

Heathcotes Care Limited

Heathcotes (Arnold)

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 carried out an announced inspection of the service on 14 March 2016.

Heathcotes (Arnold) provides accommodation and personal care for up to 10 people living with mental health needs and or a learning disability. Nine people were living at the service at the time of the inspection.

Heathcotes (Arnold) is required to have a registered manager in post. 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. At the time of the inspection there were two registered managers in post and a house manager.

People received a safe service. Staff were aware of the safeguarding adult procedures to protect people from abuse and avoidable harm and had received appropriate training. Risks were known by staff and managed appropriately. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. People received their medicines as prescribed and these were managed correctly.

Risks to people's needs had been assessed and plans were place to inform staff of the action required to reduce and manage known risks. These were reviewed on regular basis. The internal and external environment was monitored and improvements had been identified and planned for.

Safe recruitment practices meant as far as possible only people suitable to work for the service were employed. Staff received an induction, training and appropriate support. There were sufficient experienced, skilled and trained staff available to meet people's needs.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People received a choice of meals and independence was promoted. People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

The manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected.

Staff were kind, caring and respectful towards the people they supported. They had a person centred approach and a clear understanding of people's individual needs, preferences and routines. The provider asked relatives and visiting professionals to share their experience about the service provided. Communication between relatives, external professionals and the service was good.

People were involved as fully as possible in their care and support. There was a complaint policy and procedure available. People had information to inform them of independent advocacy services. There were

no restrictions on people visiting the service.

People were supported to participate in activities, interests and hobbies of their choice. Staff supported people with their goals and aspirations and promoted independence.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits.

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.

The provider had systems in place to recognise and respond to allegations or incidents of abuse and these were used effectively. Staff had received safeguarding training.

People received their medicines as prescribed and were managed safely.

Risks to people and the environment had been assessed and planned for. These were monitored and reviewed regularly.

Staffing levels were sufficient to meet people's needs and offered flexible support. The provider operated safe recruitment practices to ensure suitable staff were employed to work at the service.

Is the service effective?

Good ●

The service was effective.

Staff received an induction and ongoing training that was relevant to people's needs. Staff received appropriate and regular opportunities to review their work, training and development needs.

People's rights were protected under the Mental Capacity Act 2005.

The provider ensured people maintained a healthy and nutritious diet. People were supported to access external healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and compassionate. Staff were given the information they needed to understand and support the people who used the service.

The provider had ensured people had helpful and important information available to them such as independent advocacy and support services.

There were no restrictions on friends and relatives visiting their family. Staff asked people about their preferences and respected people's choices.

People were supported to remain independent.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was individual to their needs, preferences and routines. Staff supported people to pursue their hobbies, interests, goals and aspirations.

People were supported to contribute as fully as possible to their assessment and in decisions about the care and support they received.

A complaints policy and procedure was in place.

Is the service well-led?

Good ●

The service was well-led

The provider had systems and processes that monitored the quality and safety of the service.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

Heathcotes (Arnold)

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 2016 and was announced. We gave the provider 24 hours' notice because the needs of people at the service meant that arriving unannounced may have caused them distress and anxiety.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals, the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

The inspection team consisted of one inspector and a specialist learning disability community nurse advisor with experience in both mental health and learning disabilities.

On the day of the inspection we spoke with four people who used the service. Due to people's communication and mental health needs their feedback about all aspects of the service was limited in parts. We also used observation to help us understand people's experience of the care and support they received. We spoke with one of the registered managers, a service manager for the organisation, a team leader, an acting team leader and two support workers. We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted three relatives for their feedback about the care and support their family

member received.

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. People we spoke with who used the service told us that they felt safe where they lived. One person said, "I feel safe there is always staff here if you need them." Relatives also expressed their satisfaction that people were supported safely, and appropriate action was taken when concerns were identified. One relative told us, "I've never had any concerns about safety."

Feedback from a healthcare professional was positive about how people's needs were managed safely. They said, "All in all I feel confident that the home is managing to implement care plans and manage the person I support with their behaviour, which is at times very challenging."

