treated their relative with dignity and respect. One told us, "Yes, She is [treated with dignity and respect]. They [staff team] are really nice and helpful. Nothing seems too much for them."

We observed support being provided throughout our visit. The staff team showed a good understanding of people's needs. We saw examples of staff supporting people in a caring manner and staff interactions were generally positive. A senior staff member told us, "The staff are very caring. They genuinely do care. We are good at what we do, we are a good home."

During a meal time we observed a staff member crouch next to a person who was asleep, they roused them gently so as not to startle them and informed them they were going to put a clothing protector on them. Another person seemed to be upset and although one carer did not acknowledge them or respond, the deputy manager did and spent some time reassuring the person.

We saw the staff team respecting people's privacy and they gave us examples of how they ensured this occurred and that their dignity was respected. One staff member explained, "If I am assisting someone to use the toilet, I make sure the door is shut, I explain what I am doing and ask them if they are okay and reassure them." Another told us, "I always knock on the door before I go in. I show them [people using the service] respect." A statement in one person's plan of care read, 'Be discreet when assisting [person using the service] to the toilet to avoid embarrassment and promote dignity.'

During our visit, we witnessed members of the staff team entering the communal areas of the service. Interactions were on the whole pleasant and inclusive. However we did observe one member of staff come in to one of the lounges to support a person with a drink. They did not wake them before putting the drink to their mouth or talk with them to explain what they were doing. This staff member was also observed providing other people drinks. They did not offer them a choice or interact with them in any way, just putting the drink on the table next to them. We shared this with the registered manager because whilst this was not the norm, this was observed and was not seen as being caring. The registered manager took the appropriate action.

We looked at people's plans of care to see if they included details about their personal history, their personal preferences and their likes and dislikes. We found that they did. The staff team knew what people liked and disliked. For example what people preferred to be called and what they liked to eat and drink. One staff member explained, "[Person using the service] likes her food and she likes hot chocolate." This was recorded in their plan of care. This meant that the staff team had the information they needed to provide individualised care and support.

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available. This meant that people had access to someone who could support them and speak up on their behalf.

Relatives told us that there were no restrictions on visiting times and they were always made welcome by the staff team. One relative told us, "They always make us welcome and offer me a cup of tea usually." Another explained, "Everyone is always friendly."

Is the service responsive?

Our findings

People using the service had been involved in the planning of their care with the support of their relatives, though not all of the people we spoke with could remember this. One person told us, "I'm aware of a care plan though I don't remember them discussing it with me". A relative told us, "I read it [plan of care] and was happy with what they put."

The registered manager explained that when a new person moved into the service, an assessment of their care and support needs was carried out. This was so that they could satisfy themselves that the staff team would be able to meet their needs appropriately. From the original assessment, a plan of care had then been developed.

We looked at five plans of care, one of which belonged to a person who was staying at the service on a respite basis (short term). This was to determine whether they reflected the care and support that people were receiving. We saw that they did. The plans of care we looked at were detailed and had personalised information about the people in them. A document entitled 'This is my life' was included in the plans of care we looked at. This document included information about the person and them as individuals, including their history and preferences for daily living. For example one person's plan of care included that they preferred to be called a different name and preferred to wear trousers and blouses. When we visited them we observed the staff members referring to them by their preferred name and they were wearing the clothing they preferred. Another person's plan of care showed that they liked to spend their time in their bedroom watching the traffic from their window. When we visited them in their bedroom, they confirmed that this was how they preferred to spend their day.

During our visit we observed the staff team supporting people. It was evident that they were completing the care and support tasks required of them but they also had time to interact and socialise with the people using the service.

People's plans of care had been reviewed every month or sooner if changes to their health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person contacting the doctor when it was evident that they were falling more frequently.

People were supported to follow their interests and take part in social activities. An activity coordinator was employed for two hours a day, four days a week and provided both group activities and one to one sessions during this time. One of the people using the service told us, "I do some of the activities, I like them all". Another person told us, "There are group activities now. We do painting, crayons and games".

