

Mountlands Trust Limited

Lime Tree House

Inspection report

264 Washway Road
Sale
Cheshire
M33 4RZ

Tel: 01619737956
Website: www.limetreehouse.org.uk

Date of inspection visit:
03 August 2017

Date of publication:
09 October 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection at Lime Tree House on the 3 August 2017. At the last inspection the service was rated outstanding in caring and good all other domains. This meant the service was rated good overall.

Lime Tree House provides both short term and long term residential accommodation for people (who prefer to be referred to as patients) who follow Christian Science practice. People are supported by Christian Science Nurses (CSN's) who are non medical nurses trained in healing through Christian Science practices. The nurses have completed an in depth Christian Science nursing programme and were qualified in spiritual healing to enable them to support people in line with their beliefs and Christian Science practices. At the time of the inspection the service supported five people.

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.

Without exception the feedback we received about care people received was excellent. Relatives told us how the service had made a difference to people's lives and people had become more independent with the caring and patient support they had received from staff.

People's religious beliefs and practices were considered throughout the support provided, which was an important part of people's daily lives and this was promoted and respected by all staff.

People's independence was promoted throughout the support provided and the positive support staff provided had enabled people to regain their independence in line with their wishes and agreed outcomes.

People were supported to spend their time in a way that promoted their health and spiritual wellbeing, which was important to them.

The registered manager was highly regarded by people, relatives and staff and led the staff by example. The values of the service were promoted and understood by staff. The registered manager monitored the service and had a clear overview of people's needs. There was clear evidence that the registered manager strived to make improvements to ensure people received high quality care and support.

The provider also had a good overview of the service because they were kept informed of any issues by the registered manager and supported areas of improvements that were put forward by the registered manager.

The registered manager encouraged and supported staff to gain further knowledge and experience through

extensive training in Christian Science practices and staff received regular updates which ensured people received safe and effective care that met people's needs.

People's risks were planned and managed in a way that promoted their independence whilst keeping people safe from harm.

People were protected from the risk of abuse because staff had a good understanding of the signs of abuse and their responsibilities to report any concerns.

We found there were enough suitably recruited and qualified staff available to meet people's needs. Staff received intensive induction and further training to ensure that they were confident to provide support to people.

People's nutritional risks were managed and monitored and people were supported to access health professionals to maintain their health and wellbeing.

People were supported to consent to their care. Plans had been implemented to ensure that if people lost the ability to consent the care provided was in line with their future wishes and they would receive care in their best interests.

People and relatives knew how to complain and complaints were dealt with in line with the provider's policies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to remain safe because their risks were assessed and planned for whilst staff promoted positive risk taking to help people regain their independence.

People were protected from the risk of abuse because staff were aware of their responsibilities to alert and report suspected abuse.

There were enough suitably qualified staff available to people who had been employed using safe recruitment processes.

Is the service effective?

Good ●

The service was effective.

Staff were highly trained to enable them to provide effective care in line with people's needs.

People consented to their care and plans were put in place to ensure future decisions that may be made about their care were in line with their wishes.

People were supported with their nutritional needs and were supported to access health professionals where required and in line with their Christian Science practices.

Is the service caring?

Outstanding ☆

The service remains outstanding.

Is the service responsive?

Good ●

The service was responsive.

People were supported to regain their independence by staff who were patient and understood people's agreed outcomes.

People were supported to spend their time in an environment which was peaceful and responsive to their spiritual needs.

Staff knew people well and people were supported in line with their preferences in all aspects of their care.

People and relatives understood how to complain and complaints were acted on in line with the provider's policies.

Is the service well-led?

The service was well led.

People could be confident they would receive high quality care that placed them at the centre of the care provided.

People and staff views were sought, considered and acted on to make a difference to the way the service was provided.

The service was led by a registered manager who was approachable, supportive and ensured people were at the heart of the service provided. The registered manager had high standards and staff respected and followed by their example.

