Centrust Care Homes Limited

Haydons Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Haydon's Lodge is a 'care home'. People living there receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service can accommodate up to six people living with mental health needs. The service is delivered from two adjoining houses that have been separately adapted, each with their own facilities and entrance. People are free to access both houses and all the communal areas are shared including, both the dining areas, lounges, kitchens and the rear garden. At the time of this inspection there were four people aged 60 and over living at the home. [

At our last comprehensive inspection in February 2016 we rated the service 'Good' overall and for four out of five of our key questions, "Is the service safe, effective, caring and well-led?" However, we also rated the service 'Requires Improvement' for the key question, "Is the service responsive?" This was because people were not always supported do as much as they could do for themselves. At this inspection we found the provider had improved the way they encouraged and supported people to do as much as they could and wanted to do for themselves. This meant people now had greater opportunities to maintain and develop their independent living skills. Consequently, we have improved the service's rating to 'Good' in relation to the key question, "Is the service responsive?"

Furthermore, at this inspection we found the evidence continued to support the overall rating of 'Good' and there was no information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service remains unchanged since our last inspection.

However, the positive points made above notwithstanding we also found during this inspection the service had deteriorated from 'Good' to 'Requires Improvement' for the key question, "Is the service safe?" This was because substances hazardous to health were not always kept safely stored away when they were not in use and window restrictors in two people's bedrooms were not well-maintained. These health and safety failures might have put people living in the home at unnecessary risk of harm. We discussed these issues with the registered manager who took immediate action to resolve them at the time of our inspection.

In addition, although recruitment checks for new staff remained robust, the provider did not have any recognised policies and procedures in place to reassess existing staff's on-going suitability. We discussed this issue with the registered manager who agreed to review the provider's staff vetting procedures.

The issues we found notwithstanding people living at the home and their relatives told us they continued to be happy with the standard of care and support provided at Haydon's Lodge. We saw staff still looked after people in a way which was kind and caring. Our discussions with community health and social care professionals supported this.

There continued to be robust procedures in place to safeguard people from harm and abuse. It was clear from comments we received from managers and staff that they were familiar with how to recognise and report abuse and neglect. The provider assessed and managed risks to people's safety in a way that considered their individual needs and wishes. There were enough staff to keep people safe. The home looked clean and no infection control or food hygiene issues were identified. Medicines were managed safely and people received them as prescribed.

Staff continued to receive appropriate training to ensure they had the right knowledge and skills needed to perform their roles effectively. People were supported to eat and drink enough to meet their dietary needs. People said they liked the quality and choice of meals they were offered at the home. Managers and staff were aware of their duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before providing any care and support and followed legal requirements when people did not have the capacity to do so. They also received the support they needed to stay physically and emotionally healthy and well. People also had access to the relevant community based physical health care and mental health services.

Staff continued to provide personalised care to people that was tailored to their individual needs and wishes. Each person had an up to date and person centred care and recovery plan, which set out how their care and support needs should be met by staff. These were routinely reviewed and updated by staff. Staff were knowledgeable about people's backgrounds and cultural heritage. People continued to be supported to participate in a wide range of individual and group activities at home and in the wider community that met their social interests and wishes. People continued to be supported to build and maintain friendships and relationships with people that mattered to them. People were supported to maintain maximum control over their lives and staff supported them in the least restrictive way possible. The policies and systems the service had in place supported this practice. When people were nearing the end of their life, they received compassionate and supportive care.

People and relative's felt comfortable raising any issues they might have about the home with managers and staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider routinely gathered feedback from people living in the home, their relatives and staff. The provider also worked in close partnership with external health and social professionals and bodies. It was evident from the registered manager's comments they understood their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe so their rating for this key question has deteriorated from 'Good' to 'Requires Improvement'. Substances hazardous to health were not always kept safely stored away when they were not in use. This failure had put people using the service at risk of harm.

There were safeguarding and whistle-blowing procedures in place and staff continued to have a clear understanding of these procedures.

