

Care Worldwide (London) Limited

Dana House

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

This unannounced inspection of Dana House took place on the 22 December 2015.

At our last inspection of this service on 18 November 2013 a breach of legal requirements was found. This related to the management of medicines. During this inspection we found the provider had followed their action plan, and now met legal requirements by ensuring that medicines were stored safely.

Dana House is registered to provide accommodation and personal care for 4 adults. The home supports people with learning disabilities who may have additional mental health needs. The service is operated by Care

Worldwide (London) Limited. On the day of our visit there were 4 people living in the home. Public transport and a range of shops are located within walking distance of the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

Summary of findings

The atmosphere of the home was relaxed and welcoming. People were treated with respect. Staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service.

People were encouraged and supported to make decisions for themselves whenever possible to maintain and develop their independence. People participated in a range of activities of their choice, and were supported to maintain and develop a range of skills. People were provided with the support they needed to take part in and develop social interests, and maintain links with their family and friends.

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were identified and managed as part of their plan of care and support. Care plans were personalised and reflected people's current needs. They included the information staff needed to provide people with the specific and individual care and support they wanted and required.

People were supported to maintain good health and their well-being was promoted. People had good access to healthcare services they needed. Their health was monitored closely and they were provided with the treatment they needed. People had a choice of food and drink which met their preferences and dietary needs.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Staff told us they enjoyed working in the home and received the support and training they needed to carry out their roles and responsibilities in providing people with the service they needed and wanted.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew that when people did not have the capacity to make a decision in their best interests and safety, DoLS would need to be in place when it was necessary to restrict people's freedom in some way.

There was an open and inclusive culture within the home. People using the service and staff told us they felt able to communicate their views about the service and were confident that they would be listened to, and any concerns would be addressed by staff including the registered manager.

There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst supporting their independence.

There were suitable arrangements in place to make sure people received their medicines in a safe way.

Staff recruitment was managed to make sure only suitable people were employed. The staffing of the service was organised to make sure people received the care and support they needed and to keep them safe.

Good



Is the service effective?

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in providing people with effective care and support.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People received the healthcare treatment and advice they needed and were supported to maintain good health.

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. People were supported to make decisions for themselves and in their best interests.

Good



Is the service caring?

The service was caring. People were cared for by committed, caring staff who treated them with dignity and kindness. Staff knew people well, understood and respected people's rights, and involved them in decisions about their care. People's independence was encouraged and supported.

Staff respected people's right to privacy and had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to changes in their needs and wishes.

People were supported to maintain and develop their personal skills and social interests. People maintained links with the wider community and their individual needs were respected and accommodated.

Good



Summary of findings

There was a system in place for peoples' complaints to be listened to and addressed. Staff understood the procedures for receiving and responding to concerns and complaints. People knew who they could speak with if they had a complaint.

Is the service well-led?

The service was well led. The management of the home was open and inclusive. The registered manager understood people's individual needs and worked effectively with people using the service, relatives and professionals to provide people with the service that met their needs and wishes.

People and staff had the opportunity to provide feedback about the service and issues raised were addressed appropriately.

There were processes in place to monitor the quality of the services, identify any issues that needed to be addressed, and improvements were made when needed.

Good



Dana 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.

The inspection was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with the home since the previous inspection. During the inspection we looked at the Provider Information Return [PIR] which the provider completed before 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 improvements they plan to make. The PIR was discussed with the registered manager during the inspection.

All the people using the service were able to tell us about what they thought about the service. We gained further understanding of people's experience of the service by spending time observing how people were supported by staff. During the inspection we also spoke with the registered manager, an area manager, a deputy manager and two care workers. Following our visit we spoke with a relative of a person using the service and two health and social care professionals.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of all the people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in Dana House. When we asked them if they felt safe people told us; “Yes, I feel safe, we all get on,” and “I am happy.” A person using the service said they would speak to staff if they were worried about something and was confident they would be listened to.

