

Saint John of God Hospitaller Services

Saint John of God Hospitaller Services - 1-2 Dalby View

Inspection report

1-2 Dalby View
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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

We inspected Saint John of God Hospitaller Services – 1-2 Dalby View on 29 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Dalby View is an eight bedded residential service, which is split across two separate bungalows. The service provides care support and accommodation to eight adults who have learning disabilities and / or physical disabilities. The service is close to all local amenities.

The home had a registered manager in place. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection the registered manager was spending some time during the week away from the home. They were providing management support to another service in the organisation. In the interim the deputy manager was acting as manager when the registered manager was away from the service.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls, burns and scalds. This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervision on a regular basis and an annual appraisal.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People and relatives told us that there were enough staff on duty to meet people's needs. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Assessments were undertaken to identify people's care, health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. Support plans were developed with people who used the service and relatives to identify how they wanted to be supported.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw that there was a plentiful supply of activities and outings and that people who used the service went on holidays. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them. People and relatives we spoke with did not raise any complaints or concerns about the service.

Summary of findings

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

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. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and an annual appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. People had hospital passports.

Good



Is the service caring?

This service was caring.

People and relatives told us that people were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and relatives were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities and had an annual holiday.

Good



Summary of findings

People and relatives we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

The service was well led.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified.

Good



Saint John of God Hospitaller Services - 1-2 Dalby View

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.

We inspected Saint John of God Hospitaller Services – 1-2 Dalby View on 29 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the home. The provider completed a provider

information return (PIR) which we received prior to the inspection. 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 the inspection we spoke with six people who used the service. We spoke with the registered manager, service improvement manager, deputy manager, a senior support worker and a support worker. After the inspection we contacted the local authority to find out their views of the service. We also spoke with the relatives of two people who used the service to seek their views.

We spent time with people in communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at lunch time and during activities. We looked at two people's care records, one recruitment record, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms, and communal areas.

Is the service safe?

Our findings

We asked people who used the service about safety, one person told us, “We don’t open the door to strangers.” Another person said, “I’ve got protection on my windows to stop burglars getting in.” The registered manager explained to us that in the past there had been a burglary and one person had requested grills on their window to make them feel safe. Another person said, “I always feel safe.” A relative we spoke with after the inspection described the service as, “Very safe.”

During our discussions with staff they were able to tell us about different types of abuse. Staff were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation’s whistle blowing and safeguarding procedures. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case. One staff member said, “We talk about safeguarding in our supervision. She (the registered manager) gives you a little scenario and asks you what you should do. I have no qualms at all about whistleblowing.” Staff told us that they had received safeguarding training at induction and every three years thereafter. We saw staff had received safeguarding training in 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The service had a safeguarding policy that had been reviewed in April 2013. During the last 12 months there has been two safeguarding concerns raised in which appropriate action was taken by staff at the service to ensure safety and minimise the risk of reoccurrence.

The registered manager told us that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw that some water temperature recordings were too cool (39 degrees Celsius). The registered manager told us that she would take action to ensure to increase the water temperatures to the safe temperature of 43 degrees Celsius. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety.

We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, emergency lighting, hoists and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw evidence of emergency evacuation plans for all of the people who used the service. The purpose of this plan is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also saw that the service had a disaster plan which contained useful information on where the electricity meters and stopcock were as well as contact numbers of relatives, staff, pastoral support, the Care Quality Commission, safeguarding and taxis. This meant that in the event of an emergency staff had useful information to hand.

