Outlook Care

Outlook Care - Waterside Lodge Recovery Centre

Inspection report

7 Langthorne Road
London
E11 4HL

Tel: 02085399443
Website: www.outlookcare.org.uk

Date of inspection visit:
11 May 2017

Date of publication:
13 June 2017

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

We inspected Outlook Care Waterside Lodge on 11 May 2017. This was an unannounced inspection. At the last inspection in April 2015 the service was rated as Good.
Outlook Care Waterside Lodge provides accommodation and 24 hour support with personal care for up to 16 adults with mental health needs. At the time of our inspection there were 14 people using the service.

There was a registered manager at the service 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 2008 and associated Regulations about how the service is run.

The service was safe and had practices in place to protect people from harm. Staff were knowledgeable about safeguarding and what to do if they had any concerns and how to report them. People who used the service told us they felt safe and protected from harm and bullying.

Risk assessments were robust and personalised and staff knew what to do in an emergency situation. People had risk assessments in place for their mental health and instructions for staff if a person displayed signs of relapse.

Staffing levels were meeting the needs of the people who used the service and staff demonstrated that they had the relevant knowledge to support people with their care. Arrangements for staff cover were in place if there were any unexpected absences.

Recruitment practices were safe and records confirmed this.

Medicines were managed, stored and administered safely and audited on a weekly basis. People who used the service had risk assessments in place for their medicines. There was a member of staff on each shift who was the 'medicines lead' to ensure robust medicines management at the service.

Newly recruited care staff received an induction and shadowed senior members of staff. Training for care staff was provided on a regular basis and updated regularly. Staff spoke positively about the training they were provided and told us they were informed of any training that they needed to complete.

Care staff demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans.

People were supported with maintaining a balanced diet and the people who used the service were involved in menu planning and told us that there were always options on the menu. People with dietary needs were supported to manage those needs and the cook demonstrated good knowledge of people's

individual requirements.

People were supported to have access to healthcare services and receive on-going support. The service made referrals to healthcare professionals when necessary.

Positive relationships were formed between staff and the people who used the service and staff demonstrated how well they knew the people they cared for.

The service supported people to express their views and be actively involved in making decisions about their care. People who used the service told us they felt in control of their care and involved with their care plans.

The service promoted the independence of the people who used the service and people felt respected and treated with dignity.

Care plans were detailed and contained relevant information about people who used the service and their needs. Care plans were reviewed regularly and any changes were documented accordingly.

Concerns and complaints were encouraged and listened to and records confirmed this. People who used the service told us they knew how to make a complaint.

The registered manager and deputy manager for the service had good relationships with staff and the people who used the service. Staff spoke highly of the management style and the support they received from their peers.

The service had quality assurance methods in place and carried out regular audits. The service monitored the feedback from people who used the service by way of an annual questionnaire and by holding a quarterly 'manager's surgery'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Outlook Care - Waterside Lodge Recovery Centre

Detailed findings

Background to this inspection

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

The inspection team consisted of one inspector. During our inspection we observed how the staff interacted with people who used the service. 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 reviewed the information we already held about the service, including statutory notifications we had received and we contacted the local safeguarding and commissioning teams for feedback on the service.

During the inspection we looked at three care plans, three staff files including supervision and training records, medicine records, policies, procedures and risk assessments. We spoke with the deputy manager, the registered manager, three care workers the activity and recovery coordinator and the cook. During the inspection we spoke with five people who used the service and one relative.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I am happy here, I am safe." Another person told us, "Yes I feel safe." A third person told us, "I feel safe here. Yes [I am happy]."

Policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. The service informed CQC of any safeguarding's that had been raised in a timely manner. One care worker told us, "If I had any concerns I would go straight to my manager. I am quite alert to these things. If I suspected anything with my manager I'd tell his manager. With whistleblowing I know we are protected."

People who used the service told us they felt protected from bullying and harm, one person said, "I don't get bullied here, it's a nice place."

