Parkcare Homes (No.2) Limited

Bowden House

Inspection report

671-673 Prince of Wales Road
Darnell
Sheffield
South Yorkshire
S9 4ES

Tel: 01142424290

Date of inspection visit:
31 October 2016

Date of publication:
07 December 2016

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

This inspection took place on the 31 October 2016 and was unannounced. This was the first inspection since the location had been registered with the Care Quality Commission (CQC) in September 2014.

Bowden House provides accommodation and personal care for up to 11 people who may have a learning disability and/or enduring mental health needs. The service is located in a residential area in Sheffield and is set over three floors. Everyone had their own room. At the time of the inspection, there were 10 people living at the service.

The service is required to and did have a registered manager. A registered manager is a person who has registered with the 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.

Staff delivered support effectively and care was provided in a way that promoted people's wellbeing and independence, whilst people's safety was ensured. People were involved in writing their support plans and contributing to their risk assessments. Risks to people's safety had been assessed and staff managed risks in line with individual risk assessments. Support plans were regularly reviewed, detailed and organised.

People received their medicines at the right times from qualified staff who monitored people's health satisfactorily.

The registered provider had robust recruitment procedures which ensured, as far as possible, that only people suited to work at the service were employed. Enough staff were deployed to meet the needs of people who used the service and the registered provider was in the process of recruiting new staff. Staff received support through training, supervision and appraisal to be able to meet people's needs. Additional training was arranged to teach staff how to support people who at times demonstrated behaviour that challenged others.

People told us they felt safe, were well looked after, happy and would inform staff if they were concerned about abuse. Staff knew what abuse was and they had completed safeguarding training, they told us they felt confident to discuss any safeguarding concerns with the general manager. Staff knew what action to take if they suspected abuse and who to report abuse to, such as the local authority safeguarding teams and the general manager.

All accidents and incidents were recorded and monitored by the general manager. The general manager looked for any patterns so they could take action to prevent further incidents.

Plans were in place for emergencies like a fire or a flood and staff knew what to do in the event of an emergency. Safety equipment, electrical appliances and gas safety were all checked regularly. There were

regular fire drills and people knew how to leave the building safely.

People living at Bowden House had capacity to make decisions for themselves and staff sought people's consent before supporting them where required. Staff were aware of the Mental Capacity Act (MCA) 2005 and the principles if a person lacked capacity.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring, if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The service was meeting this requirement and there was no one under a DoLS authorisation. People were not restricted from doing what they wanted and went out into the community freely.

Staff respected people's privacy and dignity. Staff were kind and respectful towards people ensuring privacy and independence was promoted. Staff understood their roles and people were supported in a person centred way. People were helped to identify their own interests and follow them with the assistance of staff if required. These activities took place independently or as part of a group within the service as well as in the community.

Support and advice was given to people to enable them to make informed choices about the food they consumed and purchases they made. Access to healthcare services was readily available to people and the service kept clear records of healthcare visits.

People's views had been gathered using effective systems. These included regular resident and staff meetings, direct interactions with people and the distribution of questionnaires to people and staff at the service. A complaints procedure was in place and has been used appropriately by the management.

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 living at the service. The service had systems in place to manage risks and plans were implemented to ensure people's safety.

People were protected from the risk of harm and abuse as staff knew how to recognise signs of concern and who to report them to.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were safe.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff received training and were skilled to carry out their roles. Staff had regular supervision and annual appraisals.

Staff understood that people had the right to make their own decisions. Staff understood the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to eat and drink enough and to access healthcare services where needed.

Is the service caring?

Good

The service was caring.

We received a number of positive comments from people who used the service and visitors about the kind and caring nature of the staff. We saw staff spoke and communicated with people in a compassionate way. Staff listened to people and responded to their needs appropriately.

People received guidance and support from thoughtful staff.

People were supplied with the information they needed and were involved in all aspects of their support.

People were supported to develop their living skills which empowered them to live more independently. We observed that people were offered choices and encouraged to make decisions.