Risks to people’s safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls, burns and scalds. This enabled staff to have the guidance they needed to help people to remain safe. Staff we spoke with told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We spoke with staff who were able to tell us clear triggers to people’s behaviour that challenged. They told us of actions they took to minimise the identified risk. We spoke with the registered manager and staff about how they supported one person with their money to be as independent as possible and to also reduce the risk of financial abuse. We were also told about how one person went to the local cathedral twice a week. Staff supported the person to get to the cathedral, however once there was left to be with their friends. Staff would then pick the person back up when they had finished. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

We saw that where needed people had individual environmental check list for slips, trips and falls. We looked at the risk assessment for one person. This risk assessment had been undertaken by the head of health and safety for the organisation. Prior to moving to the service this assessment highlighted that the person had difficulty with

Is the service safe?

opening doors due to their health and mobility. This highlighted the need for a push open door mechanism to aid getting in and out of the person's bedroom. The registered manager told us that this device was fitted before the person moved in.

Since the last inspection of the service there has been one staff member recruited. We looked at this staff member's file which showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

Through our observations and discussions with people, relatives and staff members, we found there was enough staff with the right experience and training to meet the needs of the people who used the service. At the time of the inspection there were eight people who used the service (Four people in each bungalow). The registered manager told us that in bungalow 1 there was two staff on duty during the day from 7:30am until 10pm and on night duty there was one staff member on duty who went to sleep when people who used the service went to bed. In bungalow 2 there were one or two staff on duty during the day from 7:30am until 10pm. The number of staff varied dependent on the need of people and how many people who used the service were at home during the day. On night duty there was one person on duty. We looked at duty rotas which confirmed this to be the case. We spoke to people who used the service about the amount of staff on duty. One person said, "We do whatever we want. There is always someone to help and take you out." From our observations we saw when people needed help that staff were visible and available to provide the help and support.

There were medicine storage areas in each bungalow. We looked at medicines systems in bungalow 2. There were appropriate arrangements in place for obtaining medicines

and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

For each person who used the service there was individual and person centred guidance on the administration of medicines. For example were told by staff and saw records to confirm that when one person who used the service had their medicines they liked staff to stir the glass of water and bang a spoon on the side and say "Ta Da." Staff told us how if they followed this procedure the person would always take their medicines. Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Accidents in the home environment were minimal. Staff told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff told us they had undertaken training in first aid. We saw records to confirm that this was this training was up to date. A staff member we spoke with during the inspection said, "Even though we do the emergency aid I also did the three day first aid training. It's good and gives you more of an awareness of what to do in an emergency."

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I like living here I just do. The staff are dead good." A relative we spoke with said, "On the whole we are very very happy with this service." Another relative said, "It's just like home from home."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, medicines administration, and working with challenging behaviour. Some staff were due training in infection control and food hygiene. The registered manager told us that training would be undertaken within the next few weeks. We saw that staff had also undertaken training in epilepsy.

One person who used the service told us that they had done some of the training that staff had undertaken. They said, "I did the infection control and fire safety training with staff."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "I have had lots of support from the manager and management team." Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The manager and staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. We saw that appropriate documentation was in

place for one person who lacked capacity to make best interest decisions in relation to their healthcare. We saw that the principles of the act were displayed in the main office areas and were visible for staff to read.

At the time of the inspection, nobody who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS. We saw that a poster with information in respect of DoLS was displayed in the main area for staff to read.

Staff told us that food choices were discussed with all people who used the service. We saw that each person made a food choice for a different day. Other people who used the service could have the same food choice or have something different. The registered manager told us that staff and people who used the service go shopping for food.

We saw that people were offered choice. At lunch time one person had soup and another person had pasta and garlic bread. People told us they liked the food. One person said, "The food is nice I like eating. I like things like fish pie and that." Another person said, "The food is brilliant. In winter we have warm things in summer we have different foods. Another person said, "The food is good I like curries."

We saw that staff one person who used the service were unable to maintain adequate nutrition orally and as such had a PEG tube (Percutaneous Endoscopic Gastrostomy). This is a way of introducing foods and fluids directly into the stomach. We saw that this person had a plan of care which informed of the feeding regime. We spoke with staff who were able to tell us of the feeding regime but also told us how they worked with the dietician to give tasters of food safely to the person. The staff member told us how the person who used the service was allowed small teaspoons of smooth food. They told us how they gave these tasters at mealtimes with other people who used the service to ensure that the person socialised with other people and enjoyed the meal time experience.