The service had robust risk assessments in place for each person and records confirmed this. Care plans contained a risk summary on the front page which listed individual risks for people who used the service and a brief outline of what could be done to minimise the risks. For example for one person who used the service it said, "Leaving house alone, finances and becoming upset." Care plans also contained more detailed information on mitigating the risks mentioned in the summary. For example one person had a risk assessment in place for falls which stated, "[Person] may fall while walking around the house. Staff to offer support while she is walking from her room to another room." Another person's risk assessment said, "[Person] could become angry and upset if she thinks residents and staff are too busy to talk to her. If she becomes upset, spend time talking to her and reassuring her, ask her if she would like to do some drawing as this usually calms her."

The service also had risk assessments in place for each person regarding their mental health and the prevention of relapse. These risk assessments highlighted risk indicators, early warning signs and crisis signs and contained detailed information and actions for staff to take should anyone start showing any signals of relapse. For example one person's risk assessment stated, "Crisis signs include non-compliance with medication and if [person] stays in bed all day without wanting to do anything." The risk management plan said, "Staff to inform manager and care coordinator. Staff to access home treatment team for advice if [person] is non-compliant with meds." This meant that the service was aware of people's mental health needs and any signs to look for and what action to take should there be any concerns.

Risk assessments were reviewed every six months and records confirmed this. Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. We also looked at policies such as equality and diversity, end of life, infection control, health and safety, medications and recruitment.

Staffing levels at the service consisted of three care workers during the day plus the activity and recovery

coordinator, the clinical manager and registered manager. The evening shift consisted of two waking night staff. Care workers at the service told us the staffing levels were adequate in meeting the needs of the people who used the service. The deputy manager told us about cover arrangements for unexpected staff absences and stated, "We call our bank staff, we always find someone straight away and if not then I will cover." A care worker told us, "We are never left without cover, even if it means we stay later to cover. We also have an on call manager and we have posters all over the house with who is on cover and their telephone number. There is a manager on call and a senior call manager as well."

Medicines were managed and stored safely. Medicines were stored in a locked room and each medicine cupboard was locked. The keys to the room and cupboards were kept with the 'medicine lead' who was appointed on each shift. This ensured that there was always a member of staff on a shift who was able to provide support with medicines and the safekeeping of the keys for safety. Medicine audits were carried out on a weekly basis and records confirmed this. Audits looked at whether medicines had been obtained on time from the pharmacy, whether quantities of medicines corresponded with records, expiry dates, and refusals. The deputy manager explained that each week there were random checks on care plans to ensure that information about people's medicines were correct and records confirmed this. Controlled drugs were stored in a separate locked cupboard in line with current legislation. Controlled drugs are medicines which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and associated legislation. We checked the stocks of controlled drugs and other medicines and stock levels tallied with written records. The deputy manager told us, "Controlled drugs are double locked and their administration is recorded in the controlled drugs register which is double signed." Records confirmed this was happening.

During our inspection we observed a member of staff administering medicine to a person who used the service. The person told us, "This is to help me. I get headaches." The care worker told us, "We had long training before we could administer medicines. We had to do four shifts per week just on medicine observation and this lasted for two weeks." This meant that the service ensured all staff were competent to administer medicines safely.

Each room throughout the service had an emergency intercom system whereby people who used the service could press the 'assist' button if they needed any help or assistance. The registered manager told us, "If pressed, all staff on site will be paged and will then go to the room to provide the help needed." The intercom systems were checked on a quarterly basis and records confirmed this. This meant that people who used the service could get assistance from a member of staff promptly.
The service had robust staff recruitment procedures in place. Records confirmed that checks were carried out on prospective staff before they commenced working at the service. These included employment references, criminal records checks, proof of identification and a record of the staff's previous employment. This meant the service had taken steps to help ensure suitable staff were employed.

The service carried out environmental checks to make the premises safe and records confirmed this. Checks consisted of looking at external security, lighting, windows, bathrooms, electrics and fire safety. The service also carried out a deep clean on a weekly basis and records confirmed this. The home environment was clean and was free of malodour.