People's privacy and dignity were maintained by staff.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred support plans, which were regularly maintained and reviewed.

People received individual support that was responsive to their needs and were encouraged to take part in activities and social events.

There was a complaints procedure and people felt able to raise issues in the belief they would be addressed. Complaints were responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

Support and guidance were provided to staff which promoted a high standard of care for people.

There were auditing and quality assurance systems in place to monitor, review and improve the service.

Managers were visible and there was an open and transparent culture. Staff told us they felt supported by the general and registered manager.

Bowden 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 October 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

The registered provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection, we spoke with local authority contracts and safeguarding teams about their views of the service. We also received feedback on the service from a health professional. We used this information to plan our inspection.

During the inspection, we observed how staff interacted with people who used the service throughout the day. We spoke with two people who used the service, the registered manager, the general manager, two staff members and two visiting health professionals. We were shown around the service and looked at the kitchen, dining area, communal lounge, laundry, gardens, office and one newly refurbished bedroom. We reviewed two people's support plans and the associated risk assessments. We looked at a range of records including three staff files, safety checks, audits, meeting minutes, medication records and quality surveys.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "Yes I do, if I thought I was being violated in any way I would go above everyone to report it." Another person said, "I feel safe, I never lock my door and there are no restrictions. I am comfortable in my surroundings."

People were supported to understand what keeping safe meant. Safety was a regular item on the resident's 'Your Voice' meeting agenda. Staff told us, "We sometimes have to put in strategies to reduce the risk of harm. For example, one person would attempt to enter the kitchen where hot surfaces are and this was not safe for them. We had a key code fitted to the kitchen door and all the people using the service had the code so they could continue to get in." Staff we spoke with had a good understanding of people's needs and the support required to keep them safe.

A health professionals told us, "Bowden House offer a service that provides 24/7 staff support. They ask for risk assessments for each patient that is referred to them and identify any risk that would put themselves or service users at risk. I know this because I have numerous residents there currently. They also offer escorted leave from the facility should residents feel they need support. I currently have them keeping a client safe who is alcohol dependent. They monitor their consumption and try and help them maintain a safe level."

People were protected from avoidable harm. Some people could become anxious and show behaviours that might challenge. Staff responded positively when this happened and took an individual approach to different people's behaviour's. We observed one person became very anxious towards staff during the inspection. Staff remained consistent with the support provided and this was done in a firm but fair manner in line with the person's plan of care. The service maintained contact with health professionals to secure the support the person needed at that time. We reviewed the person's care file and saw this contained appropriate guidance for staff on how to meet the person's needs.

Risks to people had been identified and staff supported people to reduce any potential risks. Risks were assessed with actions detailed for staff to help reduce potential risks without restricting people. For example, one person was at risk because they might refuse their medicines. We saw their risk assessment had a management strategy for staff to follow which included reminding the person of the time of day and encouraging them to take their medicines. We saw other risk assessments in peoples care files covering areas such as verbal/physical aggression, pressure care, and mental health.

There were policies and procedures to guide staff in how to keep people safe from the risk of harm and abuse. Staff confirmed they had completed safeguarding training and, in discussions, staff were clear about how to report incidents of concern. They were able to describe the different types of abuse and the signs and symptoms that may alert them abuse had occurred. One staff member told us, "If something has happened, for example someone has been restricted or talked to nastily; I would always report it to the manager. I've done this in the past with a staff member who used to work here and now they don't work here anymore." The general manager had a good understanding of their responsibility to safeguard people and dealt with safeguarding concerns appropriately.

Accidents and incidents were reported and recorded on the organisation's electronic system. We saw that accident and incident reports were signed off by the general manager to show that they were happy with how the incident had been dealt with and satisfied that any further action needed to reduce future risks had been taken. Accident and incident reports were collated and analysed to identify any patterns or trends. This system ensured that steps were taken in response to incidents to reduce the risk of reoccurrences.

