

Community Integrated Care Summerson 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 ●

Summary of findings

Overall summary

The inspection took place on 14 December 2016 and was unannounced, which meant that the staff and provider did not know we would be visiting. The care home was last inspected on 15, 21 and 26 January 2016 and was in breach of three of the legal regulations and was rated overall as Requires Improvement. These related to the breaches of regulation regarding good governance, consent to care and treatment, and the arrangements for ensuring staff were suitably supported by means of training and appraisal.

Summerson House is a six bedded care home providing personal care to people with a learning disability. It is a purpose built house situated close to local shops and amenities.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At our comprehensive inspection on the 14 December 2016 we found that the provider had followed their plan which they had told us would be completed by the 30 April 2016 and legal requirements had now been met.

There were enough skilled and experienced staff on duty to meet people's needs. Recruitment systems were robust, so helped the employer make safer recruitment decisions when employing new staff. New staff had received a comprehensive induction into how the home operated and their job role. This was followed by regular training updates, supervision and specialist training to meet the needs of the people using the service.

People's needs had been assessed before they moved to the home and we found they, and if required, their relatives had been involved in planning care. Care files reflected people's care and support needs, choices and preferences and these were accurate and up to date.

There was a strong person centred and caring culture in the home. Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual. The vision of the service was shared by the management team and staff.

People felt safe living in this home and staff supported them to stay safe in the local community. We saw that people who lived in the home were comfortable with the staff who worked there, with a supportive working relationship.

Systems were in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans to reduce the risks were in place to

ensure people's safety.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff had a good understanding and knowledge of this topic. People who used the service had been assessed to determine if a DoLS application was required and some people had authorised DoLS in place and staff were aware of any conditions attached to these.

Systems were in place to ensure people received their medications in a safe and timely way from staff who were appropriately trained. More robust monitoring of medication had been introduced since our last inspection.

People were supported to maintain good health because they had access to appropriate health care services. They were supported to eat and drink sufficient to maintain a balanced and varied diet.

Relatives of people who used the service, who we spoke with, told us they were very happy with how care and support was provided at the home. They spoke extremely positively about the staff and the way the home was managed.

There were extensive systems in place to monitor and improve the quality of the service provided. These had been improved and implemented since our last inspection and we saw these had been embedded into practice. There was an open and transparent culture where measures were put in place from lessons learnt from incidents or errors so that they were less likely to happen again.

The registered manager and staff we spoke with were very passionate about ensuring effective quality monitoring to continually improve the service and the wellbeing of people they supported.

Staff conveyed enthusiasm about the ethos of the home and said they were committed as a staff team to make a difference to people's lives. A visiting health care professional told us, "The new manager needs considerable credit for the improvements to the home. The team are now fully on board with a positive proactive approach."

Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were very well managed and organised.

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.

People were protected from harm. Staff knew what action to take if they suspected abuse was taking place. Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

Recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff. There was sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely.

Is the service effective?

Good ●

The service was effective.

Good systems were in place to ensure people received support from staff who had the right training and skills to provide the care they needed.

Support was provided with food and drink appropriate to people's needs and choices in a way that promoted people's health and well-being.

Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and well-being.

Staff ensured they obtained people's consent to care. People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

Is the service caring?

Good ●

The service was caring.

People were supported in a way that promoted their welfare and

wellbeing.

People made choices about their lives and their independence and dignity were protected and actively promoted by staff in the home. People therefore received support that made a positive difference to their lives.

Staff were knowledgeable about supporting people in the end stages of their life and provided sensitive and compassionate support that went the extra mile.

Is the service responsive?

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences. Staff understood the concept of person-centred care and put this into practice when looking after people.

There was a large range of individualised activities on offer at the home. People were also encouraged to pursue their own hobbies or interests.

We saw that accessible information was available to show people how to raise complaints. We found that relatives were regularly contacted to check if they were happy with the service.

Good ●

Is the service well-led?

The service was well-led.

The registered manager and staff had developed a strong and visible person centred culture in the service.

The management team were very knowledgeable and inspired a caring approach, leading by example.

There was a range of robust audit systems in place to measure the quality and care delivered. People, their relatives and staff were positive about the way the home was managed.

Good ●

Summerson 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 was 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 unannounced inspection was carried out by one adult social care inspector on 14 December 2016.

Before our inspection, we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. The manager also supplied us with a range of information, which we reviewed after the visit. We also asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we met the four people who used the service. People had limited verbal communication so we observed staff practices. We also spoke with the registered manager, a senior support worker and three support workers. We also spoke with two visiting healthcare professionals who knew the service well.