We saw that people were supplied with a plentiful supply of hot and cold drinks during the inspection.

We asked the registered manager what nutritional assessments had been used to identify specific risks with

Is the service effective?

people's nutrition. The manager told us that staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. We saw records of such visits to confirm that this was the case. However, staff did not complete nutritional assessment documentation. A discussion took place with the registered manager about the Malnutrition Universal Screening tool (MUST). The registered manager told us that staff at the service would undertake nutritional screening as a matter of priority.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist,

dietician and their doctor. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. One person said, "If I'm unwell they ring for the doctor. I've been to the hospital a few times." Another person said, "I go to the dentist and the chiropodist." We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

At the time of the inspection there were eight people who used the service. People and relatives we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person said, "All the staff are kind to me and I like living here with all of my friends." Another person said, "It's quite good here. It has its ups and downs but that's life." A relative we spoke with described the service as "Excellent." They also said, "It's just like home from home. The staff are so nice they are just like an extended family. I have nothing but praise." Another relative we spoke with said, "He's the happiest he's been in a long time. He sees it as his home. They have worked through things with him to get to where he is now. He is a very settled man living at Coulby."

People and relatives were involved in making the decision to use the service. Prior to people coming to stay, people were given the option to come for day visits and overnight visits to help make an informed decision about whether they wanted to move in. The visit also enabled staff to determine if they could meet the person's needs and make sure that other people who used the service were happy for the person to live with them. We spoke with one person who confirmed this to be the case. They said, "I visited before I moved in I had a look around. They're pretty good here."

During the inspection we spent time in both bungalows so that we could see both staff and people who used the service. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, were patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. For example at some times people were in need of reassurance and affection. Staff responded by giving a hug but also making sure that professional boundaries were maintained. When people became anxious staff supported them to manage their anxiety. Staff took time to talk and listen to people. Staff were skilled with communicating with those people who had some difficulty with communication. This showed that staff were caring.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from

discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. One staff member told us the importance of core values. They said, "We all know the importance of trust, compassion and empathy and that's why I like working here. The staff in here all know that the service users are the main priority. It's not like coming into a care home it's like coming into their home. They also said, "I think this is a great service as it has a relaxed family atmosphere."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

Staff we spoke with explained how they maintained the privacy and dignity of the people who used the service and told us that this was an important part of their role. Staff said, "You do as you would do at home. You always make sure you shut the door when providing care. You knock before you go into their room and when you are washing someone you always make sure they are covered up." Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear and activities they wanted to take part in. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. People had a locked safe in which to store small personal items. All bedrooms were very individual to the person's likes and interests. We did note that one of the bedrooms for people who used the service had a small window at the top of the door. We pointed this out to the registered manager that this could compromise the person's privacy and dignity. The registered manager told us that they would take action with immediate effect to cover the window.

Is the service responsive?

Our findings

The registered manager told us that six out of the eight people who used the service attended day services for one to two days a week. At other times staff provided support for social activities. The remaining two people received support for social activities on a day to day basis. Staff and relatives told us that people were involved in a plentiful supply of activities and outings. We were told how one person had a season ticket to see Middlesbrough and how some people visited their relatives on a regular basis. One person who used the service told us how they liked to go shopping for clothes. Another person told us how they liked to go to the cinema.

One person told us that they had an interest in music. They showed us their music collection in their bedroom. During the inspection we heard this person singing to music in the kitchen area. This person told us "I like Paul Weller he used to be in a band called The Jam." They told us they were going to ask staff to arrange to take them to see Paul Weller in concert. This person was confident that this would be arranged. A staff member we spoke with said, "What service users want service users get. They come first." Staff and people who used the service told us they had been to see The XFactor tour, Olly Murs and Rhianna.

