Prime Life Limited

The Fieldings

Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on 30 September 2015. The Fieldings is run and managed by Prime Life Limited. The service is situated in Sutton in Ashfield in Nottinghamshire and provides accommodation for up to 47 people. The focus of the service is to allow people to receive care and support in regard to their mental health needs. On the day of our inspection 23 people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed.

Summary of findings

We found that basic risk assessments were in place in many aspects of people's care but that sometimes these were not in place or lacked detail to explain how the risks could be reduced.

People received their medicines as prescribed and the management of medicines was safe.

Staffing levels were sufficient to support people's needs and people received care and support when required.

We found people were encouraged to make independent decisions. Staff had basic awareness of legislation to protect people who lacked capacity and that some specific decisions had been made in people's best interests.

People were not deprived of their liberty without the required authorisation.

People were supported to maintain their nutrition and their health needs were met. Referrals were made to health care professionals for additional support or guidance when needed.

People were treated in a caring and respectful manner and staff delivered support in a relaxed and supportive manner.

Staff were knowledgeable about people's likes and dislikes and what support people required. People who used the service and their relations knew who to speak with if they had concerns and were confident that these would be responded to.

The views of people who used the service were sought in monitoring the quality of service provision. Regular audits were undertaken within the service and action taken where required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not fully safe.

We found that risk assessments were not always in place or did not contain sufficient information as to how the risks to the person could be reduced.

People were protected from the risk of abuse as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff able to respond to people's needs in a timely manner.

Requires improvement

Is the service effective?
The service was effective.

People were supported by staff who were receiving training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain their hydration and nutrition. Risks to their health were monitored and responded to appropriately.

Good

Is the service caring?
The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence

Good

Is the service responsive?
The service was responsive.

Staff were knowledgeable about people's likes and dislikes and what support they required.

People were able to partake in a range of social activities independently or with support with required.

People and their relatives felt comfortable to approach the registered manager with any issues and felt that complaints would be dealt with appropriately.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration.

Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

The Fieldings

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 unannounced inspection took place on 30 September 2015 and 12 October 2015. The inspection team consisted of one inspector, a specialist advisor who was a registered mental health nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information we had received and statutory notifications. A statutory notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with 12 people who were living at the service, seven members of staff, one visiting healthcare professional and the registered manager. We also held telephone conversations with two people's relatives and another visiting healthcare professional to determine their views on the quality of service provision. We looked at the care records of four people who used the service, three staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

We also 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 with us.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe and were aware of what to do if they felt unsafe or were not being treated properly. One person told us, "I feel safe. I expect I would talk to staff if I had any concerns but I haven't had any." A relation of a person who used the service told us, "Yes I think [person] is safe. If there are any incidents they ring and tell me straight away." The records we viewed confirmed that relatives were informed of any incidents of alleged abuse in the service. The relatives we spoke with felt that incidents that compromised people's safety were dealt with appropriately. One relative told us, "[Person] moved to another room following an incident with another service user."

The staff members we spoke with were confident in acting on and reporting any issues which could compromise people's safety. Safeguarding training was provided to staff during their induction and through further training. The staff we spoke with were aware of their roles and responsibilities in reporting any issues of concern relating to people's safety, this including the need to refer to external agencies if required. They were able to tell us about the types of abuse that people could experience and appreciated they were responsible for promoting people's safety. We found that contact details of the local authority safeguarding team were displayed in a prominent position in the home to ensure staff were aware of who to contact. One member of staff told us, "I have only just started working here and have safeguarding training coming up. If I saw anything I felt was abuse I would tell the manager or the senior. I would go higher if I needed to."

We reviewed the information we had received about the service and found that statutory notifications had been sent as required following incidents within the service.