Good ●

Lime Tree House

Detailed findings

Background to this inspection

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

This inspection took place on 3 August 2017 and was announced. The inspection team consisted of 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 reviewed the information included in the PIR along with information we held about the home. This included notifications that we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, notifications about serious injuries and safeguarding concerns.

We spoke with three people and one relative. We also spoke with two Christian Science Nurses, the registered manager and an administrator who was also the nominated individual. We viewed three records about patient's care and records that showed how the home was managed. These included staff training and induction records and the quality assurance records that showed how the registered manager monitored the service.

Is the service safe?

Our findings

People who used the service told us they felt safe when staff were supporting them. One person said, "I feel safe with staff because I know they are here when I need them". Another person said, "I feel safer with staff when they help me in the shower as I can be a bit unsteady". A relative also told us that they felt at ease that their relative was safe with staff and they had no concerns about how staff treated their relative. They said, "The care is all built on safety, security and trust". Staff we spoke with were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. One staff member said, "I would report any concerns I had immediately to [registered manager's name] to make sure the person was safe". The registered manager understood their responsibilities to report abuse and knew the appropriate authorities that they needed to inform if they suspected abuse. The registered manager told us and we saw that the board members had all undertaken safeguarding training to ensure they were aware of their responsibilities to support people to remain safe and had a clear understanding of the procedures that the staff needed to follow in the event of suspected abuse. This meant that people were protected from the risk of abuse.

People were supported with their risks whilst their independence was promoted and encouraged. One person said, "I had a fall and came here because I wanted non medical intervention in line with my religious beliefs. The practical help has been great. The staff have kept me safe and I know they are here when I need them. I couldn't walk when I came here. Through the support I have received here I can walk again because the staff have encouraged me to be independent a little more each day". We saw that this person's risk had been assessed with the outcome requested by the person for staff to them to regain their independence. The daily records we viewed showed that staff had supported this person to gradually regain full mobility, whilst ensuring their risks were taken into account. We saw that another person's risk management plans contained clear guidance for staff to follow when they supported the person with specific equipment to ensure that the person was supported safely. During the inspection we saw staff supported people in line with their plans of care and risk management plans. Staff we spoke with had a good understanding of people's risks and the plans in place which enabled people to remain as independent as possible, whilst their risks were managed. This meant people were protected from harm because their risks were managed and mitigated, whilst their independence was promoted

People told us that there were enough staff available to meet their needs. One person said, "Staff are very good and come to me in enough time when I need them". Another person said, "I get everything I need day or night because staff are always around to help me when I need it". Staff told us that there were enough staff employed to ensure that people were supported in a caring and safe way. Staff explained that there was enough staff to ensure they could spend time with people which enabled them to provide support in an unrushed way. One staff member said, "People need to build their independence up slowly. We are given all the time we need to make sure people regain their confidence slowly as it is important we support people at their own pace".. During the inspection we saw that there were enough staff available to provide support in an unrushed manner when people needed it. For example; we saw one person being supported with their mobility and staff gave them time to make sure they were safe and did not rush them.

We found that staff had been employed using safe recruitment procedures. Staff told us and we saw that they had received checks of their character and references from previous employers which ensured they were suitable to provide support to vulnerable people. Staff employed at the service also practiced Christian Science which ensured that staff understood people's beliefs with regards to non-medical intervention and the support people wanted to be provided. This meant there were enough staff available to support people and people received support from staff that had been recruited safely.

We found there were no medicines or medical interventions at the service. People who used the service followed Christian Science practices and understood that the intervention they received was non-medical. The registered manager explained that where people have been at risk of developing pressure areas at the service this was managed by ensuring people had the necessary equipment to lower the risks, such as specialist mattresses and staff ensured people were supported to relieve any pressure. Where people had developed redness or a low level pressure area staff supported people to ensure areas were cleaned regularly and non-medical dressings were used. The registered manager told us that when people had entered the service with pressure areas these had healed from the care provided at Lime Tree House. People who were supported were also Christian Scientists and understood the support the service offered. Additionally, we found that the registered manager had ensured that people read and signed a detailed agreement about the care to be provided. This meant that people were clear about the non-medical support they received at the service.