Staff demonstrated they were aware of the signs of abuse and what their role and responsibility was in protecting people from abuse and avoidable harm. This included recording and reporting any concerns to the team leader or registered manager. One support worker said, "We all know what action to take including who to contact if the manager isn't here. There are safeguarding incidents but they're managed effectively." Staff showed an understanding of how to deescalate situations where people were getting into conflict with each other. Staff also told us that they had access to the provider's safeguarding policy and procedure and had received safeguarding training.

We were aware of the action taken by the registered manager's in response to concerns, allegations and potential safeguarding risks. This included informing external agencies and CQC, and working with the relevant organisations responsible for investigating safeguarding allegations. Whilst we were aware of the high number of safeguarding incidents reported and acted upon in the last 12 months, these had been managed effectively with the involvement of health and social care professionals.

Our observations found that the atmosphere was relaxed and calm; staff were attentive to people's needs and responded quickly and appropriately if people became anxious.

Risks to people's needs had been assessed and planned for. People told us that they felt involved with discussions about how any risks associated to their needs were managed. One person told us how they had 'trust time' which referred to time when they accessed the community independently. They said that potential risks had been considered and discussed with them and measures had been put in place to reduce and manage risks that they had agreed to. They said, "I say where I'm going and what time I'll be back, if I'm running late I use my mobile and tell the staff." A relative told us, "We're aware of what risk plans are in place for [name of family member] they're there to protect them."

People's care records included risk plans that advised staff of how to manage and reduce any risk to people's safety as far as possible. Staff told us that they found risk plans informative and provided appropriate guidance and support. External healthcare professionals had also been involved in discussions and decisions about managing known risks. This told us that people could be assured that their individual risks were known, understood and as far as possible had been planned for.

Personal emergency evacuation plans were in place in people's care records. This information was used to inform staff of people's support needs in the event of an emergency evacuation of the building. This told us that staff had information available of the action to take if an incident affected the safe running of the service.

The internal and external of the building was maintained to ensure people were safe. For example, weekly testing of fire alarms were completed, and records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals. The environment was clean and tidy and well maintained.

There was sufficient staff deployed appropriately to meet people's individual needs and keep them safe. People were positive that there were staff at all times to support them. One person said, "I'm not worried about not having enough staff around, there's always plenty here." Relatives were positive that there were sufficient staff available to meet people's needs. One relative told us, "We visit regularly and there is always a good staff ratio on at any given time."

Support workers told us they felt adequate staff were rostered on duty to meet people's individual needs. Some people had needs that required them to have additional staff support. Support workers confirmed that people received the level of support they had been assessed as required. Due to people's complex needs consistency and continuity from regular staff was important. Any shortfalls to cover staff sickness, holidays or vacancies were covered by staff at the service or bank staff employed within the organisation. The registered manager told us that staffing levels were regularly reviewed and were flexible to ensure there were always appropriate staff on duty to meet people's individual needs.

From our observations and by looking at the staff roster and records, we concluded that people had their individual needs met. There were sufficient skilled and experienced staff available and we found staff were competent and knowledgeable about people's individual needs. On the day of our inspection staffing levels had increased to enable two staff to attend an external meeting about a person. Staff were also observed to be well organised and communicated effectively with each other.

There were safe staff recruitment and selection processes in place. Staff told us they had supplied references and had undergone checks relating to criminal records before they started work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff began work. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

People received their medicines safely and as prescribed by their GP. People told us that they received their medicines at regular times. One person said, "The staff give me my tablets when I need them." A relative told us, "Staff give medicines at the right time as far as I know but if [name of family member] is still asleep they are flexible and give it them a little later."

We observed a team leader safely administer medicines to people, they did this competently and followed the providers medicine policy and procedure. The team leader explained all staff that were authorised to administer medicines had been trained and assessed as competent by a trainer from a pharmacist that they used. Records viewed confirmed this. After training they then had to shadow experienced staff before they could administer medicines independently.