We found that care records contained basic information about risks to people in relation to identified care needs, but that in some cases more detailed risk assessments were required. Although staff could tell us how they would respond to instances of challenging behaviour or support people with healthcare conditions, we found that this information was not always recorded in sufficient detail in care records. For example, it was recorded in one person's care records that they required support to 'maintain a healthy diet 'to manage their diabetes. When questioned, staff were able to tell us what would constitute a healthy diet for someone with diabetes but this information was not clear in care records. New staff learnt about people's needs by reviewing care records, so there was a risk that new staff would not be fully aware of the risks to people and how best to respond.

We were told of an incident within the service when a person had accessed the kitchen and taken a kitchen utensil that could be used as a weapon. It was recorded within a care plan that the person could use weapons but a risk assessment had not been carried out. We did find that appropriate measures had been taken to reduce the risk of this happening again. The person was not at the service at the time of our inspection and the registered manager told us that they were in discussion with external professionals about how they could manage risks in the future. We also found that staff were able to describe the process they would go through to keep people as safe as possible if they wanted to access the community; however this information was not recorded in care plans. This showed that whilst staff were responsive to risks to people and took appropriate action to keep them safe, the actions required was not always recorded in people's care records.

We found that people did not have unnecessary restrictions placed on them. One person at the home was not permitted to leave the service without the support of staff and we found that the necessary legal procedures had been followed to ensure their liberty was not restricted unlawfully. We observed people moving freely around the service and people were aware of key codes used around the building.

We found that people had Personal Emergency Evacuation Plans (PEEPS) in place. These had been formulated to assist people to escape the environment in the event of an emergency situation, such as a fire. The plans documented how people could be evacuated safely and highlighted the type of support the person required to evacuate the service.

People felt there was sufficient staff to meet their needs. One person told us, "I have been out with staff and that helps." Another person told us, "They sit and talk to you." On the day of our inspection we saw sufficient numbers of staff to be able to respond quickly but calmly if people required support. We found that systems were in place which analysed people's needs and determined how many

Requires improvement

Is the service safe?

staff would be required to support people. We were provided with staff rotas which demonstrated that the number of staff on shift during our inspection was normal for the service.

Visitors to the home also felt there were sufficient staff deployed. One person's relation told us, "There are always enough staff to go out with [person] or to sit and talk to [them]." Relatives also told us that there was always a member of staff available to talk to if they had any concerns about their relation or required an update about their well-being.

Staff told us that they thought that there were sufficient numbers of staff working at the service. One staff member told us, "There are enough staff. I have time to sit and talk to people and read care plans." Our observations during the inspection confirmed this.

We found the provider had taken steps to protect people from staff who may not be fit and safe to support them .We looked at the recruitment files of three members of staff. These files had the appropriate records in place including, references, details of previous employment and reasons for leaving previous employment. Criminal record checks had been carried out before staff had commenced working at the service. These checks enabled the provider to make safer recruitment decisions which reduced the risk of people receiving support from inappropriate staff.

People who used the service could be assured they would receive their medicines when needed and their medicines would be administered safely. We also found medicines were stored securely and safely.

We found that only staff who had completed medicines training were responsible for administering medication. We observed a member of staff administer medicines and found that they were aware of, and followed appropriate procedures to administer medicines in a safe manner. We were made aware of two incidents when prescribing errors had been picked up by staff and reported back to the prescriber. We saw that, as a safety mechanism against further prescribing errors; staff checked both external and internal medicine packaging to ensure that the person was receiving the correct medication. This showed the provider had taken the appropriate action in relation in relation to prescribing errors to ensure the safety of the person receiving the medication.

Good

Is the service effective?

Our findings

People felt they received care from sufficiently skilled and competent staff. One person told us, "They are good at looking after me." Another person told us, "The staff took me to hospital straight away when I had to go."

The relatives we spoke with told us that they felt their relation was supported by competent staff. One relative told us, "[person] has a lot of complex needs and the staff put enormous effort in to supporting [them]. They are first class."

