

Leeds City Council

Richmond House

Inspection report

Richmond House
Richmond Road
Farsley
Leeds
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Website:

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

The inspection took place on 03 November 2015 and was unannounced. We carried out an inspection in May 2014, where we found the provider was meeting all the regulations we inspected.

Richmond House is a 20 bedded rehabilitation and respite unit. People stay at the service for a short time, which is usually between two and six weeks.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). 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.

We found there were not always appropriate arrangements for the safe handling of medicines. The

Summary of findings

service delivery manager and deputy manager told us they would review the medication process. People told us there was not much to do and we saw activities in the service were limited.

People's needs were assessed and care and support plans identified how care and support should be delivered. People we spoke with told us they were very happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices.

People who used the service told us they felt safe with the staff and the care and support they were provided with. We found there were systems in place to protect people

from risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005.

People were cared for, or supported by, sufficient numbers of suitably qualified, experienced and trained staff. Staff received support to help them understand how to deliver appropriate care. People told us they got the support they needed with meals and healthcare.

The service had good management and leadership. Systems were in place to monitor the quality and safety of service provision and we found there were appropriate systems in place for the management of complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found there were not always appropriate arrangements for the safe handling of medicines.

People told us they felt very safe. Staff knew what to do to make sure people were safeguarded from abuse. Individual risks had been assessed and managed to ensure people's safety.

There were enough skilled and experienced staff to support people and meet their needs. We saw the recruitment policies and procedures were available for staff to follow.

Requires improvement



Is the service effective?

The service was effective in meeting people's needs.

Staff training and support provided equipped staff with the knowledge and skills to support people safely. Staff completed an induction when they started work.

People consented to their care and support. The management team and staff understood their responsibilities in enabling people to make their own decisions.

People enjoyed their meals and were supported to have enough to eat and drink. People received appropriate support with their healthcare.

Good



Is the service caring?

The service was caring.

People were very happy with the care and support provided to them. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff were confident people received good care and their individual needs were met well.

Good



Is the service responsive?

The service was not always responsive to people's needs.

There was no opportunity for people to be involved in activities within the service.

People's care and support plans contained sufficient and relevant information to provide consistent, person centred care and support.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Requires improvement



Summary of findings

Is the service well-led?

The service was well led.

Staff told us the manager was supportive and well respected. The provider had systems in place to monitor the quality of the service.

People who used the service, relatives, staff members and health professionals were asked to comment on the quality of care and support through surveys and meetings.

There were effective systems in place to monitor and improve the quality of the service provided.

Good



Richmond 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 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 03 November 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience who had experience of people requiring rehabilitation. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 16 people living at Richmond House. We spoke with seven people who used the service, three relatives, six staff, deputy manager, the registered manager, principal service manager and the delivery service manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at two people's care and support plans. We looked at three people's medication records.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Medicines were kept safely. The arrangements in place for the storage of medicines were satisfactory and the room in which the medicines were stored was tidy. The room and fridge temperatures were recorded daily and these were maintained within the recommended safe temperature range.

People told us they felt able to make some decisions about their medication. One person said, “They were very good and changed the time I take my pain killers. At home, I take them early so that I can get up and be alright to look after my wife. Here, they had them down for later in the morning so that wasn't good for me. It was quickly changed when I explained.” Another person said, “Some things you have to take when they bring them but I can choose when I take pain killers so that I am most comfortable.” A third person said, “You have to have your insulin at regular times and I don't take anything else.” We saw staff explaining to people what their medication was for during a medicine round.

We saw people's medication administration records (MAR) had a photograph of the person along with any allergies they may have and their medical history. The last section of the MAR contained information specific to how people should be offered their medication, however, this was not always personalised. We saw a list of medications at the front of the MAR folder and this explained when some medications needed to be taken. For example, *Larsoprazole* needed to be taken 30 to 60 minutes before food.

The MAR and controlled drugs records were completed and no gaps were noted. We looked at medication stock and records relating to controlled drugs. We found it was not possible to account for all medicines, as staff had not always accurately recorded when new medicines were received and the number of medicines in stock was not being recorded. The deputy and service delivery manager told us they would address this immediately.

Some people were prescribed medicines to be taken only ‘when required’, for example, painkillers. Staff were able to explain why and how they would administer the medication. However, there was no guidance in place for staff to follow if needed. We also noted one person had

been prescribed codeine phosphate to be taken four times a day ‘when required’, but we saw this was not been administered as a ‘when required’ medication. The deputy manager told us they would contact the GP to address this.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map. However, we saw one person had been prescribed *Piroxicam* gel to be applied three times a day. We saw the staff had completed three ‘cream application records’ but the instruction on each sheet were not consistent and the prescriber's instructions were not followed.