We found that information available for staff about how people preferred to take their medicines were detailed and informative. Protocols were in place for medicines which had been prescribed to be given only

as required (PRN) and these provided information for staff on the reasons the medicines should be administered. PRN medicines for behavioural management had clear protocols in place that only the registered manager or a senior manager could authorise the use. Staff spoken with showed an understanding of the system in place and what medicines were prescribed for. Our checks on the ordering, management and storage of medicines including the medicine policy reflected current professional guidance.

Is the service effective?

Our findings

People who used the service told us that they found staff to be knowledgeable about their needs. One person said, "I can talk to the staff, they understand me and support me well." A relative told us, "All the staff are good but I would say some are better, or more aware, and confident than others."

A visiting professional told us, "The staff and management have been knowledgeable of any changes to care plans and have provided good feedback."

Staff were positive about the induction they received when they commenced their employment at the service. One support worker told us, "The induction was detailed and helped me understand my role and responsibilities. I also worked supernumerary and shadowed more experienced staff before I worked independently."

The provider had an induction programme for new staff that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff told us about the training opportunities they received and said that they felt the training was of good quality and suitable for the needs of people they supported. One support worker said, "The training is good, it included autism, mental health and alcoholism awareness and managing behaviours."

Records showed that staff had received a wide range of training for their role. This included training in the areas described to us and included health and safety, first aid and personality disorder awareness. This told us that people could be assured that staff had received appropriate training and were knowledgeable about their needs. Staff had also completed, or were working towards gaining a diploma in health and social care.

Staff were positive about the support they received from the management team and said they received regular opportunities to review their work, training and development needs. One support worker told us, "We have one to one meetings between four and six weeks. They're helpful, you can talk about any concerns and anything you want to do and then it's put into place."

The provider had a policy and procedure about what support staff could expect. We saw records that confirmed staff received regular supervision and appraisal meetings to discuss their work as described to us.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood how best interest decisions were made using the MCA. They said that they had received training and knew what action to take if they had concerns about a person's ability to consent.

We checked whether the service was working within the principles of the MCA. People's care records showed that where people lacked the mental capacity to make specific decisions about their care, correct action had been taken. This included an assessment of their needs and decisions made in the person's best interest.

Staff were also aware of the Deprivation of Liberty Safeguards (DoLS). Where people had been granted an authorisation by a supervisory body to restrict them of their liberty, this was recorded in the person's care record to inform staff.

Some people who used the service had anxieties, and behaviours associated to their mental health and learning disability that meant they could present with behaviours that challenged the service. Staff had been specially trained to ensure they used restraint in a controlled way and only as a last resort. This training was a well-recognised accredited method of restraint. Staff said that other interventions should be used such as distraction techniques before restraint was considered. We found people's care records included behavioural support plans that clearly advised staff of the strategies to be used to support a person when their anxiety was heightened.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. Two people told us that they thought the choice of meals could be better and that staff chose what meals were included in the menu. Staff told us that people were involved in the planning of meals and people were asked for their preferences. Records of 'service user meetings' dated January 2016, showed that people were involved in discussions and decisions about menus and that people said they were happy with the planned menu and that it was, "varied and offered choice."

A relative told us, "I've seen the menu and I think it's pretty good and varied. There is plenty on offer and salad, fresh fruit and vegetables are available." Additional comments included, "I know people can access the kitchen anytime and make themselves snacks and drinks."

Staff told us that they were aware of the importance of supporting people with healthy eating options. One person had diabetes and staff said they had received training on diabetes and were aware of what considerations were required to support the person to remain well. One support worker told us, "We support people with healthy eating; some people are more concerned about what they eat than others." An example was given how staff with the support of an external healthcare professional, had supported a person to lose weight successfully.

We observed people given choices of drinks and meals during our inspection. We also saw that people independently made themselves snacks and drinks. We saw a four week menu was in place that provided people with a balanced diet. This was based on needs and preferences and included a vegetarian option for people. Staff told us that people supported them to shop daily and there was a good supply of fresh food, including fresh fruit. Food was stored safely and correctly, for example with all items labelled to show when they had been opened,

People's dietary and nutritional needs had been assessed and planned for. People's support plans showed us that consideration of people's cultural and religious needs was also given in menu planning. A support worker gave an example of how staff had supported a person in the past with their dietary needs associated with their religion. The service regularly monitored people's weight, and the staff understood what actions to take if a person's weight unexpectedly changed. One person had been prescribed food supplements to support weight gain and nutrition and we saw these were available and being provided as prescribed.