On the day of our visit there were two students from the local college supporting people with activities. The registered manager explained that they were attending the service every Tuesday for the next six weeks to support the activity coordinator. The lounge in which the activities were being provided in was a hive of activity with people clearly enjoying themselves. People were engaged in a colouring activity which was run

at their preferred pace. A relative with a toddler came into the room. The activities seemed to interest the toddler and they were offered some crayons. People doing the activities interacted with the toddler and there was a positive and relaxed atmosphere throughout. One person left the table to sit in a more comfortable chair. The pens and colouring books were taken to them once they were settled and comfortable and the students kept going back to them to check they were okay. People clearly enjoyed the activities offered on the day.

The provider's complaints process was displayed for people's information and people we spoke with were aware of who to talk with if they had any concerns or issues of any kind. One person told us, "I would tell [Registered manager]." Another explained, "I've nothing to complain about. I would just go to one of the staff members." A relative explained, "I'm not aware of how to make a complaint but it's no problem, I would speak to [Registered manager]." The registered manager had received no complaints since our last visit in November 2016.

Is the service well-led?

Our findings

At our last inspection we found that the registered manager had not protected people against the risk of receiving care and treatment that was not effectively assessed and monitored. We found this to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we looked to see if improvements had been made to the monitoring systems that were in place. We saw that they were.

The registered manager had completed a range of audits to monitor the service being provided. These included audits on the medicines held and corresponding records, falls, people's plans of care and incidents and accidents that happened at the service. Health and safety checks and checks on the environment had also been completed. We saw that where actions had been identified to make improvements, they were completed.

The senior team were responsible for checking that paperwork had been completed consistently and accurately. This included people's daily food and drink and their personal care charts. A senior staff member explained, "There is a big difference now. Paper work is now in place and seniors are checking it every day. The atmosphere is much calmer. Staff have received training on the paperwork. I don't think staff knew the importance of the paperwork before." They also told us, "We had a full staff meeting and they explained how important the paper work was. Seniors now check everything is done before they sign."

Regular checks had been carried out on the environment and on the equipment used to maintain people's safety. We found regular audits had been carried out and up to date records had been maintained.

People we spoke with told us that they felt the service was properly managed and the registered manager was friendly and approachable. One person told us, "[Registered manager] pops in most days and the staff are all very good." Another explained, "[Registered manager] is quite approachable." A relative told us, "[Registered manager] is very approachable, [Relative] has only been here a short while but I would give them 9/10."

Staff members we spoke with told us they felt supported by the management team. They explained to us that they felt able to speak to any of them if they had any concerns and there was always someone to talk to should the need arise. One staff member told us, "There is always someone around that you can talk too."

Staff meetings had taken place. These provided the staff team with the opportunity to be involved in how the service was run. Issues discussed at the last team meeting included the previous Care Quality Commission (CQC) visit and our findings, cleanliness of the environment and training opportunities. The staff team were encouraged and enabled to share their thoughts and ideas on improving the service.

Meetings had been held for the people using the service and their relatives, though not everyone we spoke with could remember these happening. A meeting had been held on 13 March 2017 to discuss the outcome of a visit by the local authority, though minutes of this meeting were not available. Minutes of the previous

meeting held on 20 December 2016 were available and showed us that 11 people attended. Issues discussed included activities, arranging the Christmas party and the possibility of having a pet cat. This showed us that people were involved in how the service was run.

Surveys were also used to gather people's thoughts of the service, though not everyone we spoke with could remember receiving these. A relative told us, "My sister had some papers the other day, a survey I think, though I haven't been asked." Surveys were being completed on an annual basis. People using the service had been supported to complete surveys in September 2016 and these showed that they were satisfied with the care and support they received. Surveys had also been sent to relatives of the people using the service. The surveys returned also showed that they were satisfied with the care and support their relative received. Comments in the surveys returned included, "Care – excellent, staff – excellent." and, "Much improved since last time with new manager."

The registered manager understood their legal responsibility for notifying the CQC of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.