

Heathcotes Care Limited

# Heathcotes (Blenheim)

## 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

This inspection took place on 5 July 2016 and was unannounced.

Healthcotes Blenheim provides accommodation for up to eight people living with a learning disability. Seven people were living at the service at the time of the inspection and one person was in hospital.

Healthcotes Blenheim is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in place.

People received a safe service. Staff were aware of their responsibilities to protect people from abuse and avoidable harm. Staff had received adult safeguarding training and had available the provider's safeguarding policy and procedure.

Risks to people's individual needs and the environment had been assessed. Staff had information available about how to meet people's needs, including action required to reduce and manage known risks. These were reviewed on regular basis. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. Records of incidents relating to people's behavioural needs were analysed for patterns and possible triggers. People received their medicines as prescribed and these were managed correctly. The internal and external environment was monitored and was safe.

Safe recruitment practices meant as far as possible only suitable staff were employed. Staff received an induction, training and appropriate support. There were sufficient experienced, skilled and trained staff available to meet people's individual needs.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. Staff had a good understanding and awareness of meeting people's healthcare needs. People received a choice of meals and independence was promoted. People's healthcare needs had been assessed and were regularly monitored. The provider worked with healthcare professionals to ensure they provided an effective and responsive service.

The home manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. Where people lacked mental capacity to consent to specific decisions about their care and support, appropriate assessments and best interest decisions had been made in line with this legislation. Where people had restrictions on their freedom and liberty this had been appropriately authorised by the supervisory body.

Staff were kind, caring and respectful towards the people they supported. They had a person centred

approach and a clear understanding of people's individual needs, routines and what was important to them.

The provider enabled people who used the service and their relatives or representatives to share their experience about the service provided.

People were involved as fully as possible in their care and support. There was a complaint policy and procedure available and people were confident to report any concerns or complaints to the registered manager. People had information to inform them of independent advocacy services.

People were supported to participate in activities, interests and hobbies of their choice. Staff promoted people's independence.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits. In addition the provider had further systems in place that provided robust monitoring of the service.

## 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.

Staff understood their role and responsibilities in safeguarding people. Action was taken to keep people safe and reduce personal risks to people's health and welfare.

People were supported by sufficient numbers of staff being deployed appropriately to meet their needs safely. New staff completed detailed recruitment checks before they started work.

People received their prescribed medicines appropriately and these were administered, managed and stored safely.

### Is the service effective?

Good ●

The service was effective.

New staff had a structured induction and all staff received appropriate training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when needed.

People received sufficient to eat and drink and healthy eating was promoted.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported people. Staff had a good understanding of people's individual needs.

The provider supported people to access independent advocates to represent their views when needed.

People's privacy and dignity were respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

Care was personalised and responsive to people's individual needs. Activities were available to meet people's preferences and interests.

People and their relatives or representatives were involved as fully as possible in reviews and discussions about the care and support provided.

People's views were listened to and there was a system in place to respond to any complaints.

### Is the service well-led?

Good ●

The service was well-led.

The provider had systems and processes that monitored the quality and safety of the service.

People and their relatives or representatives were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and vision of the service. The provider was aware of their regulatory responsibilities.

# Heathcotes (Blenheim)

## Detailed findings

### Background to this inspection

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

This inspection took place on 5 July 2016 and was unannounced. The inspection team consisted of one inspector.

Before our inspection, we reviewed information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, Healthwatch Nottingham and health and social care professionals known to the service to obtain their views about the service provided.

On the day of the inspection we spoke with two people who used the service for their feedback about the service provided. We also used observation to help us understand people's experience of the care and support they received. We spoke with the registered manager, regional manager, two team leaders and two support workers and a visiting healthcare professional. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes and how medicines were managed.

After the inspection we received additional feedback from an external healthcare professional that regularly visited the service.

# Is the service safe?

## Our findings

People were protected from avoidable harm and abuse. People told us that they felt safe living at the service. Two people told us that the noise level did upset them at times but staff were aware of this. One person said, "Yes, I do feel safe but I can't always sleep because someone shouts a lot." People told us that their possessions were kept safe. One person said, "I have a key to my room so my things are safe."