Records confirmed that people using the service either had a Court of Protection order in relation to their finances, Local Authority appointeeship or family support for the management of their money. The deputy manager showed us cash records and receipts for all transactions that they supported people with and all transactions matched correctly with corresponding receipts. They told us, "We check the money and sign to show that we have checked. We have receipts for everything. When someone spends money it is recorded

and signed by two members of staff and the service user also signs." Records confirmed that this was happening. One person who used the service told us, "I do have enough money. It's in the bank. If I spend something, they give me the money." This meant that people's finances were managed safely by the service.

Good

Is the service effective?

Our findings

The service had an induction programme for newly recruited staff whereby staff had to go through policies and procedures, care plans, medicines and mandatory training. One care worker told us, "My induction was really good." Examples of mandatory training for all staff consisted of first aid, food safety, health and safety, medication, mental capacity, moving and handling, epilepsy and physical intervention. The service monitored all staff training on a matrix which allowed management to check when staff were due to renew their training or enrol onto new training courses. The registered manager told us, "If anyone misses training we just re-book it. Our online system alerts us and prompts us to arrange training for whoever is due." The training matrix showed that all staff were up to date with their training. A care worker told us, "Every year we get an email to remind us of any training we need to do. For example I did epilepsy training last week, the training is really good." Another care worker told us, "The training I received when I first started was very thorough and it was immediate. I shadowed for two weeks. I am very confident in my role."

The service had recently enrolled a newly recruited member of staff onto the Care Certificate. The Care Certificate is a staff induction training programme specifically designed for staff that are new to the care sector. The registered manager told us they would continue with the care certificate for all newly recruited members of staff.

Records showed that care workers received supervision on a monthly basis and consisted of discussions around their role, case management, progress, performance, workload, training and development. Annual appraisals were also taking place to review staff performance, outcomes, feedback and any challenges and records confirmed this. One care worker told us, "I have my supervision very regularly. The registered manager takes time with me and does listen."

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 found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. 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 inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS. In addition, care plans reflected when DoLS

were in place, for example one person's care plan stated, "[Person] may try to leave the house on her own. She is on 30 minute observations and the bedroom door is alarmed and front door is alarmed at night. A DoLS is in place." This ensured that care workers were aware of people who were subjected to restrictions. One care worker told us, "Capacity is a big thing here, everybody's got a choice. With deprivation of liberty, we have a few people here and we have to monitor them. Just because someone can't go out alone doesn't mean we don't take them out. We don't keep them locked up."

People who used the service were supported to have enough to eat and drink. The service employed a cook who worked from 8am until 1pm preparing food and snacks. The registered manager told us, "People come down to eat when they want to, people come down at different times, and it is up to them. We have tea and cakes at 3pm and the menu is on the noticeboard." The cook told us, "The residents get together and decide on the menu. We are changing over to our summer menu next week. Everyone has their favourite foods and there are always options." One person who used the service told us, "They cook for me…I scoff the lot." They also told us about the variety of foods on offer, "Pasta, salad, eggs, beans and toast. I like it; I've always got a choice." Another person told us, "The food is okay, I had casserole today, it was nice. We had the option to have chicken curry. Tomorrow's menu is on the wall, I'm not fussy but they ask you what you want first." A third person told us, "[The cook] is a very good cook, I like her food."

The cook told us, "I have worked here for 14 years and I have had the same training as everyone else. On weekends I work here as a support worker so I have got to know the service users even more. I am aware of everyone's dietary needs, for example one person is diabetic and we encourage him to eat healthier. We give him options and if he wants pudding, I will reduce the sugar. I make all of the food and cakes from scratch, it's all about being aware, sugar intake has to be reduced and we always have fruit." We saw that this person's dietary needs in relation to their diabetes were printed out on the kitchen notice board and also contained the name and number of their diabetic nurse and dietician. The cook also told us, "One service user doesn't eat pork so we have an alternative. There are always alternatives. We don't have any vegetarians at the moment but if we did, there would always be an option for them."