People managed their own finances and there was a safe on site that people could use if they wished. Amounts deposited and withdrawn were documented and signed off. Staff supported people with budgeting where necessary or people managed their own finances independently.

The registered provider employed maintenance staff for general repairs at the service to ensure people were cared for in a safe environment. Checks of the building and equipment were carried out to minimise health and safety risks to people who used the service and staff. We saw documentation and certificates which showed that relevant checks had been carried out on the electrical installation, gas services, portable electrical equipment and the passenger lift. We saw that a fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure that these were in safe working order. Records showed that fire drills were held and during the inspection the fire alarm activated twice. We saw that staff responded calmly and knew how to respond in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) were in place documenting individual evacuation plans for people who may require support to leave the premises in the event of a fire. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as a power cut or if flooding or a fire forced the closure of the service. This showed us contingencies were in place to keep people safe in the event of an emergency.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. Staff files contained appropriate references, proof of their identity and proof that a criminal record check with the Disclosure and Barring Service (DBS) had been undertaken.

There was sufficient staff on duty to meet people's assessed needs. Staff were not rushed and were available to support people when needed. One staff member told us, "We have three staff on 12 hours shifts and one on a six hour shift each day. There are similar staff levels on a weekend and it's much quieter. The team leader manages the shift and support staff are delegated their duties." The general manager told us they were in the process of recruiting a housekeeper and the service currently employed 13 permanent staff. The sample of rotas we looked at showed us sufficient staffing levels were maintained.

Medicines were managed and stored safely. Medicines were stored in a lockable trolley that was secure. People said that they were happy with the way their medicines were managed. Medicines had been ordered and checked when they were delivered. Clear records were kept of all medicine that had been administered. The records were up to date, had no gaps and provided an audit trail of the medicines administered. Staff carried out regular checks of the medicine stocks and records. Unwanted medicines had been disposed of safely in line with guidance.

Staff had been trained in medicine management and had a good understanding of people's medicines and

what they were for. People had been assessed to see whether they could administer their own medicines and were supported to take as much control over their medicines as possible.

Good

Is the service effective?

Our findings

People told us they thought the staff had the right skills to support them. One person said, "Yes I do think they [staff] have the skills." Health professionals told us, "Staff provide and assist in maintaining dietary requirements (e.g. religious requirements) they also have a resident that was referred from our service who is restricted to a wheelchair. They made every effort to cater for their needs during this time. I am happy to say they are doing very well there and previous establishments have not been successful" and, "Without doubt they [staff] have the skills. Staff are always interacting with people. Staff are very tolerant. [Name] has been to a few homes and has really settled here. They [staff] always inform us if someone is not well and we work together."

The registered provider had an induction and training programme to support staff to gain the skills and knowledge needed to provide effective care and support. However, in the three staff files we looked at, we saw inductions had been started when staff were employed, but none of these had been completed. We discussed this with the registered manager and general manager who agreed to address this.

The registered provider had a supervision and appraisal policy and staff files showed that staff had regular supervision meetings to discuss their progress, share any issues and concerns and consider training needs. Staff we spoke with confirmed that they had supervisions and that they felt supported to develop in their roles.

Staff told us and records confirmed they received on-going training in the essential elements of delivering care such as; moving and handling, medication, safeguarding, food safety, infection control, basic life support, fire safety, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). Staff also received training specific to the needs of the people who used the service such as Autistic spectrum disorder, learning disabilities, suicide prevention/self-harm, the Mental Health Act 1983, and 'Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention' (PROACT-SCIP). One member of staff said, "PROACT-SCIP is learning about body language, stance, reassurance and commands. For example, [Name] has autism and responds better to direct instruction other than negotiation and will then be more likely to engage in conversation with you. [Name] we can help with re-direction and talking about plans for the day and a change of subject." Another staff member told us, "We are always learning new skills and training which allows us to continually improve."

In addition, the service had champions for dignity and infection control. These champions acted as a source of expert knowledge in their field and ensured that care followed best practice advice.