There were policies and procedures in place, which informed staff of the action they needed to take to make sure concerns about people’s safety including suspicions of abuse, were reported to the right people at the right time. Staff we spoke with were able to describe different kinds of abuse and told us they would immediately report any concerns or suspicions of abuse to the registered manager, who they were confident, would address any safeguarding concerns appropriately. The staff also knew how to contact relevant external agencies including the host local authority safeguarding team. Staff informed us they had received training about safeguarding people and knew how to keep people safe. Staff training records confirmed staff had received safeguarding adults training and regular refresher training about the subject.

Some people managed their own finances. There were appropriate arrangements in place for supporting people who needed some assistance from staff to manage their finances and to keep their money safe. We saw receipts of people’s spending and appropriate records were maintained of people’s financial transactions. Regular checks of the management of people’s personal money were carried out by senior staff to reduce the risk of financial abuse.

There were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff told us they felt there were enough staff on duty to provide people with the care and support they needed and to keep them safe. Staff provided us with examples of when extra staff had been provided such as when people needed staff support to attend appointments and activities outside of the home, including holidays abroad. A person using the service told us that staff had time to talk with them and spend one-to-one time with them. We saw staff spent time assisting a person with their personal care and with household tasks during the inspection. A care worker told us that when extra staff were needed the manager made sure this was arranged.

The registered manager told us that the staff turnover rate was low and regular care workers worked in the home so there was consistency of staff who knew people well and understood their individual needs. The staff rota confirmed that regular staff worked in the home and people told us they liked the staff and knew them well. We saw people approach staff including the registered manager without hesitation.

Staff we spoke with were knowledgeable about people’s individual needs including how they needed to respond when people’s behaviour challenged the service. A person’s care plan included details of triggers for behaviours that challenged the service and the measures in place for supporting the person. Records showed staff had received training in managing a person’s specific behaviour that at times challenged the service.

Care plan records showed risks to people were assessed and guidance for staff to follow minimised the risk of people being harmed but also supported them to take some risks as part of their day to day living. Risk assessments were personalised and included risk management plans. They had been completed for a selection of areas including; self-harm, use of the kitchen, bedrails, going out in the community, finances, epilepsy, alcohol and sexual abuse. Risk assessments were regularly reviewed. General health and safety risk assessments were also in place. This included risks and management of risks in the kitchen and bathroom, and risks to do with fire safety and Control of Substances Hazardous to Health [COSHH].

Accidents and incidents were recorded and addressed appropriately. Care workers told us they would complete an incident record and tell the registered manager if they were notified of an incident.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. Staff we spoke with confirmed that a recruitment process that had included appropriate checks and an interview had been carried out prior to them starting their job.

Medicines were stored and managed safely. An up to date medicines policy which included procedures for the safe

Is the service safe?

handling of medicines was available. Staff we spoke with were knowledgeable about this policy. Medicines administration records [MAR] showed that people received the medicines they were prescribed. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. Staff had received medicines training. Records showed that staff completed a medicines' competency assessment before they managed and administered medicines. Care plans included specific detail about each person's individual needs with regard to their medicines, including how they liked to take their medicines such as with a glass of water. A person told us they always received their prescribed medicines.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. The home had an emergency plan. People had personal emergency evacuation plans and took part in regular fire drills so they knew what to do in the event of an emergency. Health and safety matters such as the importance of washing hands after using the toilet and before cooking were discussed during residents' meetings.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves.

Is the service effective?

Our findings

All the people using the service told us they were happy living in the home. A person told us that staff understood what they liked and provided them with the support they needed. They told us that the staff were “Nice.” A relative of person told us that staff were approachable, skilled and knew their relative [person using the service] well. They told us “[Person] is well looked after.”

Care workers we spoke with were knowledgeable about people’s needs and positive about their experiences of working at the home. They told us they enjoyed their job supporting and caring for people. We saw staff provided people with care and support in line with people’s care plans. For example; staff assisted a person who had mobility needs to walk as advised by a physiotherapist and also documented in the person’s plan of care.

