Sense

SENSE - 70 Castleton Road

Inspection report

70 Castleton Road
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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

Sense Castleton Road is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sense Castleton Road can accommodate six adults with learning disabilities and sensory impairments across two floors. The home provides a service to people with complex needs, some of whom have additional physical disabilities and behaviours that challenge. At the time of this inspection, five people were using the service.

The inspection took place on 18 and 26 June 2018 and was unannounced. At the last inspection in April 2016, the service was rated as Good. During this inspection, we found the service remained Good.

There was a registered manager at the service. 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.

Staff were knowledgeable about safeguarding and whistleblowing procedures. The provider had safe recruitment processes in place. There were enough staff on duty to meet people's needs. Risk assessments were carried out to mitigate the risks of harm people may face at home and in the community. People were protected from the risks associated with the spread of infection. The provider analysed incidents and used this information as a learning tool to improve the service.

People's care needs were assessed before they began to use the service to ensure the provider could meet their needs. Relatives were confident staff had the skills to work with their family member. Staff were supported with training opportunities, supervisions and appraisals. People were supported to eat a nutritionally balanced diet and to maintain their health.

The provider and staff understood their responsibilities under the Mental Capacity Act (2005) and the need to obtain consent before delivering care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff described people's individual care needs and preferences. Relatives were kept updated on the well-being of their family member and were invited to participate in events held at the service. Staff were knowledgeable about equality and diversity. People were supported to maintain their independence and their privacy and dignity was promoted.

Care plans were personalised and contained people's preferences. Staff understood how to deliver

personalised care. The service was meeting people's accessible communication needs. The provider had introduced a new way of record-keeping so that records would have more meaning for people. Staff recorded what worked well and what did not work well for people so that consistent support could be offered. People were offered a range of activities to participate in at home and in the community. The service had a complaints procedure and kept a record of complaints.

Relatives and staff gave positive feedback about the leadership in the service. The provider had a system to obtain feedback about the service in order to make improvements. Staff had regular meetings to keep updated on key care topics and training. The provider had various quality audit systems and identified issues were used to improve the service. The registered manager worked in partnership with outside agencies to share examples of good practice.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

SENSE - 70 Castleton Road

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.

The inspection took place on 18 and 26 June 2018, was unannounced and was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We looked at the evidence we already held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. We also contacted the local authority with responsibility for commissioning care from the service to seek their view about the service.

During the inspection we spoke with five staff which included the registered manager and four support workers. We observed the care and support that was provided in the communal area and saw three people's bedrooms with their permission. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We reviewed two people's care records including risk assessments and care plans and reviewed four staff records including recruitment and supervision. We looked at records relating to how the service was managed including staff training, medicines, policies and procedures and quality assurance documentation. After the inspection we spoke with two relatives.

Good

Is the service safe?

Our findings

Relatives told us they felt their family member was safe at the service. There had been no safeguarding incidents since the previous inspection. The registered manager told us how people using the service were protected from harm or abuse, "We have a training matrix in place. I am also a safeguarding trainer. There are policies and procedures in place. My staff are very good at pointing out concerns so [staff] do feel free to speak to myself or the deputy."

The provider had safeguarding and whistleblowing policies which gave staff clear guidance on what to do if they suspected a person using the service was being abused. Staff were knowledgeable about their responsibilities about reporting any such incidents. One staff member told us, "Firstly if I notice any abuse, I would call the on-call to report it immediately. I would document it and report it. Whistleblowing is when you notice something and you report to your manager or deputy manager. You can whistleblow to the social service and the CQC [Care Quality Commission]." Another staff member said, "We report [abuse] to one of our line managers. If one suspects anything that will harm anyone we whistleblow to the manager or supervisor, the police or social worker or CQC." This meant the provider had systems in place to protect people from the risk of abuse.

People had various detailed risk assessments carried out so that measures could be put in place to keep them safe at home and in the community. Risk assessments in place included behaviours that challenged services, medicines administration, local walks, swimming, use of wheelchair, using the home's vehicle, eating and drinking and responding in an emergency situation.