We saw that there was good communication and information sharing between the management team, the staff and people that used the service. Communication methods included daily diary notes, telephone conversations, meetings, notices and face-to-face discussions.

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 make particular decisions, any made on their behalf must be made in their best interest 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 interest and legally authorised under the MCA. The application for these 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. At the time of our inspection, nobody who lived at Bowden House was subject to a DoLS authorisation because nobody needed one.

Everyone living at Bowden House had capacity and was involved in their Care Programme Approach meetings (CPA) which a health professional told us were held every six to nine months. The CPA is used to plan people's mental health care. Being on the CPA meant that people had a care coordinator. A care coordinator might be a social worker or a community psychiatric nurse (CPN). A health professional told us, "Our team does the referrals and we do a CPA where all the risks are looked at."

People told us staff routinely sought their consent. We observed that staff routinely asked for people's consent before giving assistance and waited for a response. Support plans also showed that people's consent to care and treatment was sought across a range of areas, such as for photographs, information sharing and treatment.

People told us they were involved in decisions about their care. Records reflected that people's views were sought and this was documented in their care plans. One person said, "[Name of staff] is my key worker. I get asked by her if I want to be involved but I'm really not bothered."

People were involved in decisions about what they ate and drank. Staff purchased weekly shopping for the whole house. People said there were good choices in what the staff bought and they were able to make suggestions as well. People said they liked being able to make decisions about what they ate and drank. One person told us, "The food is good. They [staff] are doing spaghetti bolognese today, but I don't like it so I will have something different later." Another person told us food was discussed in the residents 'Your Voice' monthly meetings and they went on to say, "Someone [staff] comes round with a piece of paper and we choose one choice we would like each." We saw a menu board in the dining room that included the choice of evening meals for the day. People told us they prepared their own lunch and breakfast and we saw there was a small dedicated area in the dining room that had tea/coffee making facilities and supplies for breakfast such as cereals.

A health professional told us staff encouraged people to maintain a healthy and balanced diet. They said, "People have a great choice of foods and they can choose what they want. They also have a great choice of fresh fruit and vegetables." Staff told us they made healthy suggestions when putting the shopping list together. One staff member told us, "We try and promote healthy eating and we provide a wide range of fresh fruit and vegetables and we also have cultural options for people and we buy certain foods to support people with this."

People's health needs were met. The staff worked closely with healthcare professionals including the community mental health team, care coordinators and people's GPs. Staff told us about people's health conditions, such as diabetes and how they supported people to manage them. One staff member told us, "The majority of people are able to tell us if they have concerns with their health and if they require a GP. People have reviews with their GP annually and [name] sees a diabetic nurse. People see the dentist and SORT (Sheffield outreach team) are really good at supporting us with substance and alcohol misuse." A

health professional told us, "They [staff] continue to maintain contact with our service and make sure they are meeting the requirements that the resident needs. They attend all meetings that the resident has with services which are extremely beneficial."

Good

Is the service caring?

Our findings

People told us staff were kind and caring towards them. One person said, "It is brilliant here; I have never known a place like it. I get on well with all the staff." A health professional told us, "It's better than a hospital, it's just like a home."

Staff knew the importance of building positive relationships with people. One person said, "[Name of staff] has been great. My [relative] is unwell at the moment and staff are supporting me to visit him." The person went on to tell us, "I have really built relationships with people here."

People spoke positively about staff and the support they were given. One person told us, "I always know support is there if I need it." A health professional told us, "Staff are extremely welcoming and they [staff] will do anything to help people to improve. If I had a relative with mental health issues I would be more than happy for them to be here."

One person who used the service showed us a notice board in the dining room which contained information on safeguarding, whistleblowing and advocacy. They told us, "This shows you what to do if you think there are any concerns and who you need to contact. They [staff] keep us up to date with advocacy service for Rotherham and Sheffield and there are leaflets. There is enough information to keep us informed."

People were comforted when they were distressed or upset. We observed one person became very distressed during the inspection and staff responded positively and with compassion, offering the person comfort and support to help them cope with their issues.