All the staff we spoke with told us and records showed that they had received an induction when they started working in the home. This had included ‘shadowing’ more experienced staff so they knew what was expected of them when carrying out their role and responsibilities in providing people with the care and support they needed. Care workers told us during their induction they learnt about the organisation, its policies and procedures and about the service provided for people. They also told us they spent a lot of time when they first started working in the home talking with people to get to know them and by speaking with other staff including the registered manager about people using the service and their needs. Care workers told us they regularly read people’s care plans and other records to ensure they were aware of people’s current needs. The registered manager and area manager told us when new care staff were recruited they would complete the new induction Care Certificate which is the benchmark that has been set in April 2015 for the induction of new care workers.

Staff were aware of the responsibilities of their job roles and told us they received the training and support they needed to carry out their roles in providing people with effective care and support.

A care worker told us that the training they had received was “Very good.” We spoke with a deputy manager who had staff training as one of her responsibilities. She told us about the electronic learning and other training that staff

completed. She told us there was a system in place that identified when individual staff were due particular training. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, infection control, moving and handling, health and safety, food safety, fire safety, first aid and MCA/DoLS. Staff had also received training and learning in other relevant areas including; care planning and report writing, challenging behaviour, dignity in care and epilepsy. Care workers told us that they would inform the registered manager if they felt they needed further training in a particular topic area and they were confident the manager would address this. Staff were supported by the provider to obtain vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this.

Staff told us they felt well supported by the registered manager and other staff. They said that the registered manager was always available to provide the support and guidance they needed. They said that people’s individual needs and the guidance about how to meet those needs was frequently discussed with the registered manager. The registered manager told us staff also received ongoing supervision on a day to day basis when best practice issues and strategies to support people were discussed with staff to ensure there was consistency of care provided by the staff team. Staff told us and records showed staff received supervision and appraisals to monitor their performance, identify their learning and development needs and to discuss people’s needs.

People’s needs and the service were also discussed during staff shift ‘handover’ meetings. Care workers told us there was very good communication among the staff team about each person’s needs, so they were up to date with people’s progress and knew how to provide people with the care and support they needed. A relative of a person told us “[Person] seems happy and well looked after.”

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records showed people had access to a range of health professionals including; GPs, psychiatrists, opticians, dentists and community nurses to make sure they received effective healthcare and treatment. A person said they saw a GP when they needed to and had attended other health

Is the service effective?

appointments. A health professional spoke in a positive manner about the service, and told us that they were kept well informed by the staff team about the progress of a person using the service, and that staff were “Always a pleasure to support.”

Care plans included detailed guidance for staff to follow regarding people’s physical and other health needs. People had a ‘health book’ that included information about the person’s individual health needs and the care provided to support them to achieve positive health outcomes, such as by participating in exercise and healthy eating.

The registered manager and care staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make one or more decisions for themselves. People’s care plans and other records showed they were supported to be involved in decisions about their care and treatment. Care workers told us that people had the capacity to make decisions about their lives. They also knew that when people were assessed as not having the capacity to make a specific decision, health and social care professionals, staff and on occasions family members would be involved in making a decision in the person’s best interests. Staff knew what constituted restraint and knew that a person’s deprivation of liberty must be legally authorised. Staff told us and records showed that staff had completed MCA and DoLS training. The registered manager told us that currently no people using the service were subject to a DoLS authorisation but applications to the local authority for DoLS had been made for two people, and both had recently been visited by a DoLS assessor and a psychiatrist.

Care workers we spoke with were knowledgeable about the importance of obtaining people’s consent regarding their

care and treatment and in other areas of their lives. They told us they always asked people for their consent prior to assisting them with personal care and when asking them about their participation in activities.

We found people’s nutritional needs and preferences were recorded in their care plan and accommodated for. Staff we spoke with had knowledge and understanding of people’s individual nutritional needs including their dietary needs and preferences. Menus were based on what people liked to eat and healthy eating options were discussed with them. People using the service regularly made decisions about the content of the menu and one of them wrote a list of the ingredients that staff needed to buy for the weekly shop. For example during the week of the inspection people had planned the food they wanted for Christmas. Pictures of meals and food were available to assist people with choosing the meals they wanted on the menu.

