Caretech Community Services (No.2) Limited

Whiston House

Inspection report

Whiston Avenue
Bethersden
Ashford
Kent
TN26 3LA

Tel: 01233820912

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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

This inspection took place on the 5 and 6 January 2017 and was unannounced. Whiston House provides accommodation and support for up to 15 people who may have a learning disability or autistic spectrum disorder. Some people display behaviour which may challenge others. At the time of the inspection 11 people were living at the service, the service was divided into two areas. The top part of the service was called The Willows which was more suitable for people who were more physically able; the bottom part of the service was called The Oaks which was suitable for people with mobility issues.

Within both areas of the service people had access to a communal lounge, dining room, kitchen, shared bathrooms, and laundry room. Each person's bedroom had its own ensuite facilities. There was a large garden which people could access when they wished.

The service is run by a registered manager; 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. The registered manager was present throughout both days of the visit.

There were enough staff with the right skills and knowledge to support people. Staffing was sufficient and flexible to meet people's needs; staff had time to respond to people's needs in an unrushed way. People were given the time to communicate at a pace that suited them. Staff had good support and supervision to fulfil their role effectively and felt confident in approaching the registered manager if they needed extra guidance. People were protected by the service using safe and robust recruitment processes.

Staff understood that although they had a duty of care to help keep people safe, people were also free to make their own choices even if this could increase the level of risk to that person. The risk of harm to people was reduced as robust risk assessments had been implemented. Staff were trained in safeguarding and understood the processes for reporting abuse or suspected abuse.

Incidents were recorded and audited to identify patterns and the registered manager used this as an opportunity to learn and improve outcomes for people. Staff had clear guidelines to follow to support people with behaviour which could challenge others, interventions focused on being preventative rather than reactive.

Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment.

There were safe processes for storing, administering and returning medicines. Medicines were administered by trained staff who were regularly competency checked by the registered manager and deputy manager.

The registered manager had a clear understanding of the principles of the Mental Capacity Act 2005 (MCA). People were offered advocacy services and the provider had taken the appropriate steps to meet the requirements of the legislation. Staff understood the importance of asking people for their consent when supporting them with their needs.

Staff had appropriate training and experience to support people with their individual needs and demonstrated a clear understanding of the people who lived there. Staff were supported to undertake further health and social care qualifications to improve their knowledge and skills.

The service was good at responding to people who needed help to manage their health needs. People were supported to access outside health professionals.

People were offered a variety of food and drink and were encouraged to make their own choices around this. Staff monitored people's food and drink intake so further professional health input could be sought if necessary.

Staff demonstrated caring attitudes towards people. People felt confident and comfortable in their home and staff were easily approachable. Interactions between people and staff were positive and encouraged engagement. When people became distressed staff were quick to offer reassurance and care. Staff showed an interest in what people said and did, and spoke to people in a respectful manner promoting their dignity.

People were supported to follow their interests and take part in activities that were meaningful for them. Each person had a timetable of activities which took into consideration their abilities and preferences. Each person was assigned a key worker which maintained good oversight of people's individual needs.

People's care files were written in an easy read format which included pictures to help people understand its content. Documents gave a good level of detailed guidance to inform staff of how to deliver person specific care. People were encouraged to be involved in writing their care plans and agreeing its content. People were encouraged to remain as independent as possible to give them control over their lives.

Complaints were responded to appropriately and a robust system was in place. Each person had a copy of the easy read complaints policy in the care file which described who they could talk to if they were unhappy and what the stages of the complaint process were. People were helped to complain and staff supported people who were unable to use the easy read complaints policy by understanding what their body language meant if they were unhappy.

The registered manager had good oversight and direction of the service People were included and encouraged to be involved in the continuous improvement of the service. The provider had listened to people and acted on feedback. The provider strived to continually improve the service to improve the lives of the people living there. There were good systems in place for monitoring the quality of the service and when shortfalls were found action plans were agreed and worked towards so improvements could be made.

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.

There were enough staff to support people and meet their individual needs.

Accidents and incidents were recorded and audited to identify patterns.

There were detailed risk assessments which were person centred.

Staff had detailed guidelines to follow to help people manage their behaviour.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had received the training they required to be able to support people with their needs. Staff received regular supervision to support their role.