We spent time with people in the communal areas and, with permission we looked in some people's bedrooms, all of the bathrooms and the communal areas. We observed how staff interacted and supported individuals. We looked at six people's care records, four recruitment records and the staff training records. We checked the records relating to the management of the service, medication records, and some of the services policies and procedures.

Is the service safe?

Our findings

Some people living in the home had limited verbal communication. Those people who were able to communicate told us that they felt safe living in the home. One person told us that they were happy and liked the staff. We saw that they looked comfortable and relaxed in the home and with the staff who were supporting them.

We saw care was planned and delivered in a way that promoted people's safety and welfare. Records were in place to monitor any specific areas where people were more at risk, and these explained to staff what action they needed to take to protect people.

We found that managing risk had a high profile and was a central part of working with people. People were given opportunities to try out and test out new skills in a stepped approach which allowed them to build confidence whilst also minimising the risks. Risk assessments had been personalised to each individual and covered areas such as using the kitchen, eating and bathing. This ensured staff had all the guidance they needed to help people to remain safe.

Risks had been assessed, regularly reviewed and staff received regular training on how to manage people who presented with behaviour that could challenge. Health care professionals we spoke with also told us staff were very good at managing risks. One health care professional told us, "Staff have regular meetings to ensure people's needs are being met, staff are very knowledgeable. I can't praise them enough."

All the staff we spoke with told us that they had completed training in how to recognise and report abuse. One staff member told us, "We've had really good training, safeguarding was one of them, and it's something we talk about a lot as a staff team." The staff we spoke were knowledgeable about safeguarding people and the providers had whistle blowing policies and procedures in place. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff said they would not hesitate to report any safeguarding concerns. Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. One staff member told us, "The new manager is brilliant, she says to us 'its good practice to challenge me, ask if you are not sure, and if you're not happy then go above me.' It's a very open staff team now, we can raise anything".

We found that there was enough staff to meet the needs of the people being cared for at the time of our inspection, and that these were flexibly deployed according to peoples changing needs. We saw the staffing rota reflected this. Staff we spoke with also confirmed that there were enough staff on duty to meet people's needs. Our observations identified people's needs were met in a timely way and staff were present in communal areas. Relatives we spoke with told us the staffing levels were always maintained. One relative said, "The staffing is adapted to meet [my relative's] needs. The staff are very flexible, it is very person centred."

We found a robust recruitment and selection process was in place, which included new staff receiving a

structured induction to the home. We looked at three staff files which contained all the essential pre-employment checks required. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff we spoke with confirmed the recruitment process. They said they could not start work until satisfactory references and a DBS check had been obtained. The registered manager was competent and well briefed at utilising staff support structures, such as gaining additional HR support and this included staff disciplinary actions. This meant people could be confident that the staff who worked in the home had been checked and continued to be monitored to make sure they were suitable to work with vulnerable people.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medication administration records (MAR). We found medication was stored correctly. We found medication was managed safely and records were robust. These systems had been improved since our last inspection. Dispensing of medicines audits were now carried out by two staff members to reduce errors. The registered manager had also instigated very robust quality monitoring of medicines. The monitoring had identified some minor issues, we saw the registered manager had recorded these issues and had followed them up with staff to ensure they did not occur again.

We saw records that showed the equipment in the home was serviced and maintained regularly to ensure it was safe to use. The training given to staff and the regular maintenance of equipment ensured people who lived in the home were protected against the unsafe use of this equipment.

Is the service effective?

Our findings

At our last inspection in January 2016 a breach of legal requirements was found. Staff had not been given the necessary support, in terms of training and appraisal required to enable them to carry out their duties.

We reviewed the action plan the provider sent to us following our comprehensive inspection in January 2016. This gave assurances that action was being taken to ensure staff received the support they required to enable them to perform their roles effectively. The provider told us they would be compliant with the regulations by April 2016. On this inspection we found that the home was now meeting the legal requirements relating to staffing.

People who could speak with us told us that the staff in the home knew the support they needed and provided this at the time they needed it. Relatives told us the staff were very good and met the needs of people who used the service. Relatives praised the staff team and spoke very highly of the support provided. One relative said, "They have made a difference to [my relative's] quality of life they are able to go out now as this is well managed and they thoroughly enjoy this." Another relative told us, "Staff are always well informed and helpful."