The cook told us about the process for creating the menu stating, "Every three months the service users get together to discuss what foods they like and we will make a menu accordingly but we will always accommodate to daily needs and what people fancy. We have a reasonable stock of foods so we can always make something alternative if someone doesn't want what is on the menu." Records confirmed that the menu was diverse and interchangeable. This meant that people who used the service were not restricted to the options on the menu and they could ask for something different to be made.

The activities and recovery coordinator told us about their involvement in encouraging people who used the service to cook and stated, "Once a week we have a 'life skills kitchen' where we cook altogether with all of the residents. It's quite an occasion." One person who used the service told us using the life skills kitchen and said, "I like to brown the sausages."

People were supported to maintain good health and access to healthcare services. We saw that care plans contained information about their GP and any other health professionals as well as their medicines and health needs. People's care plans included information and assessments from healthcare professionals including medical appointments, referrals and assessments, including support from the community mental health team and home treatment team. On the day of our inspection, various mental health professionals attended the service to visit people who used the service.

Good

Is the service caring?

Our findings

One person who used the service told us, "It's alright here, the staff are caring."

During our inspection we observed positive and friendly interactions between people who used the service. For example we saw one person helping another walking down the corridor. One person who used the service told us, "I like [person who used the service]. They are my best friend in the entire world." We also observed positive interactions between care workers and people who used the service. For example one person sat with two care workers whilst they completed administrative duties and they all engaged in friendly conversation. A care worker told us, "I am here to do a job and make people's lives better".

Care workers told us how they maintained the dignity of people who used the service, for example with personal care. One care worker said, "I always explain who I am, what I'm doing and why I am doing it." Another care worker said, "Dignity goes without saying. You make sure they have privacy; you don't raise your voice. You make sure they're ok." A third care worker said, "Dignity is about making sure doors and windows are closed during personal care and I always speak through what I am doing with the service user, explaining what I am doing and making sure you speak through it when washing someone's private areas." A person who used the service told us, "They help me shower, they let me get dressed on my own, they help me with my hair. The staff are nice."

Care workers told us about the ways in which they supported people in a caring manner. One care worker told us, "The house revolves around the residents and we only ever change things to meet the needs of the residents." Another care worker told us, "Seeing that people are being made to feel happy and seeing when they are grateful for your time, for example it can be a simple conversation, a resident will be so grateful for that." They also told us, "For example there was one resident that when I first started working here she was very rude to me and unfriendly. But over time, she is now very in touch with who she is and she's very caring and affectionate and that is an element of recovery for her and that is a beautiful thing. My job is very rewarding."

Care staff recognised the importance of supporting people as individuals. One care worker told us, "I don't think we have anyone here who identifies as LGBT but if we did it wouldn't bother me at all, it wouldn't make a difference. Every family is different, every home is different, we are entitled to be who we want to be."

On promoting the independence of people who used the service, one care worker told us, "I encourage service users to do things themselves. I encourage independence. For example [person] needs prompting and I have introduced him to independent showering. Depending on his mood I will tell him that he will be showering independently and if he's in a good mood, he'll take the flannel and do it all himself." They also told us, "I've always liked to help people and make people happy. It makes me motivated to see people progress, for example [person] couldn't shower herself but with motivation she'll go and do it and be so proud. This kind of thing motivates me." This meant that people who used the service were supported and encouraged to develop independent living skills.

Good

Is the service responsive?

Our findings

Care plans were personalised and reflected people's individual needs. Each care plan contained a 'one page profile' at the front so that staff had an overview of the person's needs, and contained information such as what was important to that person, what they needed support with and how they liked to be supported. For example one person's profile said, "It is important that my medication is given to me at the correct time and that my meals are prepared for me. I need support with personal care. I need to be encouraged to do this and the staff to take their time with me, I like things explained to me." One person who used the service told us, "I feel in control. In the folder [care plan] I let them write in it."