One person had a risk assessment for being supported with transfers. The risk management guidelines stated, "Staff to ensure [person] is supported 2:1 for all transfers using the hoist. Check the sling is in a good state before using. If torn do not use. Do not use hoist if any defect is noticed, please inform the manager immediately. Staff to read guidelines or ask Home/Deputy manager if unsure how to operate hoist. Hoist to be kept on charge 24 hours a day." This meant the provider had systems in place to mitigate risk of harm people may face.

The provider took reasonable steps to ensure the premises and equipment were safe for people using the service and visitors. The registered manager or the deputy manager carried out an annual health and safety audit. Records showed the most recent annual health and safety check was completed on 13 April 2018. This audit looked at the safety of the building, risk assessments, the fire risk assessment and staff health and safety training. The registered manager and the deputy manager completed a monthly health and safety checklist which included checking equipment was serviced and safe to use. We reviewed the checklist completed in May 2018 and it was noted the dishwasher was not working. This was fixed in seven days and marked as completed.

Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, the five year electrical installation check was done on 6 May 2016 and the annual gas safety check was done on 18 May 2018. Staff carried out a weekly fire alarm test. Records showed the

checks done on 18 and 25 June 2018 the upstairs doors did not close on alarm activation and the alarm was sounding in the downstairs area only. The action taken was that a maintenance person was called out who found the fire panel to be faulty and interim smoke alarms were installed. Records showed authorisation had been obtained from senior management to purchase a new fire panel. The annual fire risk assessment had been last reviewed on 24 January 2018. Records showed the registered manager had updated the fire risk assessment on 26 June 2018 to reflect the issue with the fire panel and the interim measures put in place.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. Staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had provided written references. New staff had undergone criminal record checks to confirm they were suitable to work with people and the provider had a system to obtain regular updates to check their continued suitability. This meant a safe recruitment procedure was in place.

Two staff told us there was enough staff on duty to meet people's needs. One staff member told us, "Yes we do have enough staff all the time but sometimes someone will call in sick." Another staff member said, "Yes. There is the odd time there isn't [enough staff] when someone phones in sick." Rotas showed there were four staff on duty to support people during the daytime. At night there was one staff member who was awake at night and one staff member who slept on the premises who could be called upon if extra support was needed. The registered manager told us there was currently one full time and one part time vacancy which the provider was in the process of recruiting to. Rotas showed staff absences were covered by permanent staff agreeing to extra hours or regular agency staff. This showed there were enough staff on duty to meet people's needs.

Medicines were managed safely. The provider had a comprehensive medicines policy which included clear guidance to staff about ordering, receiving and storing medicines, administration of medicines and record-keeping. People's medicines were stored in a locked cabinet in the staff office. The temperature of the staff office was checked daily and records showed the temperature was within the recommended range.

Medicine administration record (MAR) sheets had been completed and signed appropriately to indicate people had received their medicines as prescribed. There were pictorial guidelines in place for people who required "pro re nata" (PRN) medicines. PRN medicines are those used as and when needed for specific situations. We found PRN medicines had been administered and signed for as prescribed.

People were protected from the risk of the spread of infection. The provider had an infection control policy which gave guidance to staff on how to prevent the spread of infection. Records showed that staff had received training in infection control. The home was free from malodour. Staff confirmed they were provided with sufficient personal protection equipment such as gloves and aprons to provide care.

The service kept a record of accidents and incidents. Records showed that lessons were learnt from incidents. One example was bruising discovered on the arm of a wheelchair user and it was noted the person had been loudly vocalising. The response was the wheelchair maintenance company were contacted who agreed the arm rest could be the cause of the bruising and a repair was arranged. Another example was the dining table was in the middle of the dining area which meant people sat at the table were within reach of a person who liked to have space and swing their arms. The staff team discussed this and came up with the resolution of placing the table closer to the window in the kitchen. This meant that the risk of somebody being accidently hit by the person was mitigated.

Good

Is the service effective?

Our findings

Care records showed that people had an assessment of their care needs before they began to use the service. Assessments were comprehensive and included care needs around physical health, sensory impairment, sleep pattern, behaviour, mobility and the service needed. This included gathering information about the person's history, likes and dislikes, goals and achievements. One care assessment described the service needed, "[Person] requires a residential placement with access to a specialist provision which can provide additional input to continue [their] learning and develop [their] social and independence skills." This meant that people's needs were assessed and important information about the person could be captured to ensure the service could meet their needs.