Staff said they felt well supported by the registered manger and were able to approach them at any time if they required help.

People's rights were protected because the provider was meeting the requirements of The Mental Capacity Act 2005.

People's health needs were responded to promptly and people were supported to access professional healthcare when they required this.

People were supported to make their own choices around their food and drink.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

Staff spoke to people in a kind, patient and engaging way. There was a good rapport between people and staff.

Staff took the time to listen to what people were telling them and showed an interest in what they were doing.

People felt comfortable in the presence of staff and were treated as equals.

People were supported to maintain contact with relatives and friends.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed, informative and person centred. People were encouraged to be involved in writing and agreeing to their plans of care.

People were encouraged to follow their own paths and participate in the activities they liked.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment. Staff understood peoples body language if they were unable to complain verbally.

Is the service well-led?

Good

The service was well-led.

People's feedback was sought so improvements to the service could be made. People were included in decisions in relation to the service and their views were respected. People were put at the centre of the service and were treated as equals.

Staff demonstrated positive attitudes to their work and said they felt the team worked well together. Staff felt they could go to the registered manager for guidance and support.

The registered manager had good oversight of the service and there was a clearly embedded culture, staff had good attitudes.

Whiston House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 5 and 6 January 2017 and was unannounced; the inspection was conducted by one inspector. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events, which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR) and used this information when planning and undertaking the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with eight people, 12 staff, one healthcare professional, the deputy manager and registered manager. Before the inspection we received feedback from two healthcare professionals. Some people were not able to express their views clearly due to their limited communication. We observed interactions between staff and people. We looked at a variety of documents including four people's support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information. We asked the provider to send us some information after the inspection which they did in a timely way.

Good

Is the service safe?

Our findings

A healthcare professional said, "During my visit the staff members have always appeared to have a good caring approach with the residents, and I have always seen staff around".

Staffing was sufficient and flexible to meet people's needs, six staff were available during the day, at night there was two wake night staff. An additional staff member worked 9.30 to 4.30 from Monday to Friday. The registered manager or agency staff covered any shortfalls if there were not enough staff to cover shifts. People were responded to quickly when they asked for or appeared to need assistance and staff had enough time to engage with people in an unhurried and meaningful way. There was an on call system covered by the senior staff, registered manager and regional managers should staff require guidance or support at any time.

People were protected against the risks of receiving support from unsuitable staff. Recruitment checks undertaken ensured staff selected had suitable qualities and experience to support people safely. Checks had been undertaken with regard to criminal records, proof of identity, previous conduct in employment and character references. Current photographs were in place and information about people's employment histories and reasons for leaving previous care roles were checked, information was also gathered about people's medical fitness to undertake the role. The registered manger said the process for obtaining recruitment information was going to change. Currently head office collected the required information when employing staff but this was to be handed over to the registered manger. The registered manager felt this was going to improve recruitment as they could have more control over ensuring the required information was collected and verified before staff began employment. People had been encouraged to be part of the recruitment process and met with potential staff during interviews.

People had their own individual risk assessments according to their needs. Risk assessments had been completed to support people to remain safe. These included information about; who was at risk, hazards, potential outcomes, injuries, action taken to reduce the risk, and the likelihood of harm. Staff understood that people had the right to accept certain levels of risk. For example, one person had chosen to smoke; staff respected the person's choice and gave them the relevant information so they understood what potentially could happen because of the choice they made. The person was supported to obtain further guidance from medical professionals so they could make their own decision about this.

The registered manager said, "We don't use restraint, I always teach staff to re-direct behaviour and be aware of triggers. I make sure staff understand the care plans well. We review behaviour guidelines to see if we can change the way we are working". People were protected from abuse; staff had received training in this area and understood the processes for raising concerns about people's safety. Safeguarding information was available for staff to refer to should they need to report concerns outside of the service. There were robust systems in place to manage incidents where people had been harmed by other people or had been at risk of harm. The registered manager kept a record of any safeguarding incidents which occurred between people and reviewed guidelines to minimise the risk of repeat incidents. A call log was maintained to ensure relevant individuals had been informed about incidents which included care

managers, the local authority and relatives.