Feedback received from a healthcare professional was positive about how safeguarding concerns were responded to by the registered manager. Comments included, "On the odd occasion I had to raise any safeguarding issues the manager always acted professionally and appropriately and in a timely manner."

Staff were clear about their role and responsibilities in protecting people's safety. This included an understanding of how to deescalate situations where people were getting into conflict with each other. Staff told us about the different categories of abuse and what action they would take if they had any safeguarding concerns. One staff member said, "I would pass on any concerns to the most senior staff on duty." Staff also told us that they had received adult safeguarding training and had available to them the provider's policy and procedure.

We found from viewing records that staff had received appropriate adult safeguarding training as described to us. We also saw the provider's safeguarding policy and procedure that advised staff of their role and responsibility of the action to take if they had safeguarding concerns. Safeguarding information was on display in communal areas of the service advising people, relatives, staff and visitors of how to report and act on any safeguarding concerns.

We were aware of the action taken by the registered manager's in response to concerns, allegations and potential safeguarding risks. This included informing external agencies and CQC, and working with the relevant organisations responsible for investigating safeguarding allegations. Whilst we were aware of the high number of safeguarding incidents reported and acted upon in the last 12 months, these had been managed effectively with the involvement of health and social care professionals.

Risks to people's needs had been assessed and planned for. People told us that they were aware that staff had information about how to support them with any associated risks to their health and safety. People said that they felt involved in discussions and decisions about how risks were managed. People we spoke with told us that they had no restrictions placed upon them, and that they could choose how they spent their time. This included accessing the community independently. One person told us, "The only restriction I have is a guardianship order it tells me where I have to live." Another person said, "I just tell staff when I'm going out and the time to expect me back."

Feedback from healthcare professionals was positive about how staff managed and supported people with any potential risks to their health and wellbeing. They said that staff had sought out additional information and training when required.

People's care records included risk plans that advised staff of how to manage and reduce any risk to people's safety as far as possible. Staff told us this information was detailed and supportive. One staff member said, "We support people's safety in accordance to their risk plans, these are regularly reviewed to see that they are still working."

We saw records that confirmed risks associated to people's individual needs had been risk assessed and were regularly monitored and reviewed to ensure they reflected people's needs. Risk plans in place included how to support people with their mental health needs and anxiety and health conditions.

Personal emergency evacuation plans were in place in people's care records. This information is used to inform staff of people's support needs in the event of an emergency evacuation of the building. The provider also had a business continuity plan in place to advise staff of action to take in the event of an incident affecting the service.

The internal and external of the building were maintained to ensure people were safe. For example, weekly testing of fire alarms were completed. Records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals.

There were sufficient staff deployed appropriately to meet people's individual needs and keep them safe. People told us that there were always staff available to support them. One person said, "They [staff] work in teams, there's always enough of them around, if they get short other staff from other homes come over."

Staff told us that they had no concerns about staffing levels. They were confident that there were the correct amount of staff on duty with the right mix of experience and skills. One staff member told us, "Staffing is good and it's flexible depending on the needs of the people. If a person needs additional support the manager arranges it." Some people had additional needs that meant they had one to one staff support at times. Staff confirmed that this support was provided.

From our observations and by looking at the staff roster and records, we concluded that people had their individual needs met. There were sufficient skilled and experienced staff available and we found staff were competent and knowledgeable about people's individual needs. On the day of our inspection staffing levels had increased to enable a staff member to support a person to attend an appointment. Staff were observed to be well organised and communicated effectively with each other.

There were safe staff recruitment processes and checks in place for staff that worked at the service. Staff told us they had supplied references and had undergone checks relating to criminal records before they started work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff began work. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

People received their medicines safely and as prescribed by their GP. One person told us that they were aware of what their medicines were for. This person said, "The staff look after my medicines and give me them at the same time every day."