We saw weekly checks of people's medication were carried out by the registered manager. However, the last one we saw was dated 09 September 2015. Following out inspection we received a copy of the latest ‘weekly audit of MAR charts and medicines checked’, which was dated 20 October 2015. We saw actions had been identified but it was not clear if the actions had been completed or who was responsible for the completion. For example, one person was using a cream but there was no TMAR in place. There was no record if this had been rectified. This audit had also identified the issue with the person's *Piroxicam* gel which we found on the day of our inspection.

People we spoke with told us they felt safe in the service and did not have any concerns. One person said “Oh yes, we're safe in every way.” Another person said, “Well, it had never crossed my mind but now you ask me, yes I think everyone is very safe here. Staff always make sure you get any assistance to ensure you're safe.” One relative we spoke with said, “I know how much care they take to keep people safe. I've watched them when they are lifting or assisting people. They really look out for everyone.”

Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. They told us they had received safeguarding training. The staff training records we saw showed staff had completed safeguarding training in 2015.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We saw contact numbers for the local safeguarding authority to

Is the service safe?

make referrals or to obtain advice were available in the office area. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We observed staff undertaking their duties throughout the day and we found people who used the service received the care and attention required to meet their individual needs. Staff we spoke with told us they thought there were sufficient staff on duty to meet the assessed needs of the people who used the service. One staff member told us, "There is always four on and we get agency to cover holidays." Another staff member told us, "There is no waiting if people want to go to the toilet."

Some people we spoke with felt there were sufficient staff to meet their needs but some thought there was a staff shortage. One person told us, "I've never had cause to think there's no one here to help." Another person told us, "There are enough but fewer at night so maybe there should be more then but it's never caused me a problem." One person said, "Some parts of the day there are enough but the worst time is bed time. Everyone wants help at once." Another person said, "Generally I would say they are short staffed and sometimes you wait a long time for your turn. Staff do respond to your call and they do tell you how long you'll have to wait."

We looked at the staff duty rotas and saw the agreed staffing levels within the service were being complied with, and this included the skill mix of staff. Staff told us where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or they used the same agency staff. This ensured there was continuity in service and maintained the care, support and welfare needs of the people who used the service.

Care and support plans we looked at showed people had risk assessed appropriately and these assessments were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover activities, health and safety issues and the environment. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw people had personal emergency evacuation plans which identified individual moving and handling needs should the building need to be evacuated in an emergency and staff had access to these. However, we saw these were not always signed and dated and the plan stated, 'reviews to be held at least six monthly' but people did not stay for this length of time.

We saw the service's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We asked the service delivery manager about reporting health and safety concerns where equipment was broken. They told us faults were reported to the maintenance department and were addressed as soon as possible.

We asked the service delivery manager about new members of staff. They told us they had not recruited any new staff for some time. We looked at the recruitment and selection policy and procedure for the service, which included pre-employment checks, what checks need to be undertaken, using references and probationary periods. This helped to ensure people who lived at the service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We noted the service was generally well decorated, odour free and clean throughout. People's bedrooms were spacious, bright and well-equipped.

Is the service effective?

Our findings

People we spoke with said staff knew how to care for them and had the right skills and abilities to do their jobs. One person said, “Yes, most of them do. Agency staff can be a problem. They don't always know how to do what I need them to do and that can be embarrassing at night.” Another person said, “Yes, they do know how to look after me. I wish I could have come straight here instead of having five terrible nights in hospital.” A third person said, “Yes and if they're not sure or don't know, they'll get a nurse.” One relative we spoke with said, “From what I see, yes they do. The staff use each other's skills.”

Staff we spoke with told us they had completed training in 2015, which included moving and handling and first aid. One staff member told us they were due to attend safeguarding refresher training soon. One staff member told us, “I feel I get enough training to do my job.” We looked at staff training records which showed staff had completed a range of training sessions in 2015. These included infection control, fire awareness and safeguarding.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with said they had regular supervision and appraisal which gave them an opportunity to discuss their roles and options for development. We looked at staff records which confirmed staff received supervision and appraisal several times a year.

Staff undertook an induction programme, shadowed senior staff and attended all mandatory training before commencing work. Staff could also ask for additional support, or extra time shadowing experienced care staff if they felt they needed it.

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The staff we

spoke with told us they had completed MCA training and the records we looked at confirmed this. One staff member said, “It is important people can make their own decisions and find ways to communicate.”