Staff told us that on commencing employment they were required to undertake an induction process. New staff were provided with an 'Induction Competency Booklet' which included a range of information they were required to complete. We did find one example where the booklet had not been completed within 6 months of employment commencing; however all of the staff we spoke to were knowledgeable about their role and responsibilities. The induction process included a period of 'shadowing' more experienced staff until new staff felt ready to work independently. One member of staff confirmed that they were not able to support someone with their specific moving and handling requirements until they had received training which they were attending the following week. This meant that the person was protected from the risk of inappropriate moving and handling methods being used as only trained staff provided support.

Staff also told us they were supplied with on-going training to ensure they could remain competent and confident in performing their roles and responsibilities. We viewed training records on the day of our inspection and half of the staff were up to date with training in areas such as fire, infection control and safeguarding. We found that training events were planned over the next few months to ensure all staff received the required training. We also found staff had received supervision on a regular basis. Staff also told us that senior staff were available to support them if they had any problems. One member of staff said, "There is always a senior available if the manager isn't around."

People told us that they could make their own decisions about their daily routine within the service and whether they went out. One person told us, "Basically I do what I want." Another person told us, "Oh yes I make my own choices." We found staff were appreciative of people's rights to spend their time as they pleased and respected people's day to day decisions. One member of staff told us, "It's about asking people rather than telling them". Throughout our inspection we observed staff asking people if they required support.

We were told by the registered manager that the majority of people using the service had capacity to make their own decisions. Some people had signed their care records to provide their consent to the support they received. One person was identified as lacking capacity to make some decisions. A capacity assessment had been completed but was not specific about what decisions the person could/ could not make themselves, however we found that important decisions had been made appropriately in the person's best interests. For example, the person had been deemed to lack the capacity to manage their own finances but we found that the decision was least restrictive of their rights and enabled as much freedom as possible. We also found that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form has been appropriately completed by the person's doctor and the staff had documented the best interest meeting held with the person's family. This reflected that decisions were being made in line with the Mental Capacity Act (MCA). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability.

We found that the registered manager was knowledgeable about the Deprivation of Liberty Safeguards (DoLs) which are part of the Mental Capacity Act 2005 and had made an application when required. DoLs protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction was needed. The staff we spoke with were not as aware of the principles of the MCA and this was discussed with the registered manager.

One person described the food as, "Brilliant." Another person told us, "Oh you couldn't ask for better." The relatives we spoke to were also complimentary of the food their relations received. One relative told us, "The food is lovely; they offer you something to eat if you visit. They have a roast on a Sunday with a choice of three meats – it's beautiful."

We observed a mealtime and saw that people could choose where they ate their lunch and were offered choices. Lunch time at the service was informal and we saw that one person requested that their lunch is was kept in

Good

Is the service effective?

the fridge until later in the day, and staff respected the persons request. We found that where people had been assessed as needing special diets, for example soft consistency food, these were recorded in people's care plans and catered for. One person using the service was a vegetarian and the person confirmed that suitable food was provided. We saw that staff were aware of another person's allergies and made sure that the food provided did not contain anything which could be harmful to the person. A person at the service had been assessed to be at nutritional risk due to their low weight. Care records confirmed that the person's weight was being monitored in line with their care plan and the manager told us of their pride that they had supported the person effectively in an attempt to increase their weight since returning from hospital. This was confirmed through our observations as we saw staff discreetly prompting the person to eat their meal.

We spoke with the cook at the service who showed us that people completed menu preference questionnaires when they came to live at the service. The information contained in these was used to inform the menu and the choices offered to people. We observed people helping themselves to drinks and snacks, including fruit, in the communal areas of the home throughout the day of our inspection.

People told us they had access to health care professionals and staff had sought professional advice to support them with their health care needs when required. One person told us, "It's really good that the man comes here to check my eyes, staff are getting me sorted as I can see the TV now." One person's relative told us, "[person] had to have an eye test since being there and staff took [them]. He needs a hearing aid and they sorted all that."

Staff confirmed that they felt that referrals to relevant professionals were made when required and people's healthcare needs were responded to. One member of staff told us, "Referrals are made when needed." The staff member provided examples of a person being recalled to hospital due to deterioration in their mental health and of seeking medical advice when another person had experienced a seizure.