A team leader told us of the training they had received in the safe administration and management of medicines and this included competency checks. Records confirmed what we were told. We found the team leader was knowledgeable about the different medicines people were prescribed.



A team leader told us how medicines were managed including, the ordering and storage of medicines. Staff had the required information they needed about how to safely administer people's medicines, including their preferences of how they liked to receive their medicines.

Protocols were in place for medicines which had been prescribed to be given only as required (PRN). These provided information for staff on the reasons the medicines should be administered. PRN medicines for behavioural management had clear protocols in place that only the registered manager or a senior manager on duty could authorise the use. Records confirmed people had received their medicines as prescribed. We did a sample stock check of boxed medicines and these were found to be correct. Daily audits and checks were completed by staff to ensure people had received their prescribed medicines safely and medicines were stored correctly.

We were aware that the clinical commissioning group pharmacy service had visited the service in June 2016 to audit the management of medicines. The service scored 98 percent in the audit and the areas identified for action were being addressed.

## Is the service effective?

### Our findings

Staff had the required skills, knowledge and competency to do their job. People spoke positively about how staff supported them. One person said, "The staff know how to look after us, I've got a problem with my diet and the staff know all about it and how to support me." Another person told us, "The staff are good at what they do, they're good workers."

Feedback from a healthcare professional was positive about the staff. Comments included, "They're [staff] fantastic, I can't fault them, they are really open to learning and understanding people's needs."

Staff told us about the induction they received when they started their employment. They said that it was supportive and helped them to understand their role and responsibilities. One staff member said, "The induction was really informative, to support the face to face learning we were given information packs on different topics like safeguarding. I had a workbook to complete and had meetings during my probationary to review how I was getting on."

The provider had an induction programme for new staff that included the Skills for Care, Care Certificate. This is a recognised workforce development body for adult social care in England. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff were positive about the training opportunities and support they received. One staff member told us, "The training is good, some is by distant learning, we've had some training from healthcare professionals such as end of life and about a particular health condition and class room style learning." Another staff member said that they received regular meetings to review their work. Comments included, "Supervisions and appraisals are helpful, they identify any grey areas that need developing and it's good to get feedback."

We found the staff training record and training certificates showed staff had received training in a variety of areas. This included, mental health awareness, learning disability awareness, first aid and health and safety. We also found records confirmed staff received regular opportunities to discuss their work as described to us.

Some people who used the service had anxieties, and behaviours associated to their mental health that meant they could present with behaviours that challenged the service. Staff had been specially trained to ensure they used restraint in a controlled way and only as a last resort. This training was a well-recognised accredited method of restraint. Staff said that other interventions should be used such as distraction techniques before restraint was considered. They said that distraction was effective and physical restraint was very rarely used. One staff member said, "I've worked here a year and never had to use physical restraint." We found people's care records included behavioural support plans that clearly advised staff of the strategies to be used to support a person when their anxiety was heightened. Staff spoke with us about people's different coping strategies, demonstrating they were knowledgeable about how to support people effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found staff confident and competent in their awareness and understanding of the MCA and DoLS. They described the action required should a person lack mental capacity to make a specific decision about their care. This included how best interest decisions were made, who were involved and how least restrictive practice had to be considered. Two people who used the service had authorisations in place granted by a supervisory body that restricted them of their freedom and liberty. Staff were aware of these authorisations and what this meant for people. This information was also included in people's care records. This told us the provider was effectively protecting people's rights in accordance with the MCA and DoLS.

Where people had mental capacity to consent to their care and support people told us that staff gained their consent before support was provided. One person said, "I'm asked if I agree with my plans, I've signed them to say I agree."

One person had a do not attempt cardio-pulmonary resuscitation orders (DNACPR) in place. However, we were concerned that it had not been fully completed. We discussed this with the registered manager who said they would contact the healthcare professional responsible. We were also concerned that a person who lacked mental capacity to consent to decisions about their healthcare treatment had no representation. The service was working with external health and social care professionals but an Independent Mental Capacity Advocate (IMCA) was not in place to support this person. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about medical treatment options. IMCAs are mainly instructed to represent people where there is no family member or friend, who is able to represent the person. The registered manager said this was an oversight and made a referral immediately for an IMCA.