We saw people had signed consent to record information during their assessment and to share this information with others involved in their health care. Everyone told us their consent was sought by staff before any intervention or provision of care and/or support. One person said, “Well it's all done in a very friendly way but they always ask you.” We saw staff gave an explanation to people and waited for them to respond before they helped them to undertake care or support tasks.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was no-one subject to a DoLS authorisation. They told us if this changed they would work with and seek advice from the local authority.

People we spoke with told us the food was nice and they had choice. One person told us, “Mealtimes here are very pleasant. I'm surprised how much choice you get and they'll oblige you if you want something else. It's always hot and you're offered seconds if you want them.” Another person told us, “Lunches are really good. You get choice of a cooked breakfast every day. The dining room is lovely. You get lots of drinks and biscuits through the day, whenever you want them really.” One person said, “The meals are fine but perhaps a bit too close together. There could be more choice occasionally but it's hot and fresh and you can always have more.” Other comments included, “It's social enough. Lunchtime is very close to breakfast. Tea time is 16:30pm so it's a long time to breakfast. You get plenty to eat and my dietary needs are very well accommodated” and “If this was a hotel and this was the restaurant, I'd go there for my meals and be happy to pay. It's first class. There's a nice friendly atmosphere. There's plenty of choice, the menu is excellent, and you can make your own healthy choices from it. The food is always hot and the portion size is right. You are always offered second helpings.”

Is the service effective?

Staff we spoke with told us, "People say they enjoy the food." Another staff member told us, "The food is really nice and we make sure juice is available." A third staff member said, "There is not normally much waste."

We spoke with two staff members who worked in the kitchen. One staff member told us they always had enough food and fresh vegetables and alternative meals were available if people did not want what was on the menu. One staff member said, "I wouldn't give anyone here anything I wouldn't serve my family. I'll gladly do whatever I can that they'll enjoy if they don't fancy what's on the menu that day." The second staff member told us, "I've been baking this morning. All the cakes are homemade and go down very well. There's homemade soup to accompany sandwiches most evenings for tea and that's popular. The only day it may not be homemade is a Tuesday as we get our fresh veg delivery Wednesday morning." We saw the menu was written on a board in the dining room which displayed the meal options been served. However, this was not easy to read due to hand writing.

We saw lunchtime was a very sociable occasion in a very pleasant dining room. Tables were nicely set with condiments, place mats, glasses for juice or water and cups and saucers for tea or coffee. There were artificial flowers on the tables. People sat at tables for four and were asked where they'd like to sit. The food looked hot, fresh and appetising with a choice of roast beef and Yorkshire pudding with cauliflower cheese and peas or lentil curry and rice plus the vegetables.

Desert was ground rice with jam or trifle. There was also fruit, yoghurt and ice cream available.

People were offered the choice and were shown the food if not sure. There was very little waste and many sounds of appreciation for the meal. Second helpings were offered and some people tried both main courses. Assistance was offered discreetly and some people were either offered or requested aprons, these were fabric and subtly coloured. There were cold drinks freely available in communal areas and coffee/tea areas for people and their relatives to help themselves to a hot drink.

People told us they could see health professionals as and when required. They were seen on a regular basis whilst residing in the service, because of its function, by either the GP or the consultant. There were occupation therapy and physiotherapy services on site. People said they could address any health issues with any of these or the care staff in the service.

Members of staff told us people who used the service had regular health appointments and their healthcare needs were carefully monitored. We saw people care and support plans contained information regarding moving and handling assessments and healthcare reviews.

We spoke with one of the physiotherapists who told us they measured people's physical, emotional and cognition when they come to the service and again when they were ready for discharge. They said they held multidisciplinary meetings twice weekly to discuss people's healthcare needs. They said, "It is a brilliant example of how Leeds healthcare services and Leeds City Council work together well. We work together as a team and the person is central. We look holistically at the person's needs including diet, mobility, medication, home life and communication."

Is the service caring?

Our findings

People we spoke with told us they liked the staff and felt comfortable with them and were happy at Richmond House. One person said, “The service is excellent, it's first class here.” Another person said, “I'm quite happy with the service here. It was recommended and I was right to come here.” One person told us, “Very much so. I've never had any reason to criticise or complain.” Another person told us, “Yes, they're very good. They have their moments but that's understandable considering the pressures they're under.” One relative told us, “We're very happy with how things are here and the care [name of family member] receives.”