Relatives told us they thought staff had the skills needed to work with their family member. One relative told us, "I do. I know that they can get through to [family member]." Another relative said, "I think so because [staff] have known [family member] for years."

Staff confirmed they had regular opportunities for training. One staff member told us, "Yes. As soon as the training is about to run out my manager will tell me I have been booked on it. We do the e-learning as well and my manager will remind me." Training records showed staff were up to date with safety training including moving and handling, first aid and safeguarding. Staff also received specialist training in topics including deaf and blind awareness, dysphagia (swallowing problems) and positive behaviour support.

New staff were given a three week induction which included shadowing experienced staff and were expected to complete a six month probation period to ensure they were competent to work with people. Staff completed the Care Certificate which is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised. This meant people were supported by suitably qualified staff.

Staff confirmed they received regular supervisions which they found useful. One staff member told us, "Yes every six weeks. It is useful, they will ask how you are feeling about the job and you are able to express yourself and you are able to suggest things to your manager, so I think it's useful." Another staff member said, "Yes. I think [supervisions] are useful."

Records showed staff received regular supervision and topics discussed included timekeeping, wellbeing of people using the service, family contact, documentation, safeguarding, policies and procedures and training. The registered manager told us they had a system of undertaking two video practice supervisions a year with staff. This involved setting a non-intimate task for the staff member to support a person. The video was then played back to the staff member so they could identify any areas of improvement. Records showed that staff received an annual appraisal where their performance over the last year was rated and they set goals and objectives for the forthcoming year. This showed staff were supported to perform their role effectively.

Relatives were confident their family member was offered nutritious food. One relative told us, "I've seen

them preparing food and I know it's all fresh." Another relative said, "I do question that and they take all the necessary actions. They give lots of vegetables. They get [family member] Turkish take away or fish and chips which he likes."

Staff were knowledgeable about people's dietary requirements and food preferences. One staff member explained that one person who did not use verbal language to communicate made their food choices by refusing to eat what was offered and staff would then offer an alternative. Another staff member told us, "We have a set menu but if [people] don't want it, we do have several options." A third staff member said, "People who can see we will take them to the kitchen and put all the choices down so they can choose. Those who can't see we will try one thing and if they do not want they will push it away."

Food was stored appropriately in the kitchen and was plentiful. Menus were varied and nutritious. Staff sat with people at mealtimes and offered them appropriate support with eating and drinking. People were given food on coloured plates and adapted cutlery where appropriate. Each person had their own snack box so they could have access to snacks in between meals if they were hungry. This meant people were supported with their nutritional needs.

Staff confirmed that any change in people's needs was communicated to them. One staff member told us, "We communicate in the morning at handing over and the shift leader communicates with us and gives us the shift plan for the day, then we follow it up. Three times a day it [handover] happens." Another staff member said, "We do communicate. We do a handover." We noted that a member of the provider's quality team had commented in writing about their experience of joint working with staff. Their comment stated, "Please pass my thanks to all the team for your great work and responsiveness." This showed there was effective joint working within the staff team and with the wider organisation.

Staff described how they helped people to maintain their health. One staff member told us, "By encouraging healthy eating, regular check-ups with the GP. You get to know [the people using the service] so you pick up if there is a problem." Another staff member said, "Give them healthy food. We take them to GPs and hospitals." A third staff member told us, "Each person has a key worker and if anyone notices anything about a person they inform the key worker. I would take notice of it, record it and maybe suggest we take them to the GP."

Care records showed that people had access to healthcare professionals as and when needed and the outcome of healthcare appointments was documented. Health guidelines were included in care plans to enable staff to provide the right support. For example, people had eating and drinking guidelines where they had been assessed by a speech and language therapist as at risk of choking. Care records also contained information about specific health conditions where appropriate. Records showed the service worked proactively on a desensitising programme with one person to help them overcome their fear of needles. This positive work enabled the person to have a blood test to be screened for a range of health issues. This meant people were supported to maintain their health.

