# Consensus Support Services Limited

# Huntley

## Inspection report

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 |

## Overall summary

We inspected Huntley on the 2 September 2015. Huntley provides accommodation and personal care for up to 11 people with a learning disability. People were aged between their thirties and seventies. People who lived there had complex needs including physical health and communication needs. On the day of our visit there were nine people living at Huntley. Huntley is a detached Victorian house set within a large garden.

The service had 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.

People felt safe living at the home. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate the risks. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe from

# Summary of findings

harm and abuse. The registered manager made sure there was enough staff on duty at all times to meet people's needs. When the provider employed new staff at the home they followed safe recruitment practices. A relative told us their relative was "absolutely safe at Huntley".

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received training to support them with their role on a continuous basis to ensure they could meet people's needs effectively. The training records we saw demonstrated that staff had completed a range of training and learning to support them in their work and to keep them up to date with current practice and legislation.

Relatives and health and social care professionals spoke positively of the service. They were complimentary about the caring, positive nature of the staff. We were told, "The carers go over and beyond the call of duty" and "It's a very happy home". Staff respected people's privacy and dignity and their individual preferences. Our own observations and the records we looked at reflected the positive comments people made.

People had access to and could choose suitable educational, leisure and social activities in line with their individual interests and hobbies. These included day trips, shopping and attending a day centre. We observed and were told about the activities people liked to do which included swimming, horse riding, shopping and cooking. Each person had a personal timetable for the week. These detailed what activities they were involved in. We were told "Everyone is given as much choice as they are able to".

People's needs were assessed and care plans were developed to identify what care and support they required. Staff worked with healthcare professionals such as Doctors, psychologists and Speech and language therapists (SALT) to obtain specialist advice to ensure people received the care and treatment they needed. People were supported to live as independently as possible.

There were clear lines of accountability. The home had good leadership and direction from the registered manager. Staff felt fully supported by their manager to undertake their roles. Staff were given regular training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of needs if people living at the service. Peoples relatives, staff and professionals who knew the home spoke positively about the registered manager and said they led by example. A relative said "I think it is well lead, the manager is very good".

# 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?**

Good

The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

**Is the service effective?**

Good

The service was effective. People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health

**Is the service caring?**

Good

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and support.

People's privacy and dignity were respected and their independence was promoted.

**Is the service responsive?**

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. Relatives felt able to make a complaint and were confident that any complaints would be listened to and acted on.

**Is the service well-led?**

Good

The service was well-led.

There was a positive and open working atmosphere at the home. People, staff and relatives found the registered manager approachable and professional.

# Summary of findings

The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager and provider were available to support staff, relatives and people using the service.

# Huntley

**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.

The inspection took place on the 2 September 2015 and was unannounced.

Two inspectors and an expert by experience carried out the inspection. 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 this inspection the expert by experience had knowledge of the needs of people with learning disabilities.

Before our inspection we reviewed the information we held about the home. We looked at previous inspection reports. We also looked at notifications which had been submitted.

A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, and communal areas. We observed care and spoke with relatives and staff. People who lived at the service were unable to communicate with us verbally so we observed the methods they used to communicate including body language and non-verbal interactions with staff. We also spent time looking at records including three care records, eight staff files, medical administration record (MAR) sheets and other records relating to the management of the service. We contacted local health professionals who have involvement with the service, to ask for their views. During the inspection we spoke with three relatives and observed interactions with people who lived at the home. We spoke with the registered manager, two team leaders, three support workers and the chef. We also spoke with a physiotherapist visiting the home on the day and following the inspection we spoke with a GP, a social worker and two Speech and language therapists. They were happy for us to quote them in our report.

Good

# Is the service safe?

## Our findings

Relatives we spoke with told us their family members were safe living at Huntley. They told us this was the case as staff knew their family members well and had their best interests at heart. One relative said having her family member looked after at Huntley was "Like having me looking after my [relative]". Another relative spoke about how staff had supported their family member to use the stairs the said "[the person] deals with the stairs now. I'm very pleased about that because it's a normal thing, when they come home there are stairs too, so I am pleased she's being taught how to go up and down them without falling." We observed staff encouraging people to be independent whilst maintaining their safety at the same time.

Staff had received safeguarding training and had a good understanding of their responsibilities in relation to safeguarding people. They were able to recognise the different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time and if this was not appropriate they would report to the authorities. The registered manager showed us a flow chart that guided staff with what to do if a safeguarding incident occurred. This was on display and clearly accessible for staff. The registered manager also had a copy of the local authority's policy and procedure. They had attended a recent roadshow that had been held for providers to attend to discuss the recent change in legislation and the change in policy and procedure around investigating safeguarding incidents.