Care records contained detailed notes about visits from external healthcare professionals such as social workers, community psychiatric nurses (CPN's) and psychiatrists. We saw from records that advice was sought from relevant professionals whenever there had been an incident in the service and if staff thought that a person was becoming unwell. On the day of our inspection we spoke with a visiting healthcare professional. They confirmed that staff made referrals to their team when any concerns were identified. They also told us that when they provided advice to promote people's health and wellbeing their advice was followed by staff. We spoke to another healthcare professional following our visit who told us, "I work closely with the manager. My initial impression is I have no concerns and no issues with communication. Documentation is good and contains all the relevant information."

Good

Is the service caring?

Our findings

All of the people we spoke with told us that they thought the staff were caring. One person told us, "You can tell that they care." One person's relative told us, "The staff reassure [person] that it is [person's] home. [Person] is happy and settled and has made friends there." Another relative told us, "[Person] is safe because of the upmost caring attitude [of the staff]. They have really got to know [person] well and it is such a relief that [person] is there."

Our observations supported what people had told us. We saw that people approached staff with questions and requests which were dealt with by staff courteously and with respect. Staff responded to people's requests in a timely way and made time to speak with people. We observed that when a person appeared withdrawn or upset staff responded in a caring manner. The staff member took off their apron, went over to the person and asked if the person wanted to go with them to a quiet area of the home, stating, "I'm not used to seeing you upset, I'm used to seeing you smiling." The person later returned to the communal area of the service and confirmed that they felt 'looked after' by staff.

We found staff spoke to people in a kind tone of voice and used effective communication skills such as establishing eye contact with people before speaking with them. There was also friendly banter and conversation between staff and people. For example, we witnessed friendly interactions between staff and people when deciding what to watch on TV. We observed that staff had time for people and would spend time chatting to them about their day and how they were.

People told us that the staff knew them well and were responsive to their feelings and wishes. One person told us, "Staff can tell how I am; they have asked me if I am alright." Another person told us, "Oh yes I think they will help me get my independence back. They know that is what I want and I know that is what [manager] wants too."

Of the four care records we accessed, each person's record contained a 'Getting to know you' document which people had been supported by staff to complete. The document contained detailed information about the person including their own opinions on their strengths and weakness, information about their personality, significant life events and unpleasant life events. Staff told us they had time to read through care plans and said the documents were very comprehensive, and proved effective in ensuring they could provide care and support in a person centred way.

We found that the service was flexible in response to the needs of the people using the service. We witnessed people coming and going throughout the day and making choices about how they wished to spend their day. One person asked if we wished to speak to them before they went into town as they were going to look round the shops. Another person returned to the service after being out and was provided with lunch which had been saved for them. Where people required support, this was provided and we observed that staff were available to support people to meet with medical professionals on the day of our inspection.

People had access to information about how to contact an advocate. Advocates are trained professionals who support, enable and empower people to speak up. We saw there were leaflets near the main reception area of the service, which people would be able to read, with the contact details of local advocates. The registered manager told us that no one was currently using and advocate but that this was considered when important decisions were required and the person did not have family to support them.

People we spoke with told us that staff respected their privacy and dignity. One person said, "They don't bother you" and "They always knock on the door before coming in." One person's relative told us, "Staff have to attend to [persons] needs but they always do so with respect."

We found people had access to private areas within the home which they could use if they wished. We observed people going to and from their bedrooms and sitting in different areas throughout the home. People using the service had a key to their bedrooms in order to maintain their privacy and security of their belongings. We observed staff knocking on people's bedroom doors and waiting to be invited in before entering. We also saw a member of staff reminding a person to close the bathroom door when having a shower to preserve their privacy and dignity.

Relatives told us they could visit their relation at any time and visits were not restricted in any way. People's relations also told us were offered lunch at the service so they could spend a meal time with their relatives or they could take

Good

Is the service caring?

their relation out for the day. They also told us they had always been made very welcome by the staff and felt staff were caring at all times. This showed that the provider ensured that people were enabled to maintain important relationships and avoid isolation.