People were supported to eat and drink sufficiently. People were positive about the meal choice and said that they were able to make snacks and drinks independently or with staff support. One person said, "The food is good, I have a special diet. We get some food from a place I like." Another person told us, "The staff are excellent cooks I give them 100 out of 100. They know what I like and will do me something different if I don't like what's on the menu."

Staff were knowledgeable about people's dietary needs, and had information available that informed them of important details to support people effectively. Staff told us that they developed the weekly menu with people and that they provided guidance and support about healthy eating. We saw the menu was on display for people to advise them of the meal choices and there was a good supply of food stocks that were stored correctly. Some people had specific dietary needs in relation to their religious and cultural needs and personal preferences, which staff were knowledgeable about.

We found people's care records included assessments of dietary and nutritional needs and consideration of cultural and religious needs in relation to people's diets. Some people were at risk of malnutrition and staff

told us how they fortified people's meal where required. Additionally, they recorded people's food intake and regularly weighed people. This told us that people could be assured that staff had the required information they needed, and monitoring systems were in place to check on people's health.

People told us that staff supported them to maintain their health. One person said, "The staff support me with GP appointments but sometimes I choose to go by myself, I don't like going to the opticians or dentist."

Staff told us that they provided support with health appointments but said that sometimes people refused to attend routine health appointments. One staff member told us, "It can be difficult sometimes to get people to attend appointments such as the dentist, but we encourage and keep trying."

We found care records showed people's health needs had been assessed and they received support to maintain their health and well-being. People had a 'Health Action Plan', this recorded information about the person's health needs, the professionals who supported those needs, and their various appointments. In addition people had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This demonstrated people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

# Is the service caring?

## Our findings

People had developed positive and caring relationships with the staff that supported them. People spoke positively about the staff. One person said, "Staff look after you, any problems they sort it out." Another person told us, "The staff are nice, I like my keyworker, and they sit and talk to me and make sure I've got what I need." A keyworker is a member of staff that has additional responsibilities in supporting a named person.

Feedback from healthcare professionals was positive about the approach of staff. One healthcare professional said, "Staff were caring, conscientious and had good relationships with the residents." Additional comments included, "One of the main things I was pleased to observe was that most of the staff were open and encouraging to residents and empowered them to be as independent as possible."

Staff showed a good understanding of people's individual needs and the different approaches required to support them. This told us that staff had a person centred approach that showed people they mattered and were respected and understood.

People's care records included information for staff of people's preferred way they wished to be supported by staff. We observed staff supported people as described in their care and support plans. This showed that people were supported in a meaningful way that was important to them.

People said that staff had a caring and calming approach. One person said, "Staff calm people down, they listen if we have any problems or are upset. I sometimes get angry but they never shout at me or get angry back." One person told us that it had been their birthday recently and that staff asked them how they wanted to celebrate. The person said they chose to go to Skegness for the day which staff supported them with. They also showed us birthday presents what they said the registered manager had bought them. These presents were all based on their particular interest and hobby. This person also told us how staff supported them to visit a family member's grave that was something important to them. These examples told us that staff were kind, caring and considerate.

People talked with us about their preferences and what was important to them and how they spent their time. Staff showed a good understanding of people's individual needs, preferences and what was important to them that reflected what people had told us. This told us that staff knew and understood the people they were supporting well.

We observed a person who experienced periods of anxiety associated with their mental health needs. Staff were seen to be caring and sensitive in their approach and provided gentle reassurance.

People told us that staff involved them in discussions and decisions about the care they received. We observed staff throughout our inspection involved people as fully as possible with day to day decisions. We observed staff to use good communication and listening skills, they involved people in discussions and decisions and acted upon requests made. For example one person asked if a member of staff would make

them a hot drink which the staff member did. We observed that people clearly enjoyed the company of staff and were seen to be relaxed and easily conversed with staff.