People told us that they were supported with their healthcare needs. This included attending appointments with community mental health and learning disability specialists such as psychiatrists and community nurses. Additionally, people said that they visited the dentist, opticians and the GP for health checks. A relative said that they were confident that staff supported their family member to maintain their health.

Records confirmed the involvement of various health and social care professionals in people's care as described to us. People's health needs and appointments were recorded on each person's 'Health Action Plan' (HAP). We also saw people had 'Hospital Passports' and emergency 'grab sheets' within their care plan files. These documents provide hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This demonstrated the provider used best practice guidance.

Is the service caring?

Our findings

People were supported by staff that showed they were compassionate, kind, caring and treated them with dignity and respect. People were positive about the staff that supported them. One person said, "Staff really help us a lot. They're good staff; they ask what we want to do." A relative told us that they found staff to be caring and considerate. An example was given of how a member of staff supported the relative's family member with a family bereavement. The relative said, "This support worker was marvellous, they were wonderful in the support they provided, they were so kind and thoughtful."

People had a keyworker; this is a member of staff that has additional responsibilities in supporting a named person. People told us who their keyworker was and demonstrated how positive and meaningful relationships had been developed. One person said, "I have a keyworker it's [name of keyworker] it's someone you can speak to and trust, they help you, mine helps me a lot."

We observed staff had good interaction and communication skills. We observed many interactions between staff and people that were positive and supportive. They involved people in discussions and respected and acted upon decisions they made. People were seen to be relaxed within the company of staff, and appropriate exchange of light hearted conversations that were amusing and friendly were shared.

People talked with us about their preferences and what was important to them. All people we spoke with were clear about the goals they had identified that they wanted support to achieve. Staff showed a good understanding of people's individual needs, preferences and what was important to them that reflected what people had told us about. This told us that staff knew and understood the people they were supporting well.

There was evidence throughout the support plans we looked at that the support given to people was person-centred and caring. People's needs and preferences were clearly stated. We also noted that support plans focussed on people's strengths and independence was consistently promoted. In discussions with staff it was evident that staff felt genuine satisfaction when people's mental health improved and real concern when people were unwell with their health.

We observed a person was feeling unwell during our inspection. The team leader showed concern and closely monitored the person providing reassurance and comfort. They suggested the GP was called and pain relief given which the person agreed to.

We spoke with a person who was planning to move on to live more independently. Staff showed a real acknowledgment and praise of this person's achievements. This person spoke about items they would like to purchase for their new home, and staff were attentive and responsive, listening to what the person was saying and making suggestions.

People told us that they felt involved in discussions and decisions about how they received their support. They said that they felt staff listened to them and acted upon their wishes. One person showed us a book

that recorded goals they had identified they wanted to achieve. They said, "My keyworker helped me to write down what I want to do, then we talked about what we needed to do to reach the goal." Another person said that they had signed their support plans to confirm they had been involved and agreed with the support provided. They said, "I've signed my plans and my family have seen them too."

Staff demonstrated they were aware of different types of communication skills but said people could express their needs, choices and wishes easily.

People's care records included information in appropriate language advising them about their particular health care needs. This meant that people had information and explanation about their healthcare needs should they have requested this.

We saw people had access to information on how to access independent advocacy services. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

People told us that staff treated them with respect and dignity. One person said, "They [staff] talk to us in a good manner." Another person told us, "Staff treat me well, they listen and respect me."

Staff showed a good understanding of how to protect people's privacy and dignity. One support worker told us, "I treat people as I would expect to be treated in their position." Staff told us about the ten dignity pledges and that staff adhered to these. These pledges describe values and actions that staff should follow that respect people's dignity. Staff had received training on equality and diversity including dignity. Staff completed a dignity workshop book, this included dignity tools that assessed their own attitudes and care practice. This was then used to evaluate if there were any aspects of practice that needed to change.