Good

Is the service responsive?

Our findings

People felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, "I don't like what they're watching (on TV) so I move to here so I can put something different on the TV. That's one of the things I like about being here, I can do what I like when I like."

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. One member of staff told us, "I think that there are lots of things that we do well. The staff work well together and with [people] and are always trying to make sure that the residents needs are met through doing activities with them and supporting them to go out into the community."

We found that it was recorded in care plans when people liked to get up and go to bed and we found that people's wishes were respected by staff. There was little information to suggest that people had accessed their care records and contributed to the information they contained. However, we saw that it had been emphasised by the registered manager at a residents meeting, that people were able to access their records at any time and we were told that one person had routinely ask to look at the information contained in care plans. Relatives and visiting professionals we spoke with told us they felt staff communicated well with them and kept them up to date about people's well being.

We found information about changes in a people's health condition or well-being was communicated effectively between staff in order to provide continuous and effective support to people. Staff told us that they read the care records of people when they moved to the service but if any new information needed to be communicated this was added to people's records which they were able to read. We witnessed this happening on the day of our inspection. We also found that all care plans we looked at had been evaluated on a monthly basis and updated as required.

We saw care records contained a life history which highlighted important relationships, previous occupations, hobbies and interests to ensure that people were considered as individuals. We also found that staff knowledge about people's life history and interests was built upon by staff spending time talking to people. A recently recruited member of staff told us, "It's nice to get to know people. I make time to sit and talk to people and like to have one to one time with everybody throughout the day. We found that even new members of staff who we spoke with during our inspection were knowledgeable about people's needs and interests which enabled them to provide care in a person centred way.

Staff we spoke to told us about the support they provided to people in order to engage them in activities and increase people's independence. An area of the service had been designated as a 'transitional unit' to enable people to develop daily living skills to increase their independence. One member of staff told us, "I helped [person] to make a stew. I wanted to know what [person] could do." We were given another example of a staff member engaging with a person's interests. A member of staff told us, "I noticed [person] had a badge of an aeroplane and engaged in conversation about this. [Person] told me that they liked aeroplanes so we rented a DVD about aeroplanes and watched it together."

We observed activities being provided in the service in a flexible and person centred way. We saw people engaged in activities individually and on a group basis, both with and without staff support. The activities on offer on the day of inspection included, gardening, DIY, cards, dominoes and pool. One person was being supported by staff to colour [their] hair. We were informed by the manager that the service had links to a college and that tutors from the college visited the service once a week to provide activities that people requested such as cooking skills, gardening skills and arts and crafts. We saw that people benefitted from the service building links with the college and saw that people had made comments in a survey about this opportunity such as, "Manager has set up for college to come to The Fieldings to do activities with us." We also spoke to a person whose care plan reflected that they liked to attend church and the person confirmed that they had been to church accompanied by a member of staff within the last few weeks.

We spoke with a member of staff who told us, "We take people out on a trip every month and that's decided by [people] at the meeting." We accessed minutes of the meeting held for people who live at the service which confirmed that people had been asked their views about

Good

Is the service responsive?

what activities they would like to do. Suggestions included trips out, an evening take away, drawing and cooking. The staff we spoke with felt that activities would be facilitated. One relative told us, 'They had a movie night and provided a buffet for people."

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us, "Yes you can speak to manager and [they] will sort it." Another person said, "Manager has looked into [issue] for me". One person's relative told us, "I have no complaints but if I did, it would be dealt with straight away."

There was a complaints procedure for staff to follow. Staff were able to describe the complaints procedure and told us that should a concern be raised with them, they could discuss it with the management team. They also felt complaints would be responded to appropriately and taken seriously. One member of staff told us, "I am aware of the complaints procedure. I would speak with the senior or manager. If anything was raised it would be reported and the manager would respond."