We noted there was an open and friendly atmosphere throughout the service with many examples of very good interaction between staff and people. We saw the interactions between staff and people were unhurried, friendly and sensitive. We saw people were well dressed and well groomed. People told us what they thought about the attitude of the staff and comments included, “They are always polite and respectful, very kind”, “You can't take exception to any of them”, “Excellent with one or two being better than others”, “Brilliant, 110%. They're absolutely lovely” and “After a long and painful journey I had a very good reception from the staff when I arrived here. They couldn't have been nicer or kinder.” One relative told us, “The staff seem very welcoming and friendly. They know everyone here very well and they always seem to have fun with them.” One staff member told us, “People are well looked after.” Another staff member said, “We give quality care and meet people's needs. We do not rush people to bed on a night and people have choice.” A third staff member said, “Care is really good and we maintain independence with personal care needs.”

People told us staff went out of their way to ensure they understood anything they told them or information/instructions they needed to pass on to them and continued to check they were happy with anything new or unfamiliar. One person said, “Things are communicated very, very

clearly.” Everyone told us staff always treated them in a kind and compassionate way and they felt staff listened to them and acted on what they said. One person said, “They're definitely kind and caring. You feel like part of the family.” Another person said, “I can't say a word against the staff. I have no hesitation in saying they listen to what you say and act upon it.”

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were fairly spacious and allowed people to spend time on their own if they wished. People said they could make their own choices about care and day to day events. One person told us, “You get the required support for making your choices. You get as much information as you need.” Another person said, “The staff are brilliant. They explain everything and you can then make your choices when there are alternatives. I feel that of course I make all my own decisions. Naturally I take advice from the experts on that.”

People said staff protected their privacy and dignity and helped them maintain their independence. We saw staff were very discreet when addressing personal care issues with people. One person said, “I'm able to do what I want at the pace I want to, not like in hospital.” Another person said, “If you want someone to help they're there but if not they'll let you get on with what you want to do.” A third person told us, “They let me do as much as I can unless they think I'll do myself harm.”

Staff had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. Staff gave examples of how they maintained people's dignity. One staff member told us, “I treat people how I would like my parents to be treated. I would close the door and the blinds.” Another staff member told us, “I wait outside the toilet door.” One staff member said, “I always knock on people's doors and ask it is ok to help them.”

Is the service responsive?

Our findings

We saw the list of activities displayed in the entrance to the service, which included dominos, bingo, quizzes, gentle exercise, sing-a-long and drinks and nibbles group. The service delivery manager told us the service did not employ an activity co-coordinator. We saw people spending time in their rooms or in the lounge area. We saw the TV in the lounge was on the wall and this could not be seen by people unless they were sitting opposite it.

The service user guide dated August 2015 stated 'we want to help our service users to realise personal aspirations and abilities in all aspects of their lives. We seek to assist this in the following ways. Providing a range of leisure and recreational activities to suit the tastes and abilities of all residents and to stimulate participation'. It also stated 'we try to help clients to continue to enjoy as wide a range of individual and group activities and interests, we have keep-fit, sessions, planned entertainers, we hope that friendships among clients will develop and that clients will enjoy being part of a community, we have a conservatory where cards games can be enjoyed away from the television. Books and jigsaws are available. Information station with information on the community is available and to assist with the home's social programme we have daily activity programme'. We did not see any real or meaningful activities taking place and the activity schedule for the day was not carried out.

One person we spoke with told us, "There are no pastimes going on. Mostly people sit and watch TV. That's the only thing, there's nothing to do." Another person told us, "I don't know what goes on. I like dominoes but there's no one to play with." A third person said, "I think there are some activities but the staff are so busy they haven't time to do anything. My problem is boredom."

We saw visitors were coming and going freely and people told us their visitors could come at any time. There was a notice in the reception area advising visitors of times to avoid where possible.

We spoke with the service delivery manager about the lack of activity and they said they would look at this.

People had their needs assessed before and when they moved into the service. Staff members told us basic information was obtained on the person's arrival at the service and then further assessments were carried out by

the on-site intermediate care team. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care and support. This ensured the service was able to meet the needs of people they were supporting.

People received care which was personalised and responsive to their needs. Staff demonstrated a knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. Staff told us the care and support plans were reviewed on a regular basis as meetings were held each week with the intermediate care team and the consultant which ensured people's changing needs were met. One person who used the service told us, "I couldn't be happier with the way I'm looked after. I'm spoilt." Another person said, "I just feel so much better, even though I've been sick, since I got here. Just the way they know how to look after you properly."