Is the service effective?

Our findings

People told us the food was excellent and told us that they were given plenty of choice of meals. One person said, "Excellent food with lots of choice. I am asked what I want each day in the morning and I can have what I like. I always have a main meal, pudding and if I don't feel like eating what is on the menu I can have something different. The cook is very good". We saw that people were given choices and where people wanted something different to eat or drink the staff ensured people were supported to have the food they wanted. One person preferred to have a lighter lunch and a main meal in the evening as this had been part of their routine with family before they used the service. We saw this person was supported with their meal time preferences. We saw lunch was served in the dining area and most people ate together with staff, although some people chose to eat in their rooms. The registered manager explained that one person needed assistance to eat their meal and preferred to have their meal in their room. This protected their dignity because the person felt uncomfortable with this assistance when around other people. During the meal we heard people and staff chatting and laughing and it was clear that both people and staff had mutual religious beliefs and this aided conversation which flowed with ease. This showed that staff provided a pleasurable mealtime experience in line with people's preferences.

We observed staff talking with people in a patient manner and gained consent from people when they carried out support. One person said, "The staff always ask me what I need before helping me". All the people supported at the time of the inspection had the capacity to consent to their care either verbally or through specific ways of communication. However, the registered manager had ensured that plans were in place if people lost the capacity to make certain decisions in line with the Mental Capacity Act 2005 (MCA). The 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.

We saw that the registered manager had discussed with people their wishes in the event that they lost the capacity to consent to their care. For example, we saw that advance decisions to refuse treatment in the future were in place to ensure that people received the care that they wanted. One person's advance decision stated 'Please check if I can communicate my needs and give me time to respond, as I may need time to communicate. If I am unable to understand please use this document'. We saw that one person's relative had Power of Attorney for their relative's finances and health and welfare needs. Power of Attorney (POA) gives the authority for a person to act for another person in specified matters. The person was able to consent to their care, but we saw that there was a copy of the POA in place to ensure staff understood what decisions could be made by the relative in this person's best interests should they be unable to consent themselves. The registered manager told us and we saw that they had worked alongside a solicitor and the north west ambulance service to ensure the document was credible, professionals understood people's wishes with regards to non medical intervention and the document met the legal requirements. This meant that the registered manager had actively sought people's wishes should their ability to consent change whilst they were using the service.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 the inspection there were no people who required a DoLS. However, the registered manager understood when an application for a DoLS would be required and they were aware of the principles and requirements of the Mental Capacity Act 2005.

People were supported to access health professionals when they needed to. We viewed records that showed people had been supported to access dentists, chiropodists and consultants when required. One person had been supported by staff to attend an appointment with a consultant to assess an area of concern about their wellbeing. We saw that records contained information about people's individual physical and emotional wellbeing and the support needed to keep people healthy. The records we viewed showed that people's health was assessed and monitored regularly. This meant people were supported to maintain their health and wellbeing.

People told us that they felt staff were well trained and knew how to support them well. One person said, "Well trained staff who have good skills and I know I can rely on them to give me the care I need in the safest way". Staff told us they had received an intensive induction when they were first employed at the service, which included approximately eight weeks training and mentoring from experienced staff. One staff member said, "I have worked at the service for a long time and we are constantly updating our training and have the opportunity to develop ourselves to make sure people get the best care we can provide". The registered manager told us the mentoring of new staff continues for a year to ensure that staff have an in depth knowledge of the support required and they are fully qualified. Staff confirmed and the training records we viewed confirmed this. The records we viewed showed that staff were trained to recognise if people required modified diets such as soft diets and if they need thickeners in their fluids, which was reviewed regularly with the person and changed where required. The training included managing behaviour that may challenge, personal care, walking aids, care in bed and modifying diets as well as spiritual healing practices. This meant people were supported by staff who had received intensive training to enable them to provide effective support that met people's needs.

Is the service caring?

Our findings

People continued to be supported with the same level of care and compassion. This key question remains outstanding.