We observed staff to be courteous and respectful towards the people they supported. They were seen to respect people's personal space, knocked on people's doors and waited for a reply before entering.

People's support plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. This included a record of whether the person had a preference for a male or female member of staff to support them with their personal care needs.

A relative told us there were no restrictions on them visiting their family member. They said, "We visit regularly, staff are always friendly and welcoming there are never any problems about when we visit."

Is the service responsive?

Our findings

People had their needs assessed before they moved to the service. Care and support plans were then developed with the person as fully as possible with their relatives, advocates or external health or social care professional. People confirmed that they, and where appropriate their relative, or external professional that supported them, had been involved in the assessment and development of their support plans. This was to ensure the service could meet people's individual needs and that staff had the required information for them to provide a responsive service.

Staff were clear that people were and should be, involved as fully as possible with discussions and decisions about how they received their support. One support worker told us, "We involve people, ask and consult them all the time. People need to feel that they are in control about how they live their life."

People's care records contained information regarding their diverse needs and provided support for how staff could meet those needs. A person told us that they liked to attend church once a year at a time of remembrance. They said that their family supported them with this but if required, they knew that staff would support them.

From talking with people it was clear that their independence was important to them. From discussions with staff and evidence found in care records, showed that the ethos of the service was to promote independence and not create dependency. Support plans included and promoted life skills and independence. Such as people being involved with daily living tasks of laundry and cleaning. From talking with some it was clear they saw living at the service a stepping stone in developing their independence, with a view of moving onto more independent living. One person said, "I've talked to my keyworker about what I want for the future, the staff are supporting me with my independence like helping me to manage my finances."

We spoke with a person who was in the process of moving onto more independent living. They talked about their achievements and how staff had supported them with their journey. They said, "I've been here a long time, I can't believe I'm moving on but it's what I want and the staff have helped me to do it."

Another person lived in a self-contained flat within the service. They told us how staff supported them to plan and cook their own meals and to follow their hobbies and interests. They told us about places they had lived prior to moving to the service and how happy they were to be at Heathcotes Arnold.

People told us that they had been asked about their interests, preferences, routines and what was important to them. This information was recorded and person centred plans developed that identified people's goals and aspirations. People told us how they had been supported to identify experiences they wanted to try or achievements they wanted to succeed at. Records confirmed what we were told, goals were identified and small achievable steps were put into place that showed what support and actions were required. Examples included planning a day trip or leisure activity to wanting to live independently.

People spoke with us about how they spent their time; some people had in the past attended college courses and did voluntary work. One person attended a community day service twice a week and another person said they were in the process of enquiring about voluntary work opportunities. People also told us that staff supported them to have a holiday each year and those discussions about planning this year's holidays were happening. One person said, "I've been to Alton Towers, staff ask us what we want to do. I've been to Blackpool, Skegness and Cornwall on holiday."

A relative told us that staff worked hard at involving and encouraging their family member with social activities. They said, "They [staff] support people to go to the local pub, and have meals out, it's difficult though as [name of family member] will often refuse."

Staff supported people to maintain continuing relationships and friendships and to participate in community activities. Staff told us that they offered people a choice each day of activities to participate in. One support worker said, "Sometimes we plan an activity ahead if a person has asked to do something particular, the difficulty being people will often change their mind and refuse. Some people go swimming, gym and an evening social club." Staff told us how people accessed the local community. One support worker told us, "People go to the local shops and the pub up the road where other people have got to know them well." One person was supported by staff to continue with a friendship with a person who had moved to live in another care home.

On the day of our inspection one person went independently on the local bus into town. Another person went to the local shops and another person talked to us about how they were going shopping. People had a pet rabbit kept in the garden which they took responsibility for caring for.