Care plans also contained an initial assessment of needs and risks and the registered manager told us that the initial assessment was a way of ascertaining whether a person's needs could be met at the service. Aspects covered in this assessment consisted of health needs, advocacy and family involvement, behaviours, financial managements and areas of risk. One care worker told us, "When we get a new service user we sit down and talk to them and ask them questions. I think the care plans are quite comprehensive."

Care plans recorded people's progress in relation to their mental health and a 'recovery pathway of achievements was created for each person. This documented any significant events that contributed to recovery and progress for each person. For example, one person's stated, "Helped prepare Valentines meal, it was a lovely day. Group cooking went really well, no prompting needed to complete tasks. Went shopping to buy some fish for our tank." This meant that the service was proactive in recording people's progress and recording positive aspects of their day to day lives.
Care plans were reviewed every three months and records confirmed this. Reviews looked at aspects such as health, safety and security, if anything wasn't working and if there were any changes to the person's needs.

Records confirmed that daily records of care were reflective of people's care plans and individual needs, for example for one person a recent daily record of care stated, "[Person] was supported with personal care, ate well and had medication." Another daily record for this person stated, "[Person] unsettled all night, staff made a cup of tea."

After each shift a staff handover took place and we observed this. Staff discussed details of people's day and what support was given, for example with medicines and if anybody had a medical appointment or visitors attending or if a person had been upset or angry. This meant that staff starting their shift were aware of important information regarding the people who used the service.

People were encouraged and supported to take part in various activities. The activities and recovery coordinator told us about a recent project where people who used the service and six volunteers from a local bank painted the garden walls in different colours. One person who used the service told us, "We painted the garden and it looks nice." We saw photographs of the project in process and also the finished result. The activities and recovery coordinator said, "We painted the walls and it brightens up the garden and it is fun. We also had a table that we were going to throw away but we got the residents together to refurbish it. We make the place look like their home, they've had enough of clinical environments their whole

life." They also told us, "I believe I know everybody here quite well, I've been here four and a half years. It's about what the people here want to do. Most of them don't like group activities so we also do one to one sessions in the therapy room." The therapy room was a quiet area where people who used the service could use to relax. The coordinator told us, "I do lots of nail polish things, we have a perfume counter, a Buddha, some fake candles. They like to look at things. For example one person enjoys touching and smelling so I have lots of things they can look at, trinkets etc. We do relaxation and we put soothing music on." This meant that the service was accommodating to the individual needs of each person who used the service.

In addition people's rooms were decorated according to their taste and each room was personalised. One person who used the service told us, "I do like my room. I've got too much stuff in there because it was my birthday, I got some presents, I like it the way it is." This meant that the service was proactive in involving people who used the service to be part of personalising their rooms.

People who used the service were supported by staff to access the community and one person told us, "I go out and get my cigarettes; [care worker] came with me today." People who used the service were also encouraged to take part in activities and posters were put up around to home to advertise upcoming events. For example we saw posters for movie nights, a knit and natter session, discos and picnics. The service had a large board in the lounge area with photographs of people taking part in activities. One person who used the service said, "[Activity and recovery coordinator] planted the flowers in the garden and I helped her plant them. It was my birthday last week, we had a birthday party and the cook made me a cake."

The service had a complaints policy that identified time frames for a response and contact numbers for external organisations. The service had their complaints procedure printed and displayed in public areas of the home and it was also in easy read format for people who used the service. One person who used the service told us, "If I weren't happy I'd make a complaint. I'd talk to the [registered manager] he's in charge. If something happens I'll tell the manager or the staff." We saw records of the service's complaints log, the most recent complaint being in May 2016 and was from people who used the service who complained small portion sizes of their evening meal and lack of choice. Records confirmed that as a result of the complaint a house meeting was held and a new menu was devised with the contribution of people who used the service. This meant that the service was responsive to the needs of people who used the service.