Without exception people and relatives spoke highly of the caring and compassionate care provided and how they were treated as individuals. One person said; "Staff are very caring, they are wonderful. Very supportive and if I am feeling in a low mood staff ask me if I want any company. Sometimes I do and sometimes I like to be on my own and staff respect my wishes." Another person said, "Staff are very caring, attentive, thoughtful and anticipate by needs. They are always in the right place at the right time, which gives me great comfort to know they are here for me and provide excellent care". A relative said; "[Person's name] has been so happy and loves it here. Everything has improved for them. My relative can still express them self here. They can be them self and staff embrace who they are."

We saw caring and compassionate interactions between people and staff throughout the inspection visit. For example, we saw a staff member supported one person with their mobility and the staff member was extremely caring and showed patience and understanding. Staff spoke with this person in a calm and compassionate way and it was evident that the person had formed a trusting and caring relationship with the staff member. This person told us that staff had helped them to gain their confidence because they were extremely caring in their approach.

People told us that their independence was promoted and spoke about the positive impact this had on their lives. For example; one person told us how staff had helped them to regain their confidence to walk unaided which had resulted in them being safe to return to live at their home independently. They said, "I am going home at the weekend because of the help staff have given me here. Staff have been patient and helped me to regain my independence by encouraging me to walk. I have felt blessed and enriched here both physically and spiritually. I feel it is a very innovative service and the care provided is in line with my beliefs. I would come here gain without a doubt if I needed it. I am very grateful to have regained my independence." This person's records showed that due to a fall at their own home, when this person first started to use the service they were immobile, therefore the support they received at the service had ensured they achieved their goal to return to their own home. This person also told us that the registered manager had arranged for a care agency to be in place when they returned home and it had been arranged for a staff member to stay for one night to monitor and assess the environment to ensure the person was safe on their return home. This meant this person was supported to regain their independence by staff that showed care and patience to enable them to return home, which was very important to them.

People and their relatives told us that the atmosphere within the home was extremely friendly and their religious beliefs were met and mutually understood by staff who also shared the same beliefs. People told us that their preferences of spiritual healing and non- medical intervention was embraced and they were assured that these were respected and valued at the service. One person said, "The atmosphere is wonderful, everyone is so friendly and understands my spiritual needs. I feel able to talk about my beliefs, which is a very important part of my life." Another person said, "Christian Science has inspired me and this is

my way of life and all my spiritual needs are met here." A relative said, "I hoped for contentment and peace and never thought they would find happiness but they have here. It makes me emotional as staff have been so kind and caring. The care is excellent and it matches my relative's needs both physically and spiritually as Christian Science has been an essential part of their life and this is respected and promoted here. There is nowhere better for her needs."

People and their relatives were involved in the planning and review of their support. People and relatives told us that staff and the registered manager listened to both themselves and, where appropriate, their relatives when planning and reviewing their support needs. One relative said, "The support is tailored to meet my relative's needs and have incorporated their wishes to ensure they have the care they want." Before people received support from the service they were provided with a document named 'Scope of Services'. This document clearly outlined the care provided which included non- medical intervention and to maintain a spiritual atmosphere that was conducive to spiritual healing and support harmonious care. People had signed to state that they were entering into an agreement and they agreed that they did not want any medical intervention to be provided. We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their health and emotional wellbeing. This meant that people were fully involved in the planning and review of their care and information was provided to ensure they understood the care offered.

Relative's spoke very highly of the support that their relatives received with their communication that enabled people to make choices in their care. One relative said, "My relative rang me and told me "I'm so grateful to be here." This is a big improvement as my relative had not been expressing them self before coming here. My relative couldn't find her words before coming here and now she is expressing herself which is fantastic." Another person's care plans gave staff specific guidance on how to help the person improve their level of communication, which was an outcome of their assessed care needs. As the person did not have the ability to be involved, their care plan showed that their relative had been involved in devising the plan of how to promote communication. This included staff to gain eye contact and staff to build trust by talking about their Christian Science beliefs as this brought comfort to the person. This meant staff continued to encourage people to express their wishes.