People felt listened to. We spoke with a person about the support staff gave them to make decisions. The person told us, "I know I am in control to a point where I know I'm going in the right direction. They [staff] put up with a lot and they stand up for what's right and do what they can to help us."

We observed that staff approached people with respect and concern for their dignity. Staff told us that they respected people's right to privacy and dignity and we observed that they spoke using a kind tone of voice, listened to people and supported people discreetly and in a way which made them feel comfortable. Support plans contained instructions for staff on each person's needs in relation to emotional support. A health professional told us, "Each or my clients receive a single room with on-suite facilities. They are also offered space to speak privately should they require. All religious and cultural beliefs are respected and catered for."

People were supported to develop their independence and living skills. One person told us, "I vacuum my own room and bring my washing down" and another said, "I try to be independent and do my own washing and ironing. I'm working towards trying to manage my own medicines and I need to get approval from my psychiatrist. I would like to get my own place." Staff members told us, "We provide people with the skills to live independently eventually. For example, we will provide the evening meal, but for lunchtime we will prompt people by asking them if they have had their lunches. We will ask people if they are going to do their

laundry and give people advice on social skills and appropriate manners when out in the community" and, "[Name] would never have made themselves something to eat and now they do and [Name] can now look after their own continence independently."

People were involved in the day to day life of the service and we observed almost all people chose to spend their time in the communal areas or on outings rather than in their rooms.

People were involved in their support plans, and supported to make choices and decisions about their care. They were consulted at reviews and at other times when relevant. Evidence for this was provided in support plan documents, meeting minutes and daily notes.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said, "I am currently managing my own medicines and staff are helping me with this." A staff member told us, "One person was forgetting when they could have their alcohol so we made them a card with the times on and they keep one in their room and one in their pocket." We observed people regularly coming into the office to speak with the general manager during this inspection and these requests were always responded to promptly.

We saw staff completed check lists/task lists and discussion sheets during each shift and these included the checking of support plans, activities, any accidents/incidents and medical appointments. This system ensured that care staff had up-to-date information enabling them to provide responsive care as people's needs changed.

The service held a regular 'Your Voice' meeting which was specifically for people who used the service to air their views. Staff supported people to give their views, minutes were taken, and actions were recorded when people had identified required improvements. For example, we saw a new cooker had been requested and this had been purchased, delivered and was awaiting fitting on the day of this inspection. We also saw that one person using the service had agreed to be a representative at the organisations regional 'Your Voice' meetings.

People's needs were assessed before they came to live at the service, to see if their needs could be met. People's needs were discussed with them and a support plan put in place which we saw consisted of three different files that held personal, health and medical and financial information.

Staff understood people's care and support needs well. This was reflected in detailed support plans and individual risk assessments. People had individual support plans which gave staff information about how to support them in a personalised way. People were fully involved in writing and reviewing their support plans. Staff told us, "People have input in their support plans. I am keyworker for [Name] and they choose not to sign theirs, but [Name and Name] read theirs." Support plans and risk assessments were reviewed every month or sooner if needed so they were up to date.

One member of staff gave us an example of a person who had a history of alcohol misuse. They described how they worked with the person to establish a relationship so they could support them. They told us, "We spoke to the person and asked them what we can do to support them. We built a new support plan and included their alcohol consumption and we did it all together."

People's support plans were personalised to them and reflected the care they received. Support plans had the person's photograph, details of their interests, hobbies and information about their physical and mental health needs. Support plans were detailed and showed people's contribution to their own care and support. For example, we saw one person's support plan for personal care recorded, 'I do require some help. I can wash my front when showering and need support to do my back.' Each section of the person's support plan included their aims and objectives.

We saw from records that people's views were sought and recorded in their support plan when reviewed and their support needs were discussed with their key worker monthly.

People who were subject to community treatment orders (CTO) understood their plans. A community treatment order is an order where a person can leave hospital and live in the community under certain conditions. The conditions are put in place to help the person stay well. People who were subject to a CTO were complying with their orders with staff support.