The complaints procedure was on display in the home and contained clear guidance for people about the steps the service would take to address any complaints. The procedure was clear about who the person could approach if they were not satisfied with the outcome of their complaint. The service kept a log of complaints and records showed that one complaint had been received which had been recorded and responded to appropriately.

We also found that staff held regular meetings with people who used the service. The meetings provided a forum where comments and suggestions could be discussed to help identify recurring or underlying problems, and potential improvements.

Good

Is the service well-led?

Our findings

People told us that the registered manager would "go out of their way" to help them. One person described the registered manager as, "fantastic," another person told us, "[Manager] knows [their] stuff and is interested in everyone's wellbeing." Relatives also told us that they found the registered manager to be approachable and felt the service would be responsive to any concerns or suggestions. One relative told us, "Any concerns I would raise with [manager], if [manager] is not there, I would talk to [senior]." Another relative told us, "The [manager] always tells us that [their] door is open and it always is, so people can go in and talk to the management."

At the time of our inspection, there was a registered manager in post who divides their time between two services which are in close proximity to each other. On the day of our visit the registered manager was visible around the service. We observed them interacting with people on a regular basis and it was evident that they had a good rapport with people. Staff told us they found the registered manager to be approachable and also felt supported by senior staff if the registered manager was absent. Staff told us the registered manager and senior staff were accessible and they could contact them if they needed. Comments included, "You can go and see the manager at any time," "When there is anything to change you can just talk to a senior and they will try and put things right," "One to one support from the seniors is fantastic."

Staff told us they enjoyed working at the service and felt the registered manager was proactive in developing the quality of the service. Throughout our inspection we observed staff working well together and promoting an inclusive environment where friendly and supportive conversations were being undertaken between staff and people who used the service.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures without fear of recrimination. We saw that information about the providers dedicated whistleblowing telephone service was on display within the home. This showed that the provider was proactive in directing staff to sources of support if they did not feel confident in raising with the manager.

The management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed we had received several notifications of incidents within the service and the detailed information contained within these records showed that the provider had taken effective action to deal with incidents to ensure that people were safe.

People benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us that they attended regular supervision sessions. The staff we spoke with felt comfortable raising issues with the registered manager either during supervision or informally. Two of the staff we spoke with gave examples of issues they had taken to the registered manager which were responded to straight away. We also saw minutes of regular team meetings which discussed staff roles and responsibilities so they were fully aware of what was expected of them. Staff felt the meetings aided the efficient running of the service and helped the manager to develop an open inclusive culture within the service. Three of the staff we spoke with confirmed that they felt that staff meetings were a two way process and that the registered manager listened to their views and opinions. Staff described the registered manager as responsive to any issues within the service to ensure the safety of people was maintained. One member of staff told us, "It there is anything that needs to be said to staff urgently then the manager calls staff into the office and tells them what needs to happen."

People were supported to attend resident meetings and records showed that topics of conversation included what people would like to eat and what activities they wished to participate in. We found that staff were already aware of issues that people had raised with us during inspection and had talked to them about their concerns or addressed these during resident meetings. For example, one person told us that they did not like that some people smoked in the service. We found that this topic had been discussed previously at a residents meeting and people were reminded of the homes policy in relation to smoking. The manager also told us that further discussions were taking place in respect of a provision of a smoking area.

People residing at the home and their relations were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out annual surveys. The information from the surveys was

Good

Is the service well-led?

correlated and a report was formulated which was on display within the service. We also saw that people had contributed to the service motto of, 'together we can achieve a better life' and had been involved in creating a display of this within the service.

Internal systems were in place to monitor the quality of the service provided. These included audits of the environment, incidents and accidents and medicines management. Audits were carried out on a monthly basis by the registered manager and senior support workers and spot checks were carried out in relation to care plans and medicines management. We also saw that the provider carried out regular visits to the service to ensure that audits were being completed and to assure themselves that any outstanding issues were addressed in a timely manner.

Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. For example we saw that the provider had taken appropriate action by making a referral to the falls team in respect of a person who had experienced a number of falls. This showed that the provider was proactive in developing the quality of the service and taking action where required.