The building was spread across two floors. People with mobility difficulties were able to occupy bedrooms on the ground floor level. There was a wheelchair lift on the ground floor which enabled people who used wheelchairs to access the garden area which was on a raised level. The registered manager told us they were aware that people's mobility needs may increase as they grew older and the building may eventually become unsuitable for some of the people who currently occupied bedrooms upstairs. The registered manager told us that the organisation was aware of the need to plan for this eventuality.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection three people had legally authorised DoLS and two people had applications awaiting a decision because they required a level of supervision that may amount to their liberty being deprived. Care records showed assessments and decision making processes had been followed correctly.

Staff demonstrated an understanding about MCA and DoLS. One staff member told us, "Mental Capacity Act to decide if somebody has the capacity to make a decision. DoLS is the deprivation of liberties like not being able to have the freedom to choose different things, or not having the freedom to open the door and walk out if they want to." Another staff member said, "MCA is you can't assume that someone does not have capacity. Everything is in their best interests and least restrictive and involving other people in any decisions we make for them. DoLS is about allowing them to have their liberty unless it is something that is not safe. We don't lock the front door any more but if somebody goes to the door we know to keep an eye on them. If they go to leave we don't stop them but we go with them."

Staff understood the need to obtain consent before delivering care. One staff member told us, "In the morning you need to tell them when you are giving them personal care. They may indicate they don't want personal care at that time and you have to respect that. For medication, they may push you away to indicate they don't want it at that time, so you have to go back later." Another staff member said, "If you want to support [people using the service] you need to communicate with them and ask them if they are ready for it." This meant the provider was working within the requirements of the MCA and DoLS.

Good

Is the service caring?

Our findings

We asked relatives if they thought staff were kind and caring. One relative told us, "Yes I do. As far as I know, [family member] is happy there." Another relative said, "Yes they are. They do know [people who used the service] personalities. They [staff] give them space when they want it.

There was a calm and relaxed atmosphere in the home. People were not rushed and were supported by staff at a pace that suited them. The registered manager told us and records confirmed new staff completed a one-page profile of their interests and traits at the interview stage. This enabled staff to be matched with people using the service.

Staff were knowledgeable about people's care needs and preferences. Comments from staff about how they became familiar with people's needs included, "As soon as a new person moves in you need to read the support plan so you will know how to support the person and you know how to communicate with that person", "They have a care plan and a support plan that we look through it and read it. I introduce myself to [people using the service] and communicate with them", "We read their care plan. Sometimes we meet parents and families. They tell you everything. We use identifiers e.g. a watch or flip or coin so they can recognise us. By spending time with them and talking to them. I talk to everybody", "Observing them [the person using the service], reading their care plans, by communicating with other staff, family and friends, by spending time with them."

Relatives told us there was good communication from the staff. One relative told us, "They let me know a while ago that [family member] had been on holiday and was back safe. If I put something to them they always look into it." Another relative said, "They are pretty good [at communicating]."

The service had a keyworking system which meant each person using the service had named staff members who were responsible for overseeing the care the person received and liaising with relatives and professionals. The registered manager explained how they engaged and involved relatives in the care people received. They told us, "We have a very good relationship with the families so from time to time we will call to discuss anything that is pertinent to the care." One staff member said, "The last time I had a review with my key client, I emailed the next of kin and I made sure I left a message on their phone." Another staff member told us, "Any time families have an issue they want to discuss with us they do." This meant relatives were included in people's reviews and care planning.

The provider had an equality and diversity policy which gave clear guidance to staff about providing a fair and equitable service without discrimination. Records confirmed that staff were up to date with equality and diversity training. Staff demonstrated they knew about equality and diversity. One staff member told us, "Ensuring all of them are treated equally according to their needs." Another staff member said, "Treating everybody the same." A third staff member explained that they believed care work should be a job you want to do and treating everyone equally should come naturally to care staff.

Staff explained how they would support a person who identified as lesbian, gay, bisexual or transgender

(LGBT). The registered manager told us, "Individuals take themselves to their bedrooms for private time. I think the starting point should be staff education. It is part of safeguarding training now. If we cannot support their need we would seek support from the multi-sensory impairment team. I think everybody has a freedom to express their sexuality." One staff member said, "You have to embrace it. It would depend on whether [person] wanted to talk about it with you and if they do just encourage it." Another staff member told us, "You need to support [person] and respect them. You let them have their personal time in their room maybe when their partner is around." This meant staff were knowledgeable about equality and diversity.