The registered manager told us that in response to a person’s medical needs they had introduced lower fat food items to the person’s menu following discussion with the person. A person told us “I don’t eat sugar, I avoid it. Instead of pudding I have fruit or yoghurt.” Staff told us that although people were told about how they could eat well, it was ultimately their choice. People also participated in the preparation of meals and were offered a range of drinks throughout the inspection. People were complimentary about the meals. A person using the service told us they had chosen their breakfast and enjoyed their lunch.

The registered manager told us about recent improvements that had been made to the premises, which included a new kitchen and new patio door. The registered manager told us there were plans to redecorate communal areas of the home in early 2016. A person showed us their bedroom and told us they liked their room which had been decorated in their favourite colour. People told us they enjoyed spending time in the garden during warm weather.

Is the service caring?

Our findings

The atmosphere of the home was calm and friendly. During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a kind and respectful manner. People using the service were complimentary about the staff and told us they were kind, treated them well. People said staff listened to them and provided them with the care they needed. A person told us “I’m happy, it’s nice here.” A relative of a person spoke in a positive manner about the care that staff provided to people.

A person told us they made decisions about their life and felt fully involved in the service. During the inspection we found staff took time to engage with people. They spent one-to-one time with people and consulted them about a range of matters including activities they wanted to participate in and what they wanted to eat. Staff respected the decisions people made. During the inspection a person had chosen to visit a friend independently and this decision had been respected by staff.

Staff told us they were happy working in the home, enjoyed supporting and caring for people using the service and worked well as a team. Staff confirmed they read people’s care plans and received detailed information about each person’s progress during each shift so understood people’s individual needs and were able to provide people with the care they needed. People spoke in a positive manner about the care workers and the registered manager.

People’s daily routines and preferences were written in their care plan. Each person had a key worker who supported them in their day to day lives. A person told us the name of their key worker who they said regularly talked with them and helped support them with their care and other aspects of their lives including arranging contact with those important to them. Care workers told us about their keyworker role in supporting people in all aspects of their lives and reviewing people’s care plans.

Staff told us and care plans showed people’s independence was supported. People made decisions about what they wanted to do, who they wanted to visit and the purchases they wanted to make. A person using the service showed us the items they had bought when shopping with their friend. Another person told us they had recently been shopping and had bought an article of clothing they had chosen.

They told us “I like shopping, it’s my best thing.” A person told us they had a travel card which enabled them to access public transport without cost. Another person said “I get my letters.”

People had the equipment they needed to enable freedom of movement and independence, for example a person had a wheelchair they used to move within and outside the home. However, we saw that this person’s wheelchair was missing a foot plate and had a faulty brake; the person told us they had a new wheelchair without faults which they preferred to use. Staff promptly assisted the person to transfer to the new wheelchair and assured us the faulty one would not be used unless it was repaired. Another person told us and records showed that the person was being supported by staff and their social worker with working towards moving to a supported living placement. The person told us they were fully involved in this plan and were very positive about the potential outcome of their possible future living arrangements.

Staff understood people’s right to privacy and we saw they treated people with dignity. Care workers told us they made sure that the bathroom door was closed when supporting people with their personal care needs. Care workers we spoke with had a good understanding of the importance of confidentiality. Staff knew not to speak about people other than to staff and others involved in the person’s care and treatment. People’s records were stored securely.

People were supported to maintain the relationship that they wanted to have with friends, family and others important to them. Staff told us about their role in supporting and encouraging people to maintain and develop contact with those important to them, this was demonstrated during the inspection when a person’s relative was contacted by telephone at a person’s request. Staff told us and records showed people had frequent contact with their relatives and that staff supported people by assisting them in planning and arranging visits to family and friends. A person told us about their plans to stay with a relative during Christmas. A person told us about the friend that they saw regularly. Another person told us they regularly spoke with a relative on the telephone. A relative of a person said that they visited their relative living in the home and was always made to feel welcome.