People told us they had been on holiday in 2014. One person told us how they had been to Blackpool. They said, "I went to Blackpool, I have been a few times it was nice." Another person said, "We go on holiday every year and this year I want to go to Wales." We were told how people had enjoyed an overnight stay and Christmas shopping in Glasgow and how others had been to Liverpool.

During our visit we reviewed the care records of two people. Each person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. People and relatives told us they had been involved in making decisions about care and support and developing the support plans.

A full care and support plan was then written with people describing how they wanted to be supported. We found that care and support plans were reviewed and updated on

a regular basis. Care and support plans looked at during the inspection were person centred and contained very detailed information on how the person liked to be cared for and their needs. Person centred planning means putting the person at the centre to plan their own lives. The aim of the plan is to ensure that people remain central to any plan which may affect them. Care and support plans clearly stated how people wanted to start and spend their day what they needed help with and the support needed from staff. The second care plan we looked at contained lots of pictures of family and friends. The plan clearly stated what was important to the person to meet their physical, social and emotional needs. This helped to ensure that people were care and supported in a way that they wanted to be.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service, staff and relatives told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

Staff told us people who used the service and relatives were given a copy of the easy read complaints procedure when they moved into the service. We looked at the complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. The procedure referred people to the Care Quality Commission for independent review if they were not satisfied with the outcome of their complaint. We spoke with the registered manager about this and explained that we could not investigate individual concerns / complaints. However, we were interested in people's views about the service. The registered manager told us that the procedure would be amended. People and relatives we spoke with told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person said, "I would tell her (the registered manager) if I wasn't happy and she listens. She really does listen. A relative we spoke with said, "If there was anything I would go to them and talk it through they are very understanding."

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months.

Is the service well-led?

Our findings

People who used the service and relatives spoke extremely highly of the registered manager. One person said, “She (the registered manager) is really lovely.” A relative we spoke with said, “She (the registered manager) just has that something about her. She is always happy and there is always such a lovely atmosphere.” At the time of the inspection the registered manager was spending some time during the week away from the home. They were providing management support to another service in the organisation. In the interim the deputy manager was acting as manager when the registered manager was away from the service. Observation of people who used the service showed that the registered manager was very popular with people and for the time they had spent away from the home they had been missed. We heard one person say to the registered manager, “When are you coming back I miss you.”

The registered manager was supported by a service improvement manager. We found that the service improvement manager visited the home on a regular basis and spent time with people who used the service. People who used the service told us that they liked the service improvement manager and they enjoyed their visits to the service.

The registered manager told us about their values which were communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us that they had an open door policy in which people who used the service and staff could approach them at any time.

The staff we spoke with said they felt the management team were supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, “She (the registered manager) listens to your ideas. Even though service users are her priority she always thinks about the staff.”

We found that the registered manager and staff had a good understanding of the principles of good quality assurance.

The registered manager recognised best practice and developed the service to improve outcomes for people. The manager and staff have worked with the British Institute of Learning disabilities in providing person centred care to people who used the service.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this is the case.

The registered manager told us that people who used the service met with staff on a regular basis to share their views and ensure that the service was run in their best interest. We saw records of meetings.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This system helped to ensure that any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The registered manager told us of various audits and checks that were carried out on the environment and health and safety. We saw records of audits undertaken. We saw records of a recent health and safety audit, a quality, safety and property audit and medicine audit. This helped to ensure that the home was run in the best interest of people who used the service.

The service improvement manager told us that they carried out regular visits to the service to monitor the quality of the service provided. We saw records of visits for November and December 2014 and January 2015.

We saw that a survey had been carried out in October 2014 to seek the views of people who used service. The results of the survey were positive; people expressed satisfaction with the staff and service provided. They did make comment that the washing machine was loud so staff now make sure that the laundry door is closed when the washer is on.

After the inspection we spoke with a representative of the local authority to seek their views on the service and care provided they told us, “Dalby View always respond proactively to any of our requests.”