The provider had a dignity document which gave clear guidance to staff on providing dignified care. Records confirmed staff had received training in dignity and respect. The registered manager explained how they checked staff were aware of the equality policy, "At induction we ensure staff read the policy and they have the staff handbook as well. We do the competency check and discuss at staff meetings or on a one-to-one basis." Staff demonstrated they were knowledgeable about providing privacy and dignity. One staff member told us, "During personal care you make sure the door is locked to respect their privacy. The blind should be down. You ask them for permission." Another staff member said, "Closing doors. Treating them how I would want to be treated myself. If they are having private time its private time." A third staff member told us, "Always make sure the door is closed. Make sure the curtains are closed. Be aware if they need their own personal space." This meant people's privacy and dignity was promoted.

People's independence was promoted and encouraged. One staff member told us, "It depends on what they want. You have to empower them. We allow them to make their own cup of tea, breakfast, take their meals to the table." Another staff member told us, "Anything I think [person] can do let them do it but then add a bit more to it just to see if they can do it." A third staff member told us, "By encouraging [the person] and building on it [independence]."

Good

Is the service responsive?

Our findings

Staff were knowledgeable about delivering personalised care. One staff member told us, "It's about a person and how they want their care. Letting them make choices." This staff member gave an example of taking out jeans and jogging bottoms for a person to choose but also taking out appropriate tops so the person can make appropriate choices. Other comments included, "It's when the individual is put at the centre of their care", "Allow them to do things in their own way. Respecting [people's] wishes" and "[Care] is personalised to fit [person's] needs and their wishes to suit them."

People's care plans were comprehensive, personalised, and contained people's preferences and histories. One person's care plan indicated the important things to them were spinning and vocalising, their privacy, having quiet time and holidays. The care record stated, "If I want a change of scene I will stand up. Please guide to where you think I might want to go. I will let you know through participation or non-participation." Records showed care plans were reviewed regularly and people could choose to be involved in their reviews. This meant people's care was provided in line with their preferences and any changes in need were managed.

The service used learning logs which is a person-centred tool. Learning logs are where staff document what worked well and what did not work well with an activity so that staff supporting the person in the future can focus on the positive aspect and not the negative. The registered manager explained this system was introduced to ensure a consistent approach was used, to ensure all information was documented and to ensure important information was shared within the team.

The registered manager told us they had made staff aware of the Accessible Information Standard (AIS) and this was now incorporated in people's support plans. The AIS requires providers to evidence that they record, flag and meet the accessible communication needs of people using the service. The registered manager said, "As an organisation we keep looking at how we can improve this. The plan is to get all staff trained to BSL [British Sign Language) level 2."

The registered manager explained they had access to a quality team that would translate documents into braille for people who were blind or had a sight impairment. We noted people's support plans were easy read and pictorial. There were picture boards throughout the home, one with staff photos so that people could see who was working with them that day, one with photos of activities that people had participated in and a menu board with pictures of food and meal items. The registered manager told us they took pictures and recorded sounds of activities to remind people of what they did in the day.

People had a communication assessment before they began using the service or soon after they moved in. The registered manager told us, "We use the identified way for communicating with each person." One person's care plan stated, "[Person] uses non-verbal signals to express himself, for example, vocalisations, body language and facial expressions. It is important [person's] mood is taken into account when approaching him to engage in an activity." This meant people's communication needs were met.

The service had introduced a "moments, memories and me" system which was aimed at helping people remember activities they had enjoyed. One person enjoyed rock climbing so they had a piece of rock stuck on their bedroom door to help them to remember. Another person had a "Wow" book which contained photos of activities they had enjoyed. The registered manager explained the service was trying to find ways to record less for staff and more for people using the service in a way they could understand.

The registered manager told us, "We celebrate differences and cultures' We have Caribbean night and Turkish night. Annually we have an equality and diversity day which families are involved in. Families brought in cultural dishes and staff prepared dishes from their own culture. People like to listen to music of their culture."

People were offered a variety of activities to participate in which included intensive interaction, pamper sessions, swimming, lunch out, reflexology, trips to the park, discos, pub visits, cycling, bowling, trampolining, music therapy, and movement and dance.