Detailed risk assessments were carried out for each person. They described risks that may be present for an individual. For example risk assessments around physical health care needs such as moving and handling, continence and behaviour were in place. They detailed the nature of the risk and ways of minimising or eliminating this. For example if someone liked to mobilise around the home it was detailed that the person tended to lose their shoes and would need to be encouraged to put these back on. We observed this happening on the day of our visit. Where someone was assessed as being at risk of becoming distressed we saw that signs of this were documented such as 'pulling my hair and putting my hands in my mouth'. Strategies for minimising the distress were recorded in the first person and offered such advice as 'offer me your hand and ask 'what is wrong'' and 'stay with me and reassure me, offer me an activity like having a foot spa'. These risk assessments showed us that each aspect of a person's care was considered and clearly documented.

People's medicines were managed safely. A member of staff was able to explain the provider's medicines policy for reporting medication errors and records showed that staff had received training in how to manage medicines appropriately. Medicines were stored safely in a locked cabinet. We observed people's medicines being administered and this was done safely. People were offered drinks to take with their medicines and gently encouraged to take them.

There were suitable arrangements for medication which required chilled storage in order to remain effective and records showed that medicines were stored at the appropriate temperatures. Any medicines taken out when people went away were signed out and if not used signed back in again.

The manager conducted monthly audits to check that people had received their medicines as prescribed. When audits identified that staff had on occasion failed to sign that they had administered medication we saw that the manager had taken action to address this with the staff concerned. A member of staff showed us how they would conduct an audit of one person's medication. They were able to demonstrate that the actual quantities held matched the provider's records. Therefore the person had received their medicines in line with their care plans. The pharmacy that the home used for the supply of medicines carried out an external annual audit. This offered an opportunity for an objective evaluation of medicines management at the home.

There were enough staff on duty on the day of the inspection. A relative told us "There's always enough staff on duty". There were five members of staff on duty throughout the day and we observed that people's needs were responded to in a timely way. The registered manger was additional to these numbers. Where one person's needs had increased a review had been held and additional funding agreed for more staff. There was one member of staff on duty at night and one person who slept in as a back-up. The registered manager told us that they were some new members of staff and they were developing

Good

# Is the service safe?

a new staff team currently. However there were also several members of staff who had worked at the home for many years which indicated an atmosphere of stability for people living at Huntley.

There was a clear and detailed procedure for recording accidents and incidents. We looked at three records, in each case the incident was recorded in detail, had follow up action plan by the manager and a notification to a relevant healthcare professional.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for four staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) in all cases. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation, including job descriptions and character references.

One of the rooms adjoining the dining room was out of action due to a leak and damp from the ceiling. The registered manager had promptly reported this for repair and was waiting for this to be fixed. The connecting door had a book shelf in front of it to deter people from entering the room which was out of action. We identified that this was a fire exit and could present a potential hazard. The registered manager sought advice regarding this and implemented the advice of the fire service to make sure the bookcase was on wheels and had a sign on it regarding the need to move it in the case of a fire. This solution was agreed by the fire officer as a temporary measure while the roof was being fixed to prevent further leaks.

The building had undergone extensive refurbishment which had been identified as needing doing. We had received an action plan regarding this and could see that works had been completed including two new bathrooms. There was no work going on inside the building on the day of our visit but there was extensive work going on to the exterior of the building which was ongoing.

Good

# Is the service effective?

## Our findings

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If a person did not have the capacity to make specific decisions around their care, staff described how they would involve their family or other healthcare professionals in line with legal requirements to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keeps them safe. There were details of people who had been appointed deputies by the Court of Protection to support people with managing their affairs. There were copies of best interest's decisions on people's files. For example where someone had been assessed as not having the capacity to consent to dental treatment a best interest's decision that included a relative and the dentist was recorded by the appropriate person. Throughout our visit we observed staff trying to maximise people's ability to make decisions for themselves by offering people choices and encouraging them in these.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Although no one was subject to a DoLS at the service we found that the provider and the manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. DoLs applications had been applied for all of the residents at Huntley and we could see that these applications were detailed and contained information regarding the different restrictions people were subject to in order to maintain their safety. The registered manager told us that they were awaiting assessments by the local authority.

People's dietary needs and preferences were recorded. Food and fluid charts were in place to record people's intake and people were weighed on a regular basis. We observed how people were supported at lunch time. The menu did not have a choice of meal , we asked the cook about this and we were told that the menu reflected the food likes of the residents and that they could have the choice of an alternative meal if they requested one. On the day of our visit people had been out in the morning to shop for ingredients and then been supported to make their own pizzas. One person who didn't want to eat pizza was offered macaroni cheese as an alternative. This had been identified by staff as a dish that this person enjoyed.