Some people could display behaviours which were physically and verbally challenging. People had behavioural guidelines in their care plans to help staff manage incidents. The behaviour guidance focused on preventative rather than reactive strategies so incidents could be minimised or prevented from occurring. Staff understood the protocols for supporting people to manage their behaviour which reduced the risk of incidents escalating. This promoted a positive outcome for the person and other people using the service.

Each person had their own section in the incident and accident file which made it easy to see how many monthly incidents each person had and if there were an increase, decrease or patterns in their behaviours. This helped staff analyse if the people's needs were changing and if further professional health input was required. Accidents and incidents were recorded and audited to identify patterns and the registered manager used this as an opportunity to learn and improve outcomes for people. Staff recorded incidents which the registered manager reviewed. Information was then inputted into the providers online system so further analysis could be conducted and to ensure good oversight of incident management. A debriefing pack was used to identify if staff required specialist support following incidents which may have caused them physical or mental distress.

People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire. Fire evacuation drills were conducted so staff understood how people's PEEPs would be put into practice. Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment. This included weekly checks on wheelchairs, fire alarms, emergency lighting, fire exits, and water checks. A contingency plan had been implemented should the service be prevented from operating. This ensured staff understood the protocols to follow in emergency situations so people's lives were disrupted with the least amount of impact.

Most people required support to take their medicines safely. Medicine processes for storing, administering and returning medicines were safe. Only trained staff administered people's medicines. Two people were prescribed a medicine which had strict protocols around administering and, if administered incorrectly, the medicine could be ineffective. One requirement was it should be given half an hour before other medicines. An error had been made on the instructions detailed on the Medicine Administration Record (MAR) around the correct processes for administering this medicine which we brought to the registered managers attention during the inspection. Action was immediately taken to rectify this mistake to ensure the correct information was available for staff when administering this medicine and updated protocols were implemented. Weekly audits were made by the deputy or registered manager and the chemist supplying medicines completed annual reviews. If medicine errors were made staff were required to complete further training and competency checked before being permitted to administer medicines again. All staff that administered medicines were regularly competency checked to ensure good practice continued. There was clear guidance for staff to follow to administer peoples occasional use medicines (PRN) and body maps were used to indicate where people's creams and lotions should be applied.

Good

Is the service effective?

Our findings

A staff member said, "When I started I read the care files straight away and had induction and fire training, I shadowed for a few weeks". Another staff member said, "I get on with all people, we have a brilliant team, I get enough support and supervision".

Induction for new staff included six days of various training and shadowing other staff. A workbook was given to staff to complete throughout their induction, this covered the service's essential training requirements and reflected the standards as outlined in the Care Certificate. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. New staff were encouraged to gain qualifications in health and social care while working at the service and were automatically enrolled onto the Diploma in Health and Social Care once their employment commenced. Eight staff had obtained a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above and nine staff were in the process of completing this. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff had appropriate training and experience to support people with their individual needs and demonstrated a clear understanding of the people who lived there. All staff completed mandatory training in the form of face to face or e-learning sessions. Mandatory training included; emergency first aid, equality and diversity, fire safety, infection control, food safety, epilepsy, conflict management, safeguarding adults and medicine training. The registered manager kept a record of staff training which highlighted when staff training required to be refreshed in each area. Staff had received specialist training in supporting people with autism and dementia training. Staff were able to describe how they supported people with their individual needs including behaviour which could challenge others.

Staff received support to understand their roles and responsibilities through face to face discussion and talks with the deputy or registered manager. Observations of practice formed part of the supervision process. Staff said that they took opportunities within these forums to raise issues, and they could approach the registered manager at other times who they found very supportive. Staff were regularly competency checked in areas such as personal care, infection control, food hygiene and medicines.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Two DoLS authorisations had been granted and eight further authorisations had been applied for. The provider was working within the principles of the Act; we saw recorded documentation of how the provider had responded to meet the requirements of this law and the needs of the people living there. The service had correctly notified CQC when authorisations had been granted. Staff had received training in MCA and DoLS and understood the importance of asking people to consent to the support, care and treatment they received. For example before we viewed any bedrooms peoples consent was sought and staff asked for people's permission before helping them to eat or move around the service.