People were supported to follow their interests and take part in social activities. For example, people told us they liked watching films and TV. They told us, "I get asked by [Name of staff] if I want to do activities, but I'm not bothered. They [staff] offer activities all the time, like today there is a Halloween party, but I'm not going." Staff we spoke with gave examples of how they supported people to pursue social activities. One member of staff said, "People discuss activities at the 'Your Voice' meetings and decide what they want to do. There is always some sort of interaction every day and people go off to [Name of shopping centre] and on bike rides. On an evening there is usually some more person centred activities such as [Name] likes to go to the cinema or we will have a movie in house with sweets. [Name] likes to go to McDonalds and we do this in their one-to-one hours."

Policies and procedures were in place for receiving and dealing with complaints and compliments in an easy read format. Easy read refers to the presentation of text in an accessible, easy to understand format. The policy described what action the service would take to investigate and respond to complaints and concerns raised. Staff told us that if anyone complained to them they would notify the manager or team leader in charge to deal with the issue. People felt that they could approach the general manager or any staff member with any complaint or issue they had. One person said, "I would make a complaint if I had to." We saw a record of complaints and the outcomes with timescales to monitor how these were managed. When people made a formal complaint, we saw the general manager had informed the person of the results of their investigation.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who oversaw the service and five of the organisations other services. The general manager was responsible for the daily operation of Bowden House and worked closely with the registered manager to provide an efficient and responsive service. The general manager told us that they received good support from the registered manager.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff felt very supported by management. One member of staff said, "I get a lot of support from the managers and you feel like you don't have to worry." Another member of staff told us, "I feel [Name of managers] would respond and listen to anything we had to say. We can contact [Name of registered manager] at any time. Staff morale has really improved as we are given information in a clear and consistent way." Staff files contained documentation which detailed regular supervision and appraisal. Staff told us they received positive feedback, encouragement and motivation from their managers. One member of staff said, "[Name of general manager] always praises you, she is really good and knows what she is doing. At Christmas the organisation are giving us ten pounds for a meal." Staff's opinion of management demonstrated a culture which supported staff with an open door policy.

The general manager held regular staff meetings so staff could talk about any work issues. We saw the last staff meeting was held in September 2016 and topics discussed included what the service had done well and what they needed to do better, people supported by the service, health and safety, policies and procedure updates and organisation updates. Care staff we spoke with confirmed this, one staff member said, "Staff meetings are usually every month and they are good. There is an agenda and we always talk about last month's minutes. We get praise for completing records and talk about the people using the service." This showed us the registered provider was using staff meetings to discuss information with care staff and to support improvements within the service.

We observed staff spoke to each other and to people who used the service in a respectful and kind way. Staff knew about the vision and values of the organisation which were based on supporting people to reach their full potential. People were actively involved in improving the service they received. There was a culture of inclusion with everyone taking a role in the running of the service. The general manager made sure people had a say about the service through the monthly 'Your Voice' meetings and the majority of people took part in cooking and cleaning at the service.

Meeting minutes showed that various topics were discussed and people were notified of arrangements of activities, safety, maintenance works, food and drink and the environment. The general manager also distributed questionnaires yearly to gain feedback on the service from people, relatives, visitors and other

health professionals. They used information from these questionnaires to see if any improvements or changes were needed at the service. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

Systems were in place to monitor the quality of the service. We saw that the registered provider had a comprehensive quality assurance framework in place. As part of this, the registered manager carried out or had oversight of a range of audits to ensure that the service provided people with safe and good quality care. Checks were carried out and included audits of safeguarding, medicines, infection control, complaints, supervisions, staff rotas, risk assessments and support plans. For example, a weekly audit of medicine stock was carried out to ensure medicines were safely stored and accounted for. These audits were reviewed by the registered manager. If any anomalies arose, these were addressed by the registered provider. This was to ensure the quality was maintained and improved.