People could choose to sit with others to promote their social interaction or to eat on their own. One person preferred to have their meal on their own and staff respected this. The food was hot and looked appetising, people were provided with sauces if they wanted and a choice of drinks. Staff were able to explain to us people's specific nutritional needs because they could access assessments to identify what food and drink people needed to keep them well and what they liked to eat.

Staff knew the specific support each person required to eat and drink and we saw that people were supported in line with their care plan. This included preparing soft foods and providing crockery and cutlery which enabled people to eat independently. When a person said they did not want to eat staff gently prompted the person, who then chose to sit at a table and eat. Staff were patient, treated the person with respect and regularly provided verbal prompts to ensure they ate a sufficient quantity to maintain their wellbeing. The home was given a maximum hygiene rating by the local environmental health officer at the last inspection. At handover peoples food and fluid intake was discussed and where an additional supplement was needed for someone this was identified as an action for the afternoon shift. A relative told us "Lunchtimes are always enjoyable, they always invite me to join them for lunch when I visit, and it's like sitting at a family table".

A relative told us that staff were well trained and that staff "Always have the opportunity for training". They were confident that staff could look after their relative and said "Staff are skilled enough to care for my relative". They said staff were aware of their roles and responsibilities and had the skills knowledge and experience to support people .When they commenced work at the home staff received a

Good

# Is the service effective?

comprehensive induction programme which included in-house orientation for three days with an allocated experienced staff member. Training in manual handling and safeguarding was completed within this period. This meant staff had a comprehensive understanding of the work and the policies procedures and work practices expected of them. The registered manager told us that they had introduced the Care Certificate for new members of staff starting with the organisation. The Care Certificate is a new training tool devised by Skills for Care that provides a benchmark for the training of staff in health and adult social care. On the day of our visit there was an agency member of staff on duty who we observed being supported to give person centred care. Staff gave clear advice and guidance to enable them to carry out their tasks.

Staff undertook training online learning and classroom based training sessions via cluster home training sessions. Staff received specific training in supporting people with learning disabilities and conditions such as epilepsy. Staff were also encouraged to undertake further training such as National Vocational Qualifications (NVQ) in health and social care. Staff we spoke to confirmed that training was encouraged and there was opportunity for personal development.

The registered manager told us, and we saw in care records that people were referred to other professionals for support with their health. We saw that people were referred to professionals such as the GP, Speech and Language Therapist (SALT), psychologist and occupational therapist. At handover it was identified that that someone's hand was slightly swollen and staff were asked to monitor this and a referral to the GP was advised if it remained so. On the day of our visit a physiotherapist was visiting the home to provide therapy. They had been visiting the home for many years and told us that staff always referred to health professionals in a timely way. They said that if they gave advice for example regarding contacting the GP "I know it will be done" and that they "Never have concerns that things will be overlooked".

Good

# Is the service caring?

## Our findings

Relatives we spoke with told us that staff at Huntley were kind and caring. One relative told us that staff "Are there for my [relative] night and day and they can't do enough". Another relative said that the atmosphere at the home was "Like one big family", "They all know each other and you can see they enjoy each other's company".

Throughout the day of our visit we observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. Staff made time to talk to people whilst going about their day to day work. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they had concerns or worries. We observed a member of staff support a resident as they were coming downstairs, the resident was quite anxious about making the steps but was encouraged by a patient approach and told "its ok you are doing well, take your time you are almost there" . Eventually the resident made it downstairs and was obviously pleased by what they achieved.

We observed staff communicating with people with limited speech using other methods to connect with them. We observed a staff member using a plastic pig which made sounds to stimulate an interaction with the person who found this very amusing and burst out laughing every time the sound was made. Humour was part of the staffs' interactions with people. On the day of our visit one of the staff members played the guitar and made up songs about each person in the room and what they had been up to that day. People were visibly enjoying the music.

We observed staff supporting another person mobilising, patiently encouraging them and offering choices of whether they wanted to sit down and have a break. We observed another person directing a staff member to accompany them on a walk around the building which they did.

Although the home was busy the atmosphere was calm and relaxed. People were getting up and spending their day in a manner that suited them. Some people chose to stay in their bedrooms, others in the lounge or activity room.

We observed that staff treated people with dignity and respect. We observed staff offering people choices throughout the day of our visit. They asked people what they wanted to eat, wear and what activities they wanted to participate in. A staff member told us "The residents are treated as individuals and are encouraged to explore opportunities and choice". As such people were involved in their care throughout the day of our visit.