People received opportunities to share their views about the service they received. We saw records that showed 'service user' meetings were arranged every month. People were asked about their choice of activities and holidays and anything that affected the service was discussed. Any actions agreed were recorded and included who was responsible and the time frame for the action to be completed. This was then reviewed at the next meeting. In a recent meeting some people had raised concerns about the noise level within the home by a person playing their music loudly. This was discussed openly and agreed what action would be taken to reduce the noise. This told us that people were consulted and involved about the service they received and the provider acted upon feedback given.

People told us that they knew how to make a complaint and that they would not hesitate to do so if required. One person said, "I can talk to the staff, particularly my keyworker if I'm not happy about something. I know it will get sorted." A relative said that they had not had cause to make a complaint but would do so if required. They told us, "I've never had to raise any issues or concerns."

Staff told us that they would try to resolve any minor concerns or complaints if they could, but were clear they would report everything to the registered manager who they felt confident would respond appropriately.

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs. The complaints log showed that three complaints had been received in the last twelve months. These had been responded to in a timely manner and all resolved.

Is the service well-led?

Our findings

People who used the service were positive about the service they received. One person told us, "It's good I like it here." A relative told us, "Overall it's a very good service, it's one of the best places [name of family member] has lived. It's a homely atmosphere." They added, "[Name of family member] mental health is more stable and they are confident where they are and are familiar with the locality which is important."

Feedback from a visiting professional was good. Comments included, "A good level of communication has been maintained with staff and management, keeping me informed of any incidents or changes." An additional comment, "I have visited the home on several occasions and have found the home clean and well managed. On my visits the atmosphere within the home appeared to be relaxed and calm."

All staff spoke positively about working at the service and working for the provider. One support worker said, "I love my job and working here the provider is good too very supportive."

We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people whilst promoting their independence. The staff told us that the registered manager's and house manager was supportive, approachable and visible. One support worker told us, "I feel the management team are quick to respond to things, staff are involved and work well as a team to improve the service in any way we can."

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns. The provider had a clear vision and set of values that were in the guide provided for people who used the service. We saw that staff acted in line with those values. One support worker told us, "We provide person centred care, continually offer people choice, promote independence and support people to live the life they want as far as possible."

Staff said that there was good communication systems in place and what was expected of them was made clear. They said that the management team feedback in supervision meetings any issues in a positive and supportive manner. There were systems in place to update policies in place that were available to all staff. All staff were required to read and sign to confirm they had read and understood the policies. The same system was in also in place for people's support plans; staff had to sign to confirm these had been read.

During the visit we found the registered manager and service manager were able to give clear answers to questions and produce evidence when needed. Their knowledge and confidence combined with a caring approach was reflected in the way junior staff interacted with people who used the service and carried out their roles.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any restrictions placed on people's

liberty, allegations and concerns of a safeguarding nature and any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

The registered manager told us how they had developed positive links with the local police officer who regularly visited the service. This had been in response to a particular concern about how a person was making frequent and inappropriate calls to the police. The police officer had developed a good relationship with the person, this approach and response had a positive impact.

As part of the provider's internal quality monitoring, annual feedback surveys were sent to people that used the service, relatives, staff and visiting professionals. The registered manager told us that and records confirmed, these surveys had recently been sent out. The registered manager told us the returned surveys would then be analysed and an action plan developed in response to any areas of improvement required.

The registered manager's had a variety of auditing processes in place that were used to assess the quality and safety of the service that people received. These audits were carried out daily, weekly and monthly and were effective to ensure if any areas of improvement were identified they could be addressed quickly. Audits in areas such as the environment, staff training and development and support plans were regularly carried out. In addition the provider had an internal auditing team and a regional manager that regularly visited the service to conduct audits and checks. This told us that the provider had good systems and processes in place that constantly reviewed the service for any required improvements.

Accidents and incidents were recorded and action was taken to reduce further risks. Some people had high anxiety that resulted in behaviours that were challenging. These incidents were recorded to show how the person was before the incident, what occurred and what the outcome was. This was to monitor for any triggers and the action taken by staff. These incidents were reported to the clinical team within the organisation for further review to identify any patterns or trends. This was supportive to the staff team and provided an additional check to ensure appropriate action had been taken.