Is the service responsive?

Our findings

People told us that their social interests and spiritual needs were met. One person said, "I like to see things going on and I like to sit in my window and watch, I like to go in the garden which is relaxing". Another person said, "I have been to the park with staff which was lovely and I can stay in my room if I want to because I like peace and quiet". We saw that the service was quiet and calm and people told us this was the atmosphere that they enjoyed. Some people liked staff to read to them from the bible and some people preferred to study the bible themselves. People enjoyed visits from relatives, walks in the garden and reading online lectures. People had the freedom to spend their time as they chose and access these activities at their leisure. Each person had a phone in their bedroom which was available to be used freely by people to contact family or people's individual named Christian Science practitioner. A Christian Science Practitioner is an individual who prays for others according to the teachings of Christian Science. This meant that people were able to live their lives in the way they preferred and were supported with their religious beliefs that had been an important part of their lives.

We saw that people's preferences and interests were detailed throughout the care plans, which showed people's lifestyle history, current health and emotional wellbeing needs and what was important to people. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. This included a person who liked a blanket on the bed at night and liked to be peaceful. We saw this person was enjoying quiet time in their room reading passages from the bible. People's wishes had been taken account of and details of the outcomes they hoped for from the support provided at Lime Tree House. Staff we spoke with knew people well and explained how they supported people in a way that met their preferences and individuality. For example; staff had a good understanding of one person's past routines and how they liked to spend time alone. The staff member told us they respected this person's wishes and stated, "Everyone is different and they have their own individual preferences and it is important we respect who they are and allow people to continue their life here as they did when they were at home". The registered manager told us that the provider was responsive to any changes needed to meet people's needs such as the resources required to make the innovative changes to the garden area to ensure people's needs and preferences were met. This meant that people received care that was individualised to their needs and preferences and the provider supported any innovative ideas to meet people's needs.

People told us they knew how to complain if they needed to. One person said, "[registered manager's name] is lovely I can approach them to raise things and anything I have raised has been dealt with and things have changed". A relative said, "I have never had the cause to make a formal complaint but I would raise anything with [registered manager's name], they are always available and I feel comfortable speaking with them". The provider had a complaints policy in place and we saw that there was a system in place to log any complaints by the registered manager. The complaints we viewed had been acted on and a response sent to the complainant. The registered manager had also ensured any concerns were raised with staff where needed to ensure that improvements were made. This meant there was an effective system in place to receive, respond and act on complaints.

Is the service well-led?

Our findings

Lime Tree House had clear visions and values that were person-centred and that ensured people were at the heart of the service. These underpinned the support provided to people. They included ensuring people were the main focus and central to the processes of care planning, assessment and delivery of care without medical intervention. A relative said, "Every member of staff have good values and they follow the ethos of Christian Science when supporting my relative. The service really is wonderful because of the manager and the staff who provide the care". Staff we spoke with were all clear about the aims and objectives of the service. Staff were passionate about supporting people to achieve their outcomes in line with their Christian Science practice. One member of staff said, "I am very passionate about the support I provide as it is linked to my beliefs and everyone who uses the service and all staff have the same thoughts. We provide a very loving and positive atmosphere for people. Our aim is to support people by encouragement and gentle support to promote people's independence and quality of life". This was confirmed by people we spoke with who told us that they had received encouragement to walk independently in a way that was gentle and caring. This meant that staff actively followed the aims and visions of the service and provided high quality care to people who used the service in a way that promoted people's independence.

The registered manager was an excellent role model who had a caring and loving manner. They spoke in a soft and calming way and spoke about people they supported with compassion. It was clear that they promoted a calm and relaxing atmosphere and people were at the heart of the service provided. They had developed and sustained a positive culture at Lime Tree House. Without exception people using the service and relatives all spoke very highly of the registered manager. One person said, "The manager is very good and I feel I can discuss anything with them. They understand me well and know what I like. It is so nice to have a manager that I have confidence in. They [the registered manager] have a warm heart and they sit and listen to me and respect what I am saying. This is