People said that they received opportunities to be involved in decisions about the support they received. This included meetings to discuss their personal support and anything to do with the service. People said that they felt listened to and changes were made to their support if requested. One person told us that house meetings were arranged and that they had chaired this meeting recently which they enjoyed. This person said, "We had an agenda and I chaired the meeting and the staff took the minutes that then went to the manager. We talked about activities and what people wanted to do." They added, "We bring our points up and they [staff] look into it."

On display was a variety of photographs of activities that people had been supported by staff to participate in. These included celebrations of religious festivals such as Eid (this is an important religious holiday celebrated by Muslims) and Christmas, a 1940's day for the Queen's birthday, people cooking, participating in community groups such as day trips, bowling and doing arts and crafts.

People had access to information about independent advocacy services should they have wished for this support. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager told us how they supported people with the UK's European Union referendum. We noted that information was available for people who used the service advising about local mental health support groups that they could access. This told us that people were supported to access opportunities within their local community should they have wished to do so.

People told us how staff supported them with their independence. They gave examples of how with staff support, they cleaned their bedroom and did their laundry and helped in the kitchen. People spoke positively about the independence they had.

Staff were clear about their role in promoting people's independence. One staff member told us, "We support people to do as much as they can for themselves. It's about giving people the skills to live more independently in the future if that's what they want."

People's support plans considered their diversity and information detailed the ways in which support should be provided in order to protect people's privacy and dignity. We also noted that throughout people's care records staff were directed about promoting people's independence as fully as possible.

People told us that staff respected their privacy and dignity. One person said, "Staff treat me the same as everyone else, they always listen to me and knock on my door and wait for me to answer before they come in." Another person told us, "The staff treat us right, like they should."

Staff showed sensitivity about how they respected people they supported. One staff member told us, "We should treat people how we would want to be treated and I believe we all do this." Another staff member said, "It's important to develop people's confidence and self-esteem and being sensitive and respecting people's personal space."

People told us there were no restrictions when their relatives and friends could visit. The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

## Is the service responsive?

### Our findings

People told us that staff provided a responsive service that was based on their needs and what was important to them. People had their needs assessed before they moved to the service. Care and support plans were then developed with the person as fully as possible and their relatives, representatives or health and social care professionals that supported them. Support plans also included and promoted life skills and independence. Such as people being involved with daily living tasks of laundry and cleaning.

Feedback from external healthcare professionals were positive about how people received a responsive service. Comments included how staff ensured people's wishes, hopes and aspirations were met. One professional said, "What is great is that staff see the person first and what's important to them. Staff have a good level of compassion and empathy towards all the individuals living at the service, it's amazing."

People told us that they were asked about their individual interests and preferences and what was important to them. People said how they were supported with interests and hobbies. One person told us, "I like to go on the bus every day; staff know and understand this is important to me." Another person said, "I like going shopping to get my halal meat and cooking curries, staff support me to do this." On the day of our inspection we saw both these people participated in the activities they described to us.

Staff supported people to maintain continuing relationships and friendships and to participate in community activities. Some people had regular activities that were structured, one person told us about a voluntary job they did. This was obviously important to the person and they took pride in what they did. Another person told us that they attended an evening social club where they met their friends and family. One person told us that they had two pet rabbits that they cared for which we saw. The registered manager told us how they were currently discussing and exploring opportunities for people to have a holiday.

Staff told us how they provided a person centred approach when supporting people. One staff member said, "It's important that we support people with their confidence and self-esteem to enable them to be active citizens within their community." Another staff member told us, "It's really important we know and understand people's needs and what's important to them. We follow what's in people's support plans and spend time with people getting to know them."

Staff showed an understanding of people's needs, including people's support needs with regard to their religion or spiritual needs and wishes. An example was given about two people's religion whereby they required a particular diet. Staff also told us how they supported people to participate in religious festivals. One staff member said, "Whilst people don't attend a place of religious worship, I know how some people's religion is important to them and what they do to practice their faith."