People were dressed in their own style of clothes and participated in choices around this. Where someone needed a change of T shirt after lunch this was noticed and the person supported to change their clothes.

Professionals we spoke with commented on the fact that staff were kind, caring and person centred. One professional said staff were "Very compassionate and have a holistic approach to providing care for people". Another professional said staff treated people with dignity and respect. They said "needs around dignity are high on their list of priorities".

Good

# Is the service responsive?

## Our findings

The registered manager told us that providing person centred care was at the heart of the ethos of the home. They said "Staff are person centred, and their role is to enable people to do what they want to". A relative said about staff "They know the residents, that's what's so good about them".

Care records we looked at were up to date and the daily recordings reflected the care that was being provided. These records contained detailed accounts of how people needed to be supported and how their individuality was very much part of this process. For example for someone who needed support with personal care a detailed plan was in place around getting undressed. This plan described in detail the steps required to carry this out and what to do to support the person to do as much for themselves as possible. The plan stated 'I will take of my pyjamas with a physical prompt. Gently pull at my top and I will pull it over my head'. Where someone needed thickened fluids when they had a drink a detailed care plan was in place supported by guidance from SALT. Where someone had seizures a detailed care plan was in place describing how to manage these.

Where someone had been assessed as having dementia in addition to their learning disability this person had received an assessment from a psychologist who specialised in supporting people with a learning disability and dementia. There was detailed information regarding how staff should support this person following the recent diagnosis. When they were getting ready in the mornings there were phrases that were recorded that supported the person. It stated that if the person held their hand out that that meant they wanted support to stand up if they needed more help to stand up staff were guided to say 'stand up [the person]'. There was detailed information regarding how staff should support this person following the recent diagnosis. Guidance around individuals' health conditions was contained in their files including epilepsy and dementia. Care plans were reviewed monthly and regular reviews with family and professionals also took place.

People's individual likes and dislikes were contained in their care records with details of their family history and important social relationships. There were detailed records of the type of activities people liked to participate in. Each person had a communication passport. This was a book of photos that represented the person, their likes, dislikes, important social relationships and activities they enjoyed doing. This was a tool used for the person so that support could be tailored to individual needs. One communication passport we looked at had pictures of the things they enjoyed doing and activities they participated in. For example one person had pictures of going out to eat and going clothes shopping. This person had a box of beads they liked to sort through on a regular basis. There was a picture of them doing this. The passport also contained details of how the person liked to communicate and details of their health conditions. People also had a one page pen picture on display in their rooms that had a brief summary of who they were. People's rooms were very much personalised to their individual tastes and people's likes and dislikes were evident. A relative told us their family member "Chose the colour for their bedroom, [the person] likes to be involved, and they always keep her involved". If people liked visual sensory stimulation there were items in place such as mirror balls or stars painted in ultra violet paint. People had been involved in creating pictures and items of craft work that was displayed in their rooms. People had ipads that they used to communicate with staff and access games and information. People were supported to send emails from these and to use photos to show staff what they wanted. One person was due to be getting eye gaze technology which is assistive technology that allows people to carry out actions through the tracking of the eye gaze.

People were involved in activities throughout the day of our visit. Some people went out shopping while others went out for walks. People were involved in cooking lunch. People were involved in music games and one to one interactions. Some people like to spend time in their rooms. We observed a staff member painting someone's nails. There were a variety of activities on offer which included horse riding, aromatherapy, cooking, swimming and being supported to go home to relatives. There were frequent trips out to the cinema and to pubs and restaurants. One person had been supported to go out for lunch that day. On the day of our visit there was an external entertainer who arrived with a guitar to play music. People were very excited about this.

Artwork by people was on display throughout the home. A board in the downstairs hallway had photographs of the staff working at the home. An activities board in the dining room had pictures of people and different pictures of

Good

# Is the service responsive?

activities on offer. There was also a board that had pictures of people and staff working at the home in celebration of the twenty years that Huntley had been open. People and staff were planning a party for later in the year to celebrate the occasion. There was also a new pin board that was starting to be used to demonstrate the achievements of people living at the home such as going horse riding. One person attended a day centre and for one person who had recently been diagnosed with dementia staff were trying to access specialist facilities for those living with dementia. A review by the local authority had been requested to look at the persons needs and request additional funding for this need.

Bathrooms had recently been updated and there were red toilet seats in place and red floors. This was to support the person with dementia to access and use these rooms. The use of contrasting colours supports people living with dementia to distinguish the shape of the room and to identify where items of furniture or equipment are.