We found all new staff completed the company's mandatory training, which included specific training to be able to meet the needs of people they supported. Staff new to care were also completing the 'Care Certificate' introduced by Skills for Care. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff had received specific training in how to manage behaviours that may challenge. Staff told us the training was very good and focused on diversion and distraction and the least restrictive methods to manage any behaviour. An external health care professional we spoke with told us staff were very knowledgeable and gave an example of close working with one person to help them to settle into the home. This had been completed successfully when this person had struggled to settle in other homes. One of the external health care professionals said, "Staff have regular training and sometimes we will come in to do bespoke training on individual people's behavioural needs. The working practice they display is excellent."

New staff told us they had been given plenty of time to get to know people before they supported them alone. They said they were given good support to be able to understand their role and responsibilities. Staff told us the induction was very good. One new member of staff said, "I have good support, the training has been excellent and I love working here."

There was a computerised training matrix to monitor which training staff had completed and when it required updating. It showed that staff had initially completed training in essential topics and this had been followed by periodic updates. They said they completed further training while working in the home and were not able to carry out specialist tasks, such as handling medication, until they had completed appropriate training. One staff member told us, "We have received some specialist training on looking after

someone's epilepsy medication recently, it was very helpful."

Staff received regular supervision and support sessions. Staff told us they were very well supported. They told us if they had any concerns or issues the management were very approachable and were always there to offer support and guidance. All staff said they also supported each other and worked well as a team. We also saw staff received an annual appraisal of their work performance.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). DoLS is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at the care files of people who had an authorised DoLS. We saw this was detailed in a care plan, which clearly described any imposed conditions and how these were being met. This ensured the person's needs were being met in the least restrictive way.

Staff were clear about their roles and responsibilities to ensure people's human rights were protected. They knew people well and were aware of their communication needs and how best to enable them to make decisions for themselves. They were also knowledgeable about the process that needed to be followed when people were unable to make certain decisions themselves. For instance, staff described how they would make sure decisions made were in people's best interests. They involved the person using their most effective means of communication, and involved relatives and relevant health professionals as required.

Staff understood people's dietary needs, special diets or any person who was at risk of choking. We saw detailed in people's care plans their dietary requirements, preferences and likes and dislikes. We saw the speech and language therapist had also been involved with some people where a risk had been identified and their guidance and instructions were in the plan for staff to follow.

We saw a good variety of food available including fresh fruit and vegetables. Staff told us if they ran out of anything they just went out and bought it. There was always enough food for people and plenty of choice. People's weights were regularly monitored. This helped staff to identify the need to involve healthcare professionals such as the dietician or speech and language therapist in a timely manner. Some people needed support via prompting from staff to eat. We saw that this was provided in a patient and discreet way.

People were supported to maintain good health. We saw from care plans that health care professionals were regularly involved in people's care needs. There were regular meetings with health care professionals to discuss progress, what was working and what needed to change. Professionals we spoke with all praised the service and the staff. One healthcare professional said, "The home is good at identifying risk to peoples' health at an early stage and therefore preventing avoidable deterioration in people's health. The communication from the staff is very good and they always follow our instructions." Healthcare passports were used to ensure continuity of care when a person needed to go into hospital.

We saw the home had aids and adaptations such as an assisted bath, hoists and moving and handling aids

to meet people's physical personal care needs.

Is the service caring?

Our findings

People told us, "I love going out with staff, they take me nice places," "Staff help me buy clothes and to look nice." We observed warm, positive and relaxed interactions between staff and people who lived in the home. People who had little or nonverbal communication showed positive reactions when staff approached them and clearly enjoyed the time they spent with staff.

We saw staff interacted with people in a positive way. They supported people in a caring and responsive manner, while assisting them to go about their daily lives and encouraging independence. □

People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which they got to know people, such as talking to them and reading their care files, which included information about people's likes, dislikes, their preferred routines and their life history. Staff were passionate about ensuring they knew the person well to be able to meet their needs.

People living at the home looked well-presented and cared for and we saw staff treated them with dignity. We saw staff respecting people's privacy and dignity by knocking on bedroom doors before entering, closing doors while providing personal care and speaking to people about things discreetly.

We saw relatives could visit without restriction and were made welcome. Relatives we spoke with told us they were always made welcome. One told us, "Family visits are well supported, [relative] was a very difficult person, we have had two previous placements break down. The support here is brilliant." Another relative said, "I can come whenever I like and staff are always lovely with all the residents, they take their time with people and are very caring."