By talking with staff, people who used the service and observations of how staff engaged and supported people, we found people received a personalised service that was individual to each person. Health care professionals told us that people living at the service had complex mental health needs and staff had developed a good understanding of how this impacted on them and what support they required. We

observed that staff had a calm and responsive approach when supporting people. Staff spent quality time with people and responded well to any concerns, this included speaking with people appropriately and showing a commitment to understand and support people.

People received opportunities to share their views about the service they received. We saw records that showed 'resident' meetings were arranged every month. People were asked about their choice of activities and anything that affected the service they received. Action plans were developed that showed what response the service had taken to issues raised. This told us that people were consulted and involved about the service they received. We saw examples of activities people had discussed that they wanted to do had been respected and acted upon. Photographs of people participating in these activities were on display.

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs. People told us that if they had any concerns they felt able to speak with the staff. People gave examples of concerns they had raised with the registered manager. They told us that they found the registered manager to be approachable and that they acted on any concerns raised.

The complaints log showed that the registered manager had responded to complaints in a timely manner and appropriate action had been taken to resolve issues, concerns and complaints. Staff demonstrated an awareness of the complaints procedure and what their responsibility was in relation to this.



## Is the service well-led?

### Our findings

People we spoke with told us that they were happy living at the service and that they were supported to live their life as they wished.

Feedback from healthcare professionals were very positive about the leadership of the service. Comments included how the registered manager was approachable and took positive action in response to any concerns identified. This included working effectively with external healthcare professionals in supporting people who used the service. We were also told that the registered manager had good communication skills. One healthcare professional said, "The registered manager is brilliant, they are experienced, knowledgeable, available and always listen." Another healthcare professional told us, "It's a really positive experience working with the service."

Staff were positive about how the registered manager supported them and developed the service. One staff member told us, "The manager is amazing, always listens and is very approachable. They encourage us to make suggestions and come up with ideas to develop the service." Another staff member said, "The manager is a good leader, they've made lots of improvements since they've been here and they are fab with the residents. You couldn't ask for a better manager."

Staff were aware of the whistleblowing policy and said that they would not hesitate to use this if required. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

The provider had a clear vision and set of values that were in the information guide provided for people who used the service. This information explains to people what they can expect from the service. We saw that staff acted in line with those values. One staff member told us, "We support people to grow and develop to become more independent and to participate in their community as fully as possible." We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people.

Staff were clear about their role and responsibilities. Staff were seen to work together well, they were organised and calm in their approach. Staff told us there were good communication systems in place; this included daily verbal and written staff handover meetings, a staff communication book and diary. Staff meetings were also planned and records showed that the manager used these meetings to reflect on any areas that required further development.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any restrictions placed on people's liberty, and any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

As part of the provider's internal quality monitoring, annual feedback surveys were sent to people that used the service, relatives, staff and visiting professionals. The registered manager showed us examples of surveys

that had been recently returned. We noted positive comments had been made in relation to a wide range of areas. The registered manager told us the returned surveys would then be analysed and an action plan developed in response to any areas of improvement required.

Accidents and incidents were recorded and action was taken to reduce further risks. Some people had high anxiety that resulted in behaviours that were challenging. These incidents were recorded to show how the person was before the incident, what occurred and what the outcome was. This was to monitor for any triggers and the action taken by staff. These incident records were checked by the registered manager and sent to the provider's head office where the information was analysed for any patterns or triggers. This was supportive to the staff team and provided an additional check to ensure appropriate action had been taken.

The provider had robust quality assurance checks in place that monitored quality and safety; these also included how the service could continually improve. The registered manager completed daily, weekly and monthly audits and these were reported to senior managers within the organisation to enable them to be fully aware of how the service was progressing. These audits included checks on all aspects of the service including how people's care records were maintained, the training and support staff received and safeguarding's, accidents and incidents. In addition the provider had an internal quality audit team that visited the service and a regional manager that regularly visited the service to conduct audits and checks. We saw the provider's internal audits and saw these were up to date and detailed. We noted that the service scored highly in a recent internal audit of the service. This showed that the provider had clear expectations and standards the registered manager was expected to meet.