Staff responded to people consistently throughout the day of our visit. People who were not able to communicate verbally indicated to staff by holding their hand or pointing if they needed support to do something. People would lead staff to what they wanted. We observed someone leading a staff member to the dining room which indicated that they wanted their lunch. The staff member responded to this by reassuring the person that lunch was coming and went to the kitchen to see if the person's lunch was ready and returned to tell them what was happening.

Relatives told us that staff were very responsive to their family member's needs. Relatives and a professional we spoke with were particularly complimentary about the support staff had given to people when they had needed to spend some time in hospital. The registered manager ensured that a staff member was with people when they had to spend time in hospital. This ensured that the person had someone who knew them and their needs well whilst they were in an unfamiliar environment. Staff reported that where possible they were keen for people to return to their home environment as soon as possible where staff knew how to comfort and reassure people. A relative said about this "Staff were superb, somebody was with [the person] all day whilst they were in hospital".

The complaints policy was displayed in the hallway of the home and there was an easy read version of this with pictures on it. There had been two complaints received since the last inspection and both of these had been responded to and resolved. Relatives told us that they were involved in their relatives care and kept informed of any changes. One relative said they had "Never had cause for complaint. Staff inform me of the slightest thing". This relative told us that if they had a problem or concern they "Would pick up the phone and get the answers". Another relative said "they always listen to me and things have changed as a result of suggestions I've made".

Good

# Is the service well-led?

## Our findings

Relatives we spoke with told us that they thought Huntley provided a homely, family atmosphere. One relative said "It's like a family home and I also feel like part of the family, I wouldn't want [the person] to go anywhere else". The registered manger also told us "Huntley is a home first and foremost". They also told us that it was important that there was an open culture that allowed people, relatives and staff to express themselves freely. The registered manger spoke about the need to have "An open door policy for everybody and talk openly about things". It was important to the registered manager that if concerns were raised "Issues were dealt with there and then".

There was an open culture at the home and this was promoted by the manager who was visible and approachable. There was a clear management structure and staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff said they felt well supported within their roles and said they could talk to the manager or deputy manager at any time. The manager was seen as approachable and supportive and took an active role in the day to day running of the home. People appeared very comfortable and relaxed in her company and people were observed to approach her freely.

Staff told us Huntley was a good place to work, they felt supported and encouraged in their roles. One said, "It's a good place to work, it's hard work at times but I go home smiling. We have a good management team and good staff, everyone's supportive and we get along well as part of the team". Another staff member said that she like working in Huntley because "the residents are treated as individuals and are encouraged to explore opportunities and choice". Staff meetings occurred monthly. We saw minutes from these that demonstrated that the needs of people and any changes for them were discussed. For example, future goals included accessing new activities and staff were reminded of updates in policy and procedure including the CQC new methodology for inspections.

We observed management oversight throughout the day of our visit. We observed a handover attended by the deputy manager where each person's needs were discussed in details and the plan for the afternoon identified. The deputy manager inputted information when needed and supported the team leader. This handover demonstrated that the team knew people well and that the management team had a clear oversight of the day to day running of the home. Details of people's care were discussed and actions agreed.

Care records were reviewed regularly. This meant that people staff were constantly monitoring the changes in care people may need to maintain care that was up to date and person centred. A satisfaction survey was carried out by resident families. We looked at 10 returns which were very complimentary about the service. For example, one relative said "really warm friendly home , service users treated with respect" another said "it's a pleasure to visit" whilst one relative said "totally supportive". Staff also completed a satisfaction questionnaire that indicated that staff were happy in their roles and felt supported.

The home had a system of auditing in place and we could see that these were carried out, for example a staff member had taken on auditing infection control and had identified an action around the need for updating training on Control of Substances Hazardous to Health (COSHH) and hand washing. We saw from the action plan that training had been arranged for October 2015. An audit of medicines management identified the need for a thermometer in the room where medicines were kept and this had been actioned.

We looked at the home's Health and Safety Risk Assessment, almost all of the assessments were carried out in October 2011, review dates were set but there was no evidence that any of the initial assessments were altered in any way to reflect any changes. The manger had an action plan that detailed the current issues regarding health and safety of the building and the ongoing action plan. They assured us the assessments would be reviewed and records kept to hand.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

Good

# Is the service well-led?

Relatives said that Huntley was well managed. A relative said “Both the manager and the deputy manager are very good”. All the professional we spoke with told us that Huntley was well run and attributed this to the skill and experience of the manager who knew the people who lived there thoroughly. A professional said “I have faith in this manager. She has known these clients for a long time, and appears to lead her team strongly.”