One person said, "I'm having burger and chips, I like to have a Chinese takeaway which I sometimes get". The person was given their meal and staff said, "Here you go, extra cheese as requested, would you like any sauces?" People were offered choice with their food and drink, staff frequently asked people if they wanted hot or cold drinks and encouraged people to drink plenty of fluids throughout the day. One person's care records stated they required additional light when having their meals due to their sight. Staff were aware of this need and ensured the person had their lamp in the correct position to promote the persons independence around eating their meals. People who had specialist requirements around their meals such as pureed food or equipment to aid them whilst eating were catered for. Referrals were made to the appropriate health specialist when people were identified as being at risk when eating and drinking.

People were asked each week for the meals they wanted to be included on the menu; pictures were shown to people to help them understand the choices available. If people decided they did not want what was on offer alternative meals were provided. On the second day of the inspection people chose to have a take away of fish and chips, one person did not like fish so had sausage instead. One person was given their meal by a staff member who took time to explain to the person which each part of their meal was. Staff monitored how much people had eaten and people's weights were recorded monthly to see if additional input was required from other healthcare professionals. One person did not eat much of their meal; a staff member asked the person if they were okay and if they were tired. The person said they were tired. The staff member asked the person if they wanted something else to eat and offered them sausage rolls and asked if they wanted to lay down and eat later. The person responded they wanted the sausage rolls and this was brought to them immediately.

Peoples health needs were responded to quickly and professional advice from outside health professionals was utilised well. A healthcare professional said, "They make good use of the learning disability team and utilise this a lot. Staff are always welcoming; they are responsive and follow the guidelines given to them. They always follow up with the GP". People were supported to attend health appointments, including appointments with their psychologist, doctor, dentist, optician, and neurologist. Appointments were documented and followed up and staff communicated with the rest of the staff team any information which may need to be shared to support the person following appointments attended. Epilepsy support plans had been developed for people affected by epilepsy to inform staff what action to take if people experienced seizures. Guidance around this was detailed and informative and staff described how support should be offered to the person.

Good

Is the service caring?

Our findings

One person told us they were happy at the service, liked living there and could go to the registered manager at any time.

The staff we spoke to clearly demonstrated they had a good knowledge of people's individual needs and could describe what they liked, disliked and how they preferred to be supported. Staff demonstrated compassion and care towards people and had very positive attitudes towards giving people a good quality of life. One person began to cry, a staff member said, "Oh no it's all too much isn't it, are you thinking about (person's relative's name)?" The person said they was and the staff member told them not to worry they would try to call their relative after lunch so they could speak to them. The person responded they were happy with this and smiled. One person was visually impaired and required help to move around the service. Staff responded quickly to the persons needs and spoke to them throughout which reassured the person about where they were and what was happening, "Take your time, go at your own pace, we`re in the hallway now". Another person could sometimes become distressed and shout out, each time this happened staff quickly supported the person and asked if they were okay.

Staff frequently engaged and communicated with people in a caring and interested way, for example one person was looking out of the window and said, "Morning", a staff member went over to the person and asked them if someone was there. The staff member said, "Its (healthcare professional) they are coming to see you". The person put their chin to the staff members chin, hugged them and smiled. The staff member responded appropriately and at a pace that suited the person. The same staff member sat with another person and spent time talking to them about their family members and things that had happened in the persons past, the person enjoyed this conversation and was relaxed throughout this engagement.

Throughout the inspection staff sat with people and offered them various activities and objects to keep them interested. There were various soft toys, musical instruments, puzzles and craft equipment. A sensory room was available for people who lived in the top part of the service which was kept open at all times allowing people to use it when they chose. Within the sensory room there were lights, mirrors, musical instruments, bean bags and crash mats for people to relax on. Staff responded quickly to people who requested or showed an interest in engaging with activities. One person was offered a variety of puzzles to choose from which they enjoyed to complete at specific times in the day. Another person passed a guitar to staff so they could play with them and another person requested more paper to draw pictures which staff provided immediately. One person said to another person, "Look at the mess you've made!" a staff member quickly intervened and reassured the person they were going to clean up the mess and they did not need to worry.