Appropriate recruitment checks continued to take place before staff started work. There remained enough staff suitably deployed in the home to keep people safe.

The provider had assessments and management plans in place to minimise possible risks to people, this included infection control and food handling measures. The home was clean, free from odours and was appropriately maintained.

Medicines were managed safely and people received them as prescribed.

Is the service effective?

Good

The service remains 'Good'.

Is the service caring?

Good

The service remains 'Good'.

Is the service responsive?

Good

The service has improved from 'Requiring Improvement' to 'Good'. This was because staff had significantly improved the way they encouraged and supported people to do as much as they could and wanted to do for themselves. This meant people had greater opportunities to maintain and develop their independence.

People continued to be involved in discussions and decisions about their care and support needs. People still had an up to

date, personalised care plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and interests.

Staff encouraged people to actively participate in leisure activities, pursue their social interests and to maintain relationships with people that mattered to them.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

When people were nearing the end of their life, they received compassionate and supportive care from the service.

Is the service well-led?

Good

The service remains 'Good'.

Haydons Lodge

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 checked 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 comprehensive inspection took place on 6 March 2018, was unannounced and undertaken by a single inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During our inspection we spoke with all four people who currently lived at the home, the registered manager, the co-director/manager and a support worker. We also observed the way manager's and staff interacted with people living in the home and how they performed their duties. Records we looked at included, five care and recovery plans for four people who lived at the home and a person that had recently died, three staff files and a range of other documents that related to the overall management of the service.

After visiting Haydon's Lodge we contacted two people's relatives' and two community social care professionals to find out their views about the service.

Requires Improvement

Is the service safe?

Our findings

Some aspects of the service's environment were not safe or well-maintained. People said they felt Haydon's Lodge was a safe place to live. Maintenance records also showed service and equipment checks were routinely carried out by suitably qualified professionals in relation to fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems.

However, during tours of the premise's we identified a number of health and safety issues. This included kitchen cupboards used to store chemicals and substances hazardous to health being left unlocked and unattended by staff on two separate occasions' and damaged window restrictor's in two people's bedrooms. We discussed these health and safety issues with the registered manager who acknowledged these failings might put people living in the home at risk of harm. During our inspection the registered manager ensured both kitchen cupboards used to store hazardous chemicals and substances were immediately locked and damaged window restrictors repaired. In addition, the registered manager told us they would remind staff about the importance of following Control of Substances Hazardous to Health (COSHH) procedures and ensure such products were always kept safely locked away when they were not in use. We also saw large notices had been fixed to the relevant cupboard doors by the registered manager reminding staff to keep these cupboards locked.

The provider operated effective staff recruitment procedures. All new staff were appropriately checked to ensure they were suitable to work in the home. The provider followed staff recruitment procedures that ensured they checked the suitability and fitness of all new staff they employed. This included checking staff's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal records checks.

However, the provider did not routinely reassess criminal records checks for existing staff, which meant there were no formal mechanisms in place for their on-going suitability to be routinely reviewed. The registered manager confirmed that six out of seven of the service's staff team had not had their criminal record checks renewed for over five years. We discussed this issue with the registered manager who acknowledged the provider did not have any recognised policies and procedures in place to monitor existing staffs' on-going suitability. The registered manager agreed to review the provider's staff vetting procedures. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

The provider had robust systems in place to report and act on signs or allegations of abuse or neglect. People's relatives told us their family members were protected from abuse and neglect at the home. One relative said, "The staff had a lot of time for my [family member] and made sure he did what was needed to keep him safe and well." Staff had received safeguarding adults at risk training, which records indicated was refreshed annually. Managers and staff were aware of their responsibilities to safeguard people from harm and were aware of the reporting procedures if they had any concerns about a person's safety or the quality of care they received.