We had evidence to show that staff in the home understood people's needs and treated them as individuals. For example we saw that people were supported to express their personalities and interests. This was demonstrated in the way people were supported to have individual interests and hobbies. We saw kind and thoughtful actions by the staff, such as providing each person with a Christmas tree in their own bedrooms and decorating them to each person's tastes. One person had expressed that they would like a pet. Staff supported this person to get two rabbits and they and other people in the home told us they got a great deal of enjoyment from them.

During our inspection we found that the home was clean and free from odours. This helped to ensure people's dignity was maintained. We saw that staff took a real pride in making sure the home was not only clean and tidy but also that it was decorated and furnished to high standards. Staff took the time and went to considerable efforts to help each people to personalise their rooms. One staff member said, "We've tried really hard to turn it into a real home and to lose that institutional feel. We made sure that this was led by the people living here. Each person has had great fun doing it and it looks so much nicer for people."

People told us that the staff encouraged them to maintain their independence and to carry out tasks for themselves. We saw that the staff gave people time and encouragement to carry out tasks themselves. The

home had purchased equipment that meant people could do things for themselves or with minimal staff supervision. For example a coffee machine had been purchased that was an all-in one easy to use model and a large 'American' style fridge freezer had been purchased so that people who used wheelchairs could more readily help themselves. This helped to maintain people's independence and helped promote their self-worth.

Some people who used the service faced challenges around communicating their decisions. However the service had produced support plans which identified how people used a variety of different ways to make their needs known. For example one person with a visual impairment had been given communicate cards with a 90 font size to allow them to communicate their wishes at meal times.

The service had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

Staff were knowledgeable about supporting people in the end stages of their life and provided sensitive and compassionate support that went the extra mile. We saw the lengths that staff went to, to ensure people at the end of their life had regular visits while they were in hospital and often did this in their spare time. Staff spoke of the funeral they had arranged and how they went to great lengths to ensure that this was also person centred and conveyed the person's life and interests.

Is the service responsive?

Our findings

At our last inspection in January 2016 a breach of legal requirements was found. We found that care plans were not updated to reflect people's current needs.

We reviewed the action plan the provider sent to us following our comprehensive inspection in January 2016. This gave assurances that action was being taken to review the systems in place to assess, monitor and improve the quality of the service to ensure these were effective. The provider told us they would be compliant with the regulations by April 2016.

On this inspection we found the support plans were up to date, well organised and easy to follow. We saw that assessments of people's needs were comprehensive and took into account people's likes and dislikes. Support plans were based on assessments and gave clear strategies as to how to meet people's needs. Care files we looked at contained support plans that identified people's needs, setting out how to support each person so that their individual needs were met.

Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social and health care professionals. We found support plans informed staff how to support and care for people to ensure that they received care in line with their assessed needs. They had also been regularly evaluated to ensure that they were up to date and captured any changing needs.

There were regular meetings with health care professionals to review people's needs and any changes required to improve their quality of life and wellbeing. One health care professional told us staff would come to meetings prepared to ensure relevant points were discussed. They said, "We meet and discuss what the issue is, staff tell me what they think, bring clear questions and already have some solutions to discuss. They are a good staff team to work with as they are proactive in managing people's needs."

The service promoted person-centred care and individuality. A healthcare professional told us, "The quality of life has tremendously improved for the person I see. They have a good life and this is because staff know how to support them." Another health care professional said, "The staff are dynamic in their thinking, ensuring peoples quality of life is as good as it can be. They are very person centred in their approach."

We observed that the staff were knowledgeable about the individuals they were supporting and about what was important to them in their lives. People were supported on a one to one or two to one basis and the care staff organised activities and supported people to participate in activities of their choice. We saw that one person's room had been personalised with sensory and specialist equipment to engage them. This had included Christmas baubles that lit up with the person's favourite film characters. We saw people spending their time as they choose. For example the home had purchased televisions for each person's room so they could opt to watch the programmes they liked in their own bedrooms or use the lounge that had a large plasma TV. Relatives told us staff were responsive to their family member's needs. We saw interactions between staff and people using the service was good and focused on the individual needs and preferences of the person being supported.

We saw that people were encouraged and supported to engage well with their local community. People regularly went into town, out for meals and on trips, and people went out almost every day. The registered manager spoke about how they had reconsidered the use of transport for people in the home. It was agreed with people in the home to have more individual trips out, instead of in a group using the homes larger people carrier. Instead people were supported to use more public transport and taxis and to go out one to one with staff support to places of their own individual choosing. One person told us that they really enjoyed using the bus as they got to meet more people and were now on speaking terms with more people in the community.