People's bedrooms were decorated and accessorised according to their wishes. Some people had been shown colour charts when choosing the colours of their walls and had chosen their own soft furnishings whilst shopping with staff. People's personal tastes were reflected in their rooms, some people had decorated their rooms with pictures, photographs of family, football memorabilia, and other personal items. One person said, "The manager helped me put my blinds up which I chose I like it here". One person

preferred to position their furniture in a particular way, staff understood this was the person's preference and did not move the furniture.

Peoples consent and agreement was obtained before staff acted. For example, when lunch was served a staff member asked a person if it was okay if they put their puzzle away and they would help them choose another one once they had finished their meal. The staff member waited for the person to respond and agree before putting the puzzle away. Another staff member said to a person, "Can I move you to your comfy chair? I'm worried you are falling asleep and you will hit your head".

If people needed help with decisions which were complex they were supported to access independent advocacy services. People were supported to maintain contact with relatives and friends and spoke to them by telephone or visited them at home. The registered manager told a person they had received a letter and gave it to them to open. The person was happy to find it was a card from a relative wishing them a happy new year. The registered manager said, "You can call them later to arrange a visit if you like". The person responded, "Oh yes, that's nice". A staff member who was passing commented to the person how lovely their card was and the person smiled and laughed.

Good

Is the service responsive?

Our findings

People were treated in a person centred and individual way and staff were patient when communicating with people. A staff member said to a person, "Would you like to put your feet up in the front room? You can still have your dinner, you have that folding table, I can help you into your chair if you want, it will help you stretch your legs. I will leave you for a minute to think about it and will come back to ask you".

People's care files were written in an easy read format which included pictures to help people understand its content. Documents gave a good level of detailed guidance to inform staff of how to deliver person specific care. Information included a one page profile which highlighted important parts of the person's life, information about what a good day and bad day looked like for the person, preferred routines and preferences, risk assessments, communication information, life histories, behavioural guidelines, and goals and aspirations. People's religious preferences had been highlighted within the care plan and people were supported to practice their religion if they wished. People had health action plans with specific information about their health needs and appointments they had attended. This meant staff had clear guidance to follow to support people with their individual needs in a personalised way. Staff completed daily reports about each person so information about the person's day could be handed over to other staff appropriately. People were encouraged to be involved in their care plans and agreeing to its content.

People were encouraged to remain as independent as possible to give them control over their lives. A monthly summary sheet was kept in peoples care files to review their level of independence, health and what they had been doing socially. Staff had a good understanding of people's needs and the information contained in peoples care plans was a reflection of what happened in practice. For example, one person's care plan said they enjoyed to do puzzles at their own pace and liked staff to help them put their jewellery on in the morning. Another person's care plan said they liked to carry a can or bottle of drink with them at all times which the person was observed to have throughout the inspection.

Each person was assigned a key worker. The purpose of the key worker role was to ensure all information in the persons care file was up to date, to complete monthly weight charts review/arrange any appointments the person attended and to offer the person talk time. This ensured there was good oversight of all of the person's individual needs. During talk time people had the opportunity to discuss what they wanted to plan to do and any other issues they had about the support and care they received. If people commented they wanted to do specific things this was planned and followed up at the next talk time meeting to see if it had been achieved. For example, one person who infrequently chose to go out said they wanted to go on a shopping trip to buy Christmas presents for their relatives. The key worker arranged a day for this to happen. This was documented in their talk time record which said, '(Person) went out to do their shopping today, they picked some nice things for themselves and for their relatives'.

People were supported to follow their interests and take part in activities that were meaningful for them. Each person had a timetable of activities which took into consideration their abilities and preferences. People chose to participate in a variety of recreational activities, two vehicles were available for people to use and a bus stop was close by. During the inspection some people went out for walks and another person

went to pick up the takeaway people had chosen for their dinner. Other activities that people could do inside and outside of the service included shopping, visiting relatives, aromatherapy sessions, baking, visiting the rare breeds centre, arts, crafts and puzzles. Music sessions, attending the day centre, pub visits, sensory sessions, visiting the beach, steam train rides, visiting the zoo, horse riding, going for drives and walks and attending a disco at the day centre. Once a month a musician came to the service to sing and play musical instruments for people. Two people had recently been on a weekend break to an adults 80s music event which they had enjoyed. Staff were interested in what people were doing and encouraged them to pursue their interests. During the inspection one person was baking a flan with a staff member which they said they were going to share with other people. Another person said they wanted to make a card for a family member. A staff member sat next to the person and said, "Oh, I'm intrigued in what you are going to do".