Staff understood that people’s diversity was important and something that needed to be upheld and valued. A care

Is the service caring?

worker told us equality and diversity was about respecting and valuing people's differences including their culture and religion, and treating people fairly. They told us "We respect each other here, we are like a family." People's care plans showed that they were supported by staff when they chose to have close relationships, such as a boyfriend. Staff were knowledgeable about people's religious needs, which were written in people's care plans. A person told us they had

attended a place of worship. People using the service confirmed a variety of religious festivals as well as people's birthdays were celebrated by the service. All the people we spoke with said they were looking forward to celebrating Christmas. They told us they had helped to decorate the Christmas tree and had chosen the food they wanted to eat during Christmas.

Is the service responsive?

Our findings

Staff told us that before a person moved into the home information about the person's needs was obtained from health and social care professionals and an initial assessment carried out by management staff including the registered manager to determine if the service was able to meet the person's needs and to make sure they were compatible with people using the service. Prior to moving in people have the opportunity to visit the home, the number and sort of visits varied according to each person's individual needs and preferences.

People's care and support had been individually planned to meet each person's specific needs and preferences. People's care plans showed us assessment of people's needs formed the basis of their care plan and identified where people needed support and guidance from staff. The care plans we looked at contained detailed information about each person's health, support and care needs and what was important to them. There was written guidance about how to provide people with the care and support they needed, such as the specific support a person needed with their mobility needs. Guidance was also in place to support a person who on occasions became anxious. This guidance included; 'Staff to calmly talk with me'. People told us they were involved in decisions about their care, knew about their care plan and participated in its review. A person told "I am pretty happy, staff look after me well."

The registered manager told us people's needs were assessed and monitored on a day to day basis by the staff team. Records of people's care and support were completed during each working shift so staff had up to date information about each person's needs. Staff told us and records showed that staff were responsive to changes in people's needs and arranged health and social care professionals including psychiatrist and an epilepsy nurse specialist for support and advice when required.

Relatives of people were kept informed about their family member's well-being, and were contacted when people's needs had changed and about significant issues to do with their lives. Some people's relatives were also involved in supporting their relative living in the home with decisions about their care. A relative confirmed this and provided us with examples of the support they had provided for a person when decisions were made about meeting the person's specific personal care needs. Records showed

people's care plans were reviewed regularly by keyworkers with involvement of people using the service. Care plans were also updated when people's needs changed, for example when they became unwell or when their behaviour challenged the service. The registered manager told us that she takes part in 'in writing and reviewing' people's care plans to ensure they were accurate.

People's individual choices and decisions were recorded in their care plan. We heard staff offer people choices. These included choices about the television programmes they wanted to watch, whether they wanted the lounge light on or off, meals they wanted to eat and if they wanted to help with household tasks. People's decisions were respected. Each person had an individual activity plan which we saw adhered to during the inspection. Staff were knowledgeable about people's preferences and the type of activities they enjoyed. They supported people to follow their interests, develop and learn new skills, and take part in a range of activities including those that were community based. People told us they were supported to attend regular hairdressing appointments, and enjoyed going to restaurants, and on outings including holidays. A person told us about the holidays they had taken, and said "I like going on holiday and like the entertainment and shops on cruises." Another person told us they had recently had their hair cut in the style they liked. Everyone living in the home spent time during the inspection out in the community that included; visiting a friend, going out with staff for a drive, and shopping.

People told us they liked going shopping for clothes and spoke about recent shopping trips they had enjoyed. A person has a pet rabbit which they cared for. Records showed the person had recently bought their pet some food. A person did an art activity during our visit, which they told us they enjoyed. Another person showed us the knitting they were doing and another person told us about the household tasks they and other people using the service participated in. These included; the laundering of their clothes, vacuuming, food preparation for cooking and tidying their rooms. We saw people take part in a range of everyday tasks during the inspection. A person told us they enjoyed carrying out these duties and said "I Hoover and dry the dishes."