Care workers supported people to access the community and minimise the risk of them becoming socially isolated. Relatives we spoke with told us the activities were very good. One told us, "The activities are tailored to the needs of the person and adapted depending on how the person is each day." Another relative told us, "The staff go out of their way to engage with [my relative] and encourage activities in different ways to ensure he gets out and enjoys life.

We saw people who used the service were supported to visit family and friends and maintain friendships. Families we spoke with told us the support was very good and enabled them to see their relative in their own home. Staff had gone the extra mile to try to re-establish and maintain family links for people and for example, had organised family parties and celebrations at the local pub.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. We saw that the complaints information was available in different formats to make them easier to use. There was also a procedure to follow if the complainant was not satisfied with the outcome. We saw that the registered manager had a robust system for auditing any complaints to ensure that deadlines were adhered to, and people received responses in a timely way.

Is the service well-led?

Our findings

At our last inspection in January 2016 a breach of legal requirements was found. Systems to assess, monitor and improve the quality of the service were not effective at bringing about positive change and were completed inconsistently.

We reviewed the action plan the provider sent to us following our comprehensive inspection in January 2016. This gave assurances that action was being taken to review the systems in place to assess, monitor and improve the quality of the service to ensure these were effective. The provider told us they would be compliant with the regulations by April 2016.

On this inspection we found the registered manager had ensured that systems to monitor and improve the quality of the service were now fully utilised to improve the service. We saw the improvements made by the registered manager and it was clear from talking with staff that any actions identified were addressed. There was now clearer recording of daily reports, weekly and monthly audits that included the environment, infection control, fire safety, medication and care plans. Other improvements to the running of the home included: the systems in place to monitor care plan reviews were more robust; Deprivation of Liberty Safeguards (DOLs) applications and renewals were better managed; and notifications sent into CQC were now meeting legal requirements. We found standards had considerably improved since our last inspection. The home's environment was now a much more pleasant place in which to live, with changes taking place with the involvement of people in the home.

There was a strong focus on continually striving to improve. The registered manager and provider had carried out further checks on how the service was provided and identified areas where the service could be further improved. For example, we found improved systems were in place for medicines management. The registered manager told us that there had been an unacceptable amount of medication errors in a previous 12 months period. She described the measures that included staff training, supervision and simplifying of systems. This had resulted in no errors made in the following 12 month period. From discussions with staff it was evident that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. Staff we spoke with confirmed the incidents had reduced and this was because better management and training had been implemented.

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the management team were approachable and listened to their concerns and ideas for improvement. One staff member said, "It is so much better, a big difference, I actually enjoy coming to work now." Another staff member said, "It's a lot better than it was, we have more staff meetings and better communication." One example of this had been around staff raising concerns with the registered manager about a procedure a person in the home was due to have. Some staff felt this would be intrusive and take away the person's quality of life. The registered manager responded by requesting that the person's consultant came into the home to speak to the staff team. As the registered manager had already built a good working relationship with the consultant, they had agreed and this was a positive outcome for the whole staff team and the person in question as staff also

learnt about the aftercare.

We were also told by adult social care commissioners that the registered manager had developed very good working relationships with members of their team who carried out audits. They described the registered manager as being "Very open to suggestions and keen to drive up the quality of the service."

The home had developed strong links with the local community. The registered manager had developed an initiative in the local community to promote a better quality of life and to promote community engagement. We heard how she had worked with a local nightclub to host evenings for people with a disability and non-disabled people; and to provide work opportunities. Staff in the home were also encouraged to attend forums and conferences to expand their knowledge in the field of supporting people with a learning disability.

Staff told us that they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. We saw how the team developed ideas and plans together so that all staff had ownership and were fully engaged in ensuring these changes were put into place.

Questionnaires were used to gain the views of people using the service, relatives and visiting professionals. We saw people had responded to the set questions in a positive way. The outcome of the surveys was available. There were also key worker meetings involving the people who used the service, which ensured people's voice was heard.

We found people's care records were fit for purpose and had been regularly reviewed to include pertinent details related to changing needs. Care records accurately reflected the daily care people received and were up to date. Medication records were of a very high standard and reflected the close scrutiny these were now given. Records relating to staff training were also of a high standard and reflected the comprehensive training and supervision staff had received. We found that records were securely stored in the registered manager's office to ensure confidentiality of information.