Relatives confirmed they knew how to make a complaint but had not needed to recently. The provider had a complaints policy and procedure which gave guidance to staff on how to handle complaints. There had been no complaints since the last inspection. We found the provider handled complaints appropriately and in accordance with the policy at the last inspection. This meant the provider had a system to deal with complaints.

The service kept a record of compliments and displayed these on a notice board near the front door. Compliments from relatives included, "Please accept this thank you card from us as a small token of appreciation for the support you have given us. Your kindness means a lot" and "We are happy with [person's] care. [Person] seems very happy with [their] home and family of which I feel Castleton Road are [person's] second family and they all look after [person] very well."

At the time of the inspection nobody was receiving end of life care. People using the service were younger and not anticipated to require end of life care. The service had a "Death, Dying and Bereavement" policy which gave clear practical instructions and guidance for staff in the event of a person dying. In line with the policy, information was contained in care plans of the actions staff needed to take in the event of a person who used the service passing away. The policy stated that in the event of serious or terminal illness the person should be supported to remain at home surrounded by those who are close to them unless they required intensive nursing or specialist medical care. We discussed this with the registered manager who recognised that people using the service were aging and their health could change at any time. The registered manager said the service was seeking advice on the best way to implement end of life care plans that would be in people's best interest.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. One relative told us, "I have spoken to [registered manager] a few times." This relative told us they thought the service was well managed. Another relative said, "I just tell it as it is. If I have any issues, I raise it with them and speak with the manager. There's always room for improvement but it's not bad. It is okay."

Staff gave positive feedback on the leadership at the service and confirmed the registered manager and the staff team worked well together. One staff member told us, "Generally we are a good staff team." Another staff member said, "Between staff, some have attitudes but the manager deals with it."

Relatives were asked to complete a feedback questionnaire. We reviewed the responses to the 2018 feedback survey and saw relatives were overall satisfied or very satisfied with the service. One respondent stated, "I think [the home] is beautiful. I think it is like a family home." Another respondent had stated, "We are notified on a regular basis of any relevant/important information regarding [person] well-being." The survey showed that one relative had indicated they would like to be more involved in purchasing clothes for their family member. Records showed this was discussed with the family and an agreement was now in place for the relative to join in with clothes shopping trips for the person. This meant the provider used feedback to make improvements to the service.

Staff confirmed they attended regular staff meetings and found them useful. One staff member told us, "Yes because that's when we get feedback from the head office about what we need to know to do our jobs." Another staff member said, "Yes we have them monthly and they are useful." Records for the meetings held on 8 June 2018 and 26 April 2018 showed topics discussed included training, team work, feedback on the well-being of people using the service, activities, feedback from night staff, shift leading, meal times, sign language, mental capacity and data protection.

The provider held regular meetings for the registered managers of its services. We reviewed the minutes for the meetings held on 28 March 2018 and 25 April 2018. Topics discussed included revised policies, improving health outcomes, mental health training, epilepsy training, joint working, safeguarding, health and safety, risk assessments and CQC visits. This meant the provider had a system to keep staff updated on policies and training.

The provider had systems in place to monitor and improve the quality of the service provided. The registered manager had a calendar of self-assessments to complete. We saw the self-assessment for mental capacity completed in March 2018 which looked at staff understanding, assuming and assessment of mental capacity, practical steps, unwise decisions, best interests, least restrictive measures and DoLS. The self-assessment for supporting staff completed in December 2017 looked at staff awareness of abuse, keeping people safe, delivering effective support, feedback from and to staff.

The registered manager carried out monthly checks of the daily logs, health action plans, person-centred plans, health and safety concerns, medicines and activities. Records showed there were no medicine issues

in the March and April 2018 checks. We saw it was identified in April 2018 that action was needed on staff record keeping. The action around this was that recording was to be done in a way people using the service could understand rather than simply for staff to benefit.

The regional manager visited the service at least once a month to carry out a compliance audit and registered manager supervision. We reviewed the regional manager audit for individual support and service management completed on 4 April 2018 and the medicine compliance completed on 1 May 2018. These audits included observations, staff interviews and checking records. We noted no issues were identified for either of these audits.

The service worked in partnership with outside agencies. The registered manager told us they attended the providers forum and skills for care meetings so that good practice experiences could be shared. The registered manager also told us they had participated in a healthcare show held in London where they shared the work of the provider.