The service had a complaints policy and procedure for responding to and managing complaints. This was in picture and written format. Staff knew they needed to take

Is the service responsive?

all complaints seriously and report them to the registered manager. A relative told us they had no concerns or complaints about the service, and had no hesitation discussing any issues about the service to the registered manager who they were confident would address any concerns appropriately and promptly. Records showed

people had been asked during resident's meetings if they had any complaints or concerns about the service. There had been one complaint from a person using the service in 2015. Records showed it had been managed and addressed appropriately in line with the provider's complaint's policy.

Is the service well-led?

Our findings

People and a person's relative spoke in a very positive manner about the service. They told us the registered manager, and care staff were approachable and communicated with them well. Comments from people using the service included, "I am happy here," and "I can talk to the manager, she listens."

The registered manager told us, and staff and people confirmed the home had an 'open door' policy so people and care staff could speak with her and/or the area manager at any time about all aspects of the service. A person using the service confirmed they saw the registered manager often who spoke with them and asked how they were. We saw the registered manager engage with people using the service and other staff in a positive manner. There is an on-call system which meant a senior member of staff was available at all times to provide staff with advice, support and guidance.

Regular team meetings, provided staff with the opportunity to receive information about any changes to the service and to discuss and raise any concerns or comments they had. Staff told us they had no concerns about raising issues about the service and people's care to the registered manager who they were confident would listen to them, discuss and address the issues. For example, the deputy manager told us she had suggested introducing medicines profiles for each person and this had been agreed by senior staff and was now in place. Records confirmed this. Staff told us strategies to do with supporting a person whose behaviour sometimes challenged the service had been regularly discussed with the staff team during meetings, staff supervisions and on a daily basis to ensure the person received the support they needed and to make sure staff were consistent in their approach in supporting the person. A care worker told us about the importance of good communication between all staff about people's needs and the service. Comments from staff included "We all work well together, there is good communication," and "It is all about working together."

People also had the opportunity to attend regular resident meetings and 1-1 meetings with their keyworker where they were asked for feedback about a range of areas to do with the service. This included; whether people felt safe, were happy with the service, had any complaints and felt their privacy was respected by staff and others. Records

showed that people using the service had discussed a range of areas including holidays, the meals, activities and those important to them during resident meetings. A person using the service told us staff listened to them.

Records showed satisfaction surveys had been completed by people using the service. Results of this feedback showed people were satisfied with the service. The registered manager told us that she had recently sent people's relatives feedback forms but had not yet received any back. However, she told us she had on-going communication with family members via telephone and email. People's care records showed the service worked with others such as social workers and health professionals to provide people with the service they required. Feedback from health and social care professionals was positive about the service. They told us the registered manager was kind, managed the service in people's best interests and shared concerns about people using the service with them. Records showed the registered manager had contacted appropriate agencies including local authority commissioners, the safeguarding team and CQC when this was required.

Policies were in place to make sure the operation of the service was effective, met legislation and kept people safe. Staff we spoke were aware of the policies and procedures and knew how to access them when this was required. We saw staff had signed when they had read a policy. A care worker told us they had recently read the health and safety policy.

Staff undertook audits to check the quality of the service provided to people. These checks included hot water temperature checks, cleanliness of the environment, fridge/freezer temperatures, people's finances, people's weight gain and weight loss, staff supervision and the management and administration of medicines. A kitchen food safety check carried out this year by the host local authority had rated food safety as very good.

The registered manager told us the Quality Assurance Team for the company keeps the staff team up to date with best practice and communicates quality and practice issues to staff via email and during their visits to the home. She told us the Quality Assurance Team carried out checks of the service and were available for guidance and advice. We looked at a quality assurance check that had been completed in 2015. It showed that several aspects of the service had been checked under the five key questions;

Is the service well-led?

safe, effective, caring, responsive and well-led. These areas included; accidents and incidents, medicines, care plans,

fire safety, cleanliness, staff training, nutrition, and feedback from people. Action that needed to be taken by the registered manager in response to this audit was recorded.