Good

Is the service well-led?

Our findings

Relatives and staff spoke positively about the management team at the service. The relative of a person who used the service told us, "The manager is a great manager. Every time, whenever I call, they let me speak to my [relative]. I am really pleased with her progress, there have been big improvements and it is absolutely a good home." A care worker told us, "The registered manager is a very good listener. There's an open door policy. The deputy manager is very nice and really supportive. There's open communication here." A second care worker told us, "I feel supported, the team has become like a unit, it's been nice. This year has been fantastic and the team are fabulous, we had a recent BBQ and everyone came. It's like a family. Everyone is approachable."

The registered manager told us, "It's imperative in the nature of this job that staff can come and talk to us. Our door is always open. That allows them to come and give us ideas. For example last night, the night staff told me that they think a service user needs an adjustable bed so today I sent the referral." The registered manager showed us the referral that had been sent. This meant that they were reactive and responsive to suggestions from staff, to meet the needs of people who used the service. The registered manager also told us, "The deputy manager compliments me very well. He is calm and we feed off each other to support the team." They also explained, "The team here rally around, they have empathy and as an organisation we support our staff. We have strength in this team and I'm really proud of that. Staff don't hesitate to come to me."

The service has quality assurance practices in place and regular audits were carried out. For example, there was a quarterly service quality report which checked to ensure that care plans were updated and that staff training was up to date. Records confirmed that the last quarterly audit was in February 2017.

The service also carried out themed audits. For example, the most recent in February 2017 focused on MCA and DoLS and checked whether the service had any restrictive practices in place and whether all DoLS authorisations had been recorded. Another theme was staffing, and this looked at whether staff supervision and appraisals were up to date, training, staff sickness levels and team meetings.

The service used questionnaires to gain feedback from stakeholders and records confirmed that these were sent out annually. We saw completed questionnaires from a range of health professionals who had regular contact with the service and feedback was positive. For example, an occupational therapist stated the service was "Good" and that phone communication by staff was "Excellent." A health professional stated, "My experience of partnership working is positive. The manager will update me with any changes in my client's mental state etc or any concerns. I always have a positive experience when speaking to staff via telephone and I would recommend Waterside Lodge to other staff and organisations looking for a placement." The registered manager told us, "We have just set up an electronic survey for stakeholders and families. It sends out automatically." This meant that the service was improving ways of obtaining feedback to enable continuous improvement.

Families and relatives were encouraged to give feedback and the service created a 'we're listening' form for

them to fill in. One relative wrote, "[Relative] seemed to settle in nicely. Staff are very friendly and helpful."

Resident's meetings took place on a monthly basis and records confirmed this. At the most recent meeting in April 2017 discussions consisted of menu planning, garden project, Easter and smoking. At the previous meeting an afternoon tea for Dignity Action Day was discussed. Dignity Action Day is a campaign to inspire health and social care staff and local people to place dignity and compassionate at the heart of care services. The service also organised an event for Mental Health Awareness Week. This meant that the people who used the service were actively involved in their care and were encouraged to take part in campaigns to promote their wellbeing.

The registered manager told us, "Most of our feedback about the service comes from the service users directly. I have a quarterly manager's surgery which is very casual. If you give them that opportunity, they speak to me. I put posters up and they come and see me, I find it useful as it is informal so they are more inclined to speak to me." They also told us about an annual 'customer survey' and we saw records of this from 2016. The results of the survey showed that people who used the service said they felt safe and that staff were kind and caring. This meant that the registered manager was proactive in getting feedback from people who used the service to strive for improvements and to act on any suggestions.

Team meetings took place every six weeks and records confirmed this. The most recent team meeting in April 2017 consisted of discussions around safeguarding, record keeping, CQC inspection and handover expectations. The registered manager told us, "Team meetings help to share good practice. Everyone contributes to that." By holding regular team meetings this meant the staff were able to contribute to the running of the service.