Complaints were responded to appropriately and a robust system was in place. Each person had a copy of the easy read complaints policy in the care file which described who they could talk to if they were unhappy and what the stages of the complaint process were. When concerns or complaints were made these were recorded and follow up action taken and recorded. Some people found it difficult to understand how to complain following the formal process. They relied on staff to recognise if they were unhappy about the service they were receiving by understanding their body language and other means of communicating. Peoples care plans gave detailed information about how staff could understand what particular body language or other communication could mean. One complaint had been made in 2016 which had been dealt with and there were no open complaints at the time of the inspection.

Good

Is the service well-led?

Our findings

A staff member said, "The manager is not a typical nine till five manager, when someone was ill they stayed until midnight, they don't just go off as they care. We all get on, it's nice, the manager is very good, they don't see themselves as the boss they (manager) said we are a team". The registered manager had an open door policy and staff said they found them approachable and supportive. A deputy manager supported the registered manager with administrative duties as well as working alongside other staff and people.

A healthcare professional said, "I have not had any concerns regarding the home, and found the home manager very helpful and has good insight in to the resident's needs. I have always been happy with how the home has been run and managed during my visits, with no concerns". Another healthcare professional said, "In my experience there is good management and support for staff, the senior is very knowledgeable". There was good communication between staff to ensure people's daily needs were met. Staff documented in a handover folder any information that other staff needed to know about people when they began their shift. For example, if a person had required their PRN medicine to help them manage their behaviours or if they had attended any medical appointments. A communication book was also available if more detailed general information needed to be shared with team members.

Peoples feedback was sought through daily conversations, talk time and service users meetings. During the service user meetings people discussed what they wanted to do and what they had been enjoying. A staff member said, "When we do meetings with people they are good fun, we write down what people say how they say it". During a meeting in December 2016 people gave feedback about a Christmas party that had been arranged. One person said, "It was a nice party. All my family came to visit too!" Another person said, "It was a lovely, it was a shame my relative couldn't make it". When people were unable to verbalise their responses the minutes of the meeting still described the response they gave. For example when one person was asked if they enjoyed the party they smiled and this was recorded in the minutes.

People had been asked for their feedback about a new person who had moved into the service. During the meetings in October 2016 the newly admitted person was welcomed and was asked if they were happy with their new home. Other people were also asked how they felt the new person was fitting into the service. Before the person had moved in people had been told about the potential placement and this had been recorded in previous meetings. This demonstrated that people were fully involved in the running of the service and their views were listened to and respected. During a meeting a staff member explained to people about an upcoming political election. People were asked if they wanted to vote and the staff member explained people's rights around this. This demonstrated staff understood the importance of offering people the same rights that all individuals are entitled to.

Regular meetings were held with staff to share and discuss information in relation to the daily running of the service and people's welfare. Included on the team meeting agenda was; health and safety issues/maintenance updates, service user changes, safeguarding issues, incidents/lessons learnt, training and what was working well and not so well. Staff understood the aims of the service, their roles and responsibilities and spoke positively about the culture of the service.

The registered manager had good oversight and direction of the service; they said they felt well supported by the senior management team. There were well established aims, objectives and a clear vision. People and relatives were offered questionnaires to complete to rate the service they received and identify areas which could be improved. The registered manager analysed this information so action plans could be implemented to drive improvement. The results of the survey conducted in 2016 were positive with little feedback about how improvements could be made at the service.

There were systems in place to oversee the quality of the service. Regular audits were made of all aspects of people's care and treatment including risk assessments, care plans, health action plans, maintenance, care reviews, supervision and training. The provider conducted their own internal audits in the form of monitoring visits, observations, and quality visits. Action plans had been agreed following these visits to identify shortfalls and improve the quality of care people received. The registered manager kept records of how they had met the action plans which had been agreed. For example in April 2016 an audit had identified that the dining room chairs were in a poor condition and were an infection control risk, new chairs had been purchased. Risk assessments had been identified as in need of review in April 2016 and reviews had been recorded as having taken place.