People told us they had been involved in developing their care and support plans and in reviews of them. They felt they had been listened to and their needs were a priority. All said the care and support plans met their current needs and if any adjustments were made then they were involved in that. One person told us, "I'm fully involved." Another person said, "They bring my wife into the discussions, she's not left out." A third person said, "I do have one but don't know what's in it. It would be good if they shared that with you. I need a bit more information about the future plan of care." One relative told us, "We've been kept involved in the discussions." Another relative said, "I'm kept informed about what's happening but sometimes I have to go and see them to ask where we're up to. At the moment I think we're waiting for results but I don't know what happens next. I'll have to see someone today." A third relative told us, "They made changes to the care plan to reflect [name of family member]'s medication needs so I know it's used to keep everyone informed."

People we spoke with told us they had no complaints. People said they felt they could approach any member of staff with a concern and it would be taken seriously. One relative said, "I was concerned about something and came in to discuss it. It was the weekend but it was sorted out immediately which I thought was very good."

We looked at the complaints records and were able to see a clear procedure that had been followed when complaints had been investigated. There was information recorded

Is the service responsive?

about the outcome or actions taken. We also saw the complaint information was reviewed on a monthly basis, which helped the service make improvements were necessary. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We

noted the complaints policy and procedure was in each person bedroom and gave a step by step guidance on how to make a complaint and the procedure the service followed when managing complaints.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who was supported in their role by a deputy manager. We were told the deputy manager was on site on a full-time basis. The registered manager was currently managing another Leeds city council service. A registered manager from another service was temporarily providing managerial support to Richmond House. Observations and discussions confirmed the deputy manager had good knowledge of people who used the service, their families and their individual needs. We also saw staff attending the office, appeared to have a relaxed and friendly relationship with the deputy team and the service delivery manager.

We asked people about the atmosphere in the service. One person told us, "It's very, very good. It's like a home from home." Another person told us, "It's a nice atmosphere but lots of people are asleep." Other comments included, "I would say it's excellent. Well planned, kept clean all the time, well maintained and well managed" and "It's first class in every respect. It's a hotel. It all feels open and honest here." We saw staff wore different uniforms and one person told us, "Maybe they could be slightly better at introducing themselves and their roles because it's quite hard to understand who does what and what expectations you should have when you first come in."

Relatives we spoke with said, "It's run very well and the people who work here are good and friendly. It's clean and tidy. You feel it's open with no secrets", "Dad has only got positive things to say about what happens here and what it's like to be here" and "You come in and it's clean, it's really pleasant. There's a really nice atmosphere."

Staff spoke highly of the registered manager and deputy manager and said they were very approachable and supportive. One staff member told us, "I love working here. You can see the progress people make and they're happy. It's a great team to work with. Management is really good, very supportive. You feel respected and your contribution is as important as everyone else's." Another staff member said, "I feel supported and it is a good working team. I wouldn't go anywhere else." Other comments included, "I enjoy it", "I like working here, the manager is brilliant. It is a good team and everyone helps each other", "The manager is brilliant, approachable and you can talk about anything" and "People go home different people and the service is excellent for rehabilitation. Everyone gets individual

attention." However, some staff were not quite as positive about the interim manager. Comments included, "They are not really here much", "They are not as supportive" and "Not hardly seen the new manager, not sure she knows my name."

The registered manager and the principal service manager told us they monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and relatives. We saw the principal service manager quality assurance report from October 2015, which included premises and environment, staffing, care plans and planning and performance and quality. We noted the report was based on the Care Quality Commissions five domains of safe, effective, caring, responsive and well-led. We saw the registered manager had carried out daily and weekly tasks, which included spot checks, care plans, rotas, supervisions and finance checks. We also saw there was a schedule of audits that were carried out each month. We saw evidence which showed any actions resulting from the audit were acted upon in a timely manner. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

We saw people who used the service and their family members were asked for their views and opinions about the service through questionnaires. We saw the customer satisfaction survey analysis for June 2015, which showed mostly positive responses. We saw an action plan had been created which included, involvement in care planning and staff pictures. We saw the relatives and friends satisfaction survey analysis for August 2015, which showed positive responses. We saw an action plan had been created which included, activities and staff photo board. The service delivery manager told us the service also asked health professional for their views on an annual basis. We saw the health professional questionnaire analysis for 2014, there were 10 questionnaires sent out with six being returned. The response all rated the service as excellent in all the areas.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service and share good practice. We looked at the staff meeting minutes for July 2015 and saw discussions included duty of candour, training, health and safety and breaks.

Is the service well-led?

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

People told us there was lots of literature and information around the service and in the rooms, telling them about

their rights, making complaints and information on services. We saw there were plenty of information points in the service with literature freely available for people to take away and there was information on the walls in the bedrooms. The information covered topics such as satisfaction, complaints, DoLs, best interests as well as information on health and social care related subjects.