We looked at documentation where there had been a safeguarding concern raised in respect of one person living at the home in the last 12 months and were assured the provider had taken appropriate action to mitigate the risks associated with this incident. We saw the registered manager had liaised with the relevant local authority about the concerns raised so they were aware of the outcome of the investigation and any learning to ensure people remained safe and to prevent similar incidents reoccurring. At the time of our inspection there were no on-going safeguarding investigations.

The registered manager identified and managed risks appropriately. They assessed the risks and hazards people might face and developed management plans to mitigate those identified risks. This meant people were kept safe, whilst their rights and freedoms were respected. For example, we saw people's personalised care and recovery plans contained risk management plans that helped staff minimise risks associated with people managing their diabetes, drug and alcohol intake, travelling independently in the wider community and behaviours that might challenge the service. Staff had received positive behavioural support training and were able to give us examples of how they prevented or managed incidents of challenging behaviour.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans and fire risk assessments, which ensured staff knew the risks associated with people smoking and who would need additional support to leave the building in the event of a fire. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they received on-going fire safety training.

The home was adequately staffed. There were enough staff to support people. People told us there were always at least one member of staff or a manager present in both houses. Throughout our inspection we saw a member of staff or a manager was on duty in each house, which meant people could alert staff whenever they needed them. We saw the staff rota was planned in advance and took account of the number and level of care and support people required in both buildings of the service. The registered manager told us the service operated an on-call system at night, which ensured the two waking staff would be able to contact the designated on-call manager for advice or additional assistance in the event of an emergency.

People were protected by the prevention and control of infection. People told us they often helped staff keep the place clean and tidy. One person said, "I keep my own room clean and staff do the rest of the house." We saw people's bedrooms; toilets, bathrooms and communal living areas looked hygienically clean. Staff had received up to date infection control and basic food hygiene training. Appropriate systems were in place to minimise any risks to people's health during food preparation, which included the use of colour coded chopping boards and the daily checking of fridge and freezer temperatures.

Medicines were managed safely. People told us they were given their medicines on time as prescribed. Care plans contained detailed information regarding people's prescribed medicines and how they needed and preferred these to be administered. We saw medicines were safely stored away in a locked medicines cabinet in the office. Medicines administration records (MARs) were also appropriately maintained by staff. For example, there were no gaps or omissions on any of the medicines records we looked at. Records indicated staff received up to date training in the administration of medicines and their competency to continue doing this safely was reassessed annually.

Good

Is the service effective?

Our findings

Staff continued to have the right knowledge and skills to carry out their roles effectively. Social care professionals told us staff who worked at the service were competent. One said, "I think all the staff I've met at the home are professional and well-trained." Staff received regular and relevant training to help keep their knowledge and skills up to date with current best practice. All staff had received mental health awareness training and attended specialist courses in understanding anxiety and depression. All new staff were required to complete a 3 month induction programme and achieve the competencies required by the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff spoke positively about the on-going training they had received. One staff member told us, "The induction I had to complete when I first started working here was very good…I learnt a lot about how to support people with mental health problems." Manager's and staff were clear about the intended outcomes from the support planned for people and knew how they could help people to manage and/or recover from their mental ill health.

Staff had sufficient opportunities to develop their working practices. They had regular individual supervision meetings with the registered manager who also appraised their overall work performance annually. These meetings enabled staff to reflect on their working practices, discuss any issues or concerns they might have and identify additional training and learning they needed. Staff said they felt supported by the managers and directors.

People's ability to make and to consent to decisions about the care and support they received continued to be routinely assessed, monitored and reviewed. Staff prompted people to make decisions and choices and sought their permission and consent before providing any support. Staff ensured people's relatives or advocates and relevant health care professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so. Records indicated staff had received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and it was clear from their comments they understood their responsibilities under the Act. For example, staff told us they asked people for their consent before delivering care and respected people's decision if they refused support.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Applications made to deprive a person of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to

check that they were still appropriate.

People continued to be supported by staff to eat and drink sufficient amounts. People typically described the quality of the meals offered at the home as "good". Comments included, "The food is great here", "Best thing about the place is the food" and "I like traditional British style food. I'm a meat and two veg person, which the staff are very good at cooking." We saw outside of meal times people could access the kitchens and help themselves to drinks and snacks. People's care plans contained detailed information about their specific dietary requirements, including any known allergies and the risks posed to them from insufficient food and fluid intake. We saw managers and staff had sought expert advice and guidance from the relevant health care professionals about additional support for people who had a poor diet, diabetes or were prone to kidney infections, so as to ensure their nutritional and hydration needs were met. Staff demonstrated a good understanding about people's specific dietary needs in relation to the meals they ate and the amount of fluids they required to stay hydrated.

People were still supported to maintain their physical and emotional health and wellbeing. Staff ensured people attended scheduled health care appointments and had regular check-ups with their GP, community psychiatric nurses (CPN), dentist, opticians, dietitians and consultants overseeing people's specialist health needs. People's care plans set out for staff how their specific health care needs should be met. Staff carried out regular health checks and recorded daily the support provided to people including their observations about people's general health. This helped them identify any underlying issues or concerns about people's wellbeing. When staff became concerned about a person's physical or emotional health they took prompt action to ensure they received appropriate support from the relevant health and mental health care professionals. The registered manager gave us a good example of how they worked closely with a GP and a diabetic clinic to ensure they continued to meet a person's diabetic needs through regular health care checks.

The design and layout of the premises provided people with flexibility in terms of how they wished to spend their time when at home. In addition to their own bedroom, which people had been able to personalise as they wished, people could freely access both houses and use the communal living rooms, dining areas/conservatory's, kitchens and open plan garden at the rear. During a tour of the buildings we found two windows in a person's bedroom had been accidently painted shut and a lock missing from a toilet door. We discussed these maintenance issues with the registered manager who arranged for them to be fixed during our inspection.

Good

Is the service caring?

Our findings

When we completed our previous comprehensive inspection of this service in February 2016 we found people were not always sufficiently supported or encouraged enough to do as much as they could for themselves.

At this comprehensive inspection we found the service had improved the way staff supported people to maintain and develop their independent living skills, which meant people could take greater control over their lives. People told us staff helped them to do as much as they wanted to do. One person said, "I often go to the local shops on my own…The staff gave me a key for my bedroom and the front door so I can let myself in and out whenever I want." Another person commented, "You're expected to make you own breakfast and tea here, which is fine with me." Several people gave us examples of tasks they often did for themselves, which included travelling independently in the local community, managing their money when they went shopping, doing their own laundry and ironing, and clearing up after meals.

Social care professionals also told us the service respected their client's right to maintain their independence. One said, "Staff encourage people to do as much for themselves as they can, such as cooking meals, keeping the house clean and shopping. A number of my clients managed to develop sufficient independent living skills to move out of Haydon's Lodge and live more independently in the community."

Throughout our inspection we observed people freely accessing the kitchens to make themselves drinks, set the dining room table for lunch, clear up after eating their meal and clean their bedroom. People's care plans detailed the level of support they required from staff with daily tasks. People also had personalised weekly timetables that set out the independent living tasks they had agreed to do each day. Staff were able to explain to us what people were able to do independently by themselves and what they needed support with, such as cooking or travelling without staff assistance in the wider community. The registered manager gave us a good example of how staff had successfully supported a person to develop their independent living skills to such an extent they were able to move out of Haydon's Lodge and live more independently in a supported living project.

Staff continued to treat people with kindness and respect. People and their relative's spoke positively about the home and typically described staff who worked there as "kind" and "friendly". Comment's we received included, "I am happy here and all the staff are lovely", "This place suits me just fine for now…The staff are all very nice" and "I was very happy with the care and the quality of life Haydon's Lodge gave my [family member]. I know they were content there compared to their last placement. What I particularly loved about the place was it felt like a home and not an institution." Social care professionals were equally complimentary about the service. One told us, "I remain very impressed with the excellent support my clients have received at Haydon's Lodge and the homely atmosphere there. Staff helped a number of my clients improve their emotional well-being and get their independence and confidence back." Staff continued to respect people's right to privacy. People told us they had been given keys to lock their bedroom door if they wished and staff respected their privacy by not entering their rooms without their

expressed permission. People's care plans prompted staff to ensure support was provided in a dignified and respectful way. When people wanted privacy, staff respected this so that people could spend time alone if they wished.

People were still supported to maintain relationships with people that mattered to them. People told us their relatives and friends were free to visit them at the home whenever they wished. A relative and social care professional both told us they were always made to feel welcome whenever they visited Haydon's Lodge. People looked at ease and comfortable in the presence of staff and did not hesitate to communicate what they needed from them. Conversations we heard between people living at the home and staff were characterised by respect and warmth. Throughout our inspection we observed staff sitting and talking with people in a relaxed and friendly manner.

People were supported by staff that knew them well and understood their needs. People had personalised care and recovery plans which included detailed information about their lives, daily routines, social interests, food and drink preferences, and relationships they had with others. Staff displayed good awareness of people's preferences, choices and how they should be supported. For example, staff knew how to support people if they become anxious or distressed so that this was done in a caring and considerate way.

People's diverse cultural and spiritual needs continued to be respected. People told us staff respected their cultural and spiritual needs and wishes. One person said, "There are two Irish people living here so we're going to have boiled bacon and cabbage next week to celebrate St Patricks Day." A relative also told us, "Staff catered well for my [family members] love of Caribbean food." Information about people's ethnicity and spiritual needs were included in their care plan. Staff had been trained in equality and diversity so understood the importance of respecting people's rights and how to promote equality and inclusion within the service. This ensured people did not experience discriminatory behaviours and practices when being supported with their needs. Staff told us they regularly prepared typically British, Irish and Caribbean style meals which reflected the tastes and cultural heritage of people living in the home. The registered manager also said in the past they had recruited a Bengali speaking member of staff so they were able to communicate with a person's next of kin who did not speak English.

Good

Is the service responsive?

Our findings

Since our last inspection, people continued to receive care and support which was tailored to meet their individual needs and wishes. We saw each person had both a care and a recovery plan which were personalised and reflected the Care Programme Approach (CPA). CPA is a type of care planning specifically developed for people with mental health needs. These plans covered all aspects of people's daily lives, personal, social and health care needs, abilities, goals and the level of support they required from staff to stay safe and emotionally well. These plans also contained detailed information about how people communicated and expressed themselves and their choices through speech, signs, gestures and behaviours. This helped staff to respond effectively to people's choices and preferences.

People were actively involved in planning the care and support they received. People told us they remained involved through regular discussions with staff in which they were able to actively contribute to the evaluation of the effectiveness of their planned care and support. We saw people's views were used to develop person centred care and recovery plans that reflected their specific preferences and choices. Recovery plans continued to be reviewed at least quarterly and care plans bi-annually, or much sooner if there had been changes to a person's needs or circumstances. We saw care and recovery plans were regularly updated by staff to reflect any changes in that individual's needs or circumstances. This helped ensure care plans remained accurate and current.

People continued to be given choices about various aspects of their daily lives. People told us they could decide what they wore, ate and did every day. One person said, "I can go out, have a smoke and make myself a drink whenever I want." A relative told us, "My [family member] can come and go as they please and basically they're free to do what they like at Haydon's Lodge, within reason of course, which I think they appreciate." During our inspection we saw people ate their lunch at different times of the day of their choosing. One person told us, "I sometimes eat later than everyone else, so I can enjoy my meal on my own."

People were supported to pursue meaningful activities that were of interest to them. People told us they had opportunities to engage in social activities at the home and in the wider community. One person said, "I like spending time on my own watching television in my room", while another person mentioned, "We went to the cinema the other day and sometimes we go out for a meal together at a local restaurant." In addition, a social care professional told us, "Staff are very good at encouraging my client to access the wider community and not become socially isolated." We saw care plans reflected people's specific social interests and hobbies they enjoyed. The registered manager gave us a good example of a new community based activity staff had encouraged a person who did not like to go out to regularly attend. Other activities people could choose to engage with included, playing board games, gentle exercise classes, shopping, and trips out to the gym, cinema, library, restaurants, a local farm and the coast. The registered manager told us the group meals out each month were a social event that everyone who lived or worked at the home seemed to enjoy.

The service continued to respond to complaints appropriately. People told us they felt able to talk to

managers or staff about any concerns they might have, were confident that would be listened to and appropriate action taken. We saw a process was in place for the provider to log and investigate any complaints received, so people's complaints were addressed appropriately. The registered manager told us all the formal complaints they had received since our last inspection had been fully investigated and resolved to the complainant's satisfaction.

The provider ensured people were supported to make decisions about their preferences for end of life care. A relative confirmed their [family members] wishes for their family to arrange their funeral, had been respected by the service. We saw people's end of life wishes were clearly stated in this recently deceased individuals care plan. Staff had not received any end of life training. We discussed this matter with the registered manager who agreed the knowledge and skills staff would obtain by completing end of life training would help them to continue ensuring people they supported would be afforded the comfort and dignity they deserved at the end of their lives, if the need should arise. Progress made by the service to achieve this stated aim will be assessed at their next inspection.

Good

Is the service well-led?

Our findings

The provider had a clear leadership structure in place. The service continued to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC). Registered managers like registered providers 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.

The registered manager had a positive impact at the home and was highly regarded by people living there, relatives and staff. The registered manager was supported by a co-manager/director that regularly worked on shift in the home, as well as another co-director who routinely visited Haydon's Lodge. People and their relatives said they were happy with the way the service was managed. One person said, "I like the manager…She always makes time for me," while a relative remarked, "I've visited my [family member] a lot over the last few years and was always very happy with the way the home was run." It was evident throughout our inspection from the positive way people living in the home responded and interacted with the registered manager that they knew each other well and had clearly built up good relationships over time.

The registered manager demonstrated a good understanding of their role and responsibilities particularly with regards to submission of statutory notifications about key events involving people living at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The provider continued to promote a culture within the service that was open, supportive and willing to make changes when needed to improve the quality of support provided to people. People and their relatives were encouraged to share their experiences and views about how the quality of support could be improved. The registered manager held house meetings every six to eight weeks to evaluate people's satisfaction. Two people gave us a good example of a suggestion they had made at the last house meeting to celebrate St Patricks Day, which the registered manager had agreed to do by cooking a traditional Irish meal for everyone on the day. Another person told us they went out for more meals together these days, which was something a number of people had suggested they do at a few house meetings.

The provider continued to value and listen to the views of staff. Staff spoke favourably about the support they received from the registered manager. One member of staff said, "This is a good place to work…The manager does listen to me and I do feel my opinion matters." Staff had opportunities to contribute their ideas and suggestions to the registered manager through regular individual and group meetings. Records of this contact showed discussions regularly took place which kept staff up to date about people's care and support and developments at the service.

The provider continued to monitor, assess and improve the safety and quality of the service. Records indicated the registered manager and the directors routinely conducted audits to assess the quality of people's care and recovery plans, medicines management, staff training and supervision, complaints,

accidents and incidents, and health and safety arrangements. Records relating to people, staff and to the management of the service were accurate, up to date and well-maintained.

The provider still worked in partnership with other agencies and professionals to develop and improve the delivery of care to people. For example, the registered manager told us they regularly discussed people's changing needs and/or circumstances with the relevant professionals and bodies including GP's, the community mental health team, social workers and the police. The registered manager told us they regularly attended Merton Care Forum which helped them maintain links and network with representatives from Merton Council, the local Clinical Commissioning Group (CCG) and other adult social care providers in the area. In addition, they worked collaboratively with local authorities funding people's care so they remained well informed about people's current care and support needs, which enabled them to make appropriate decisions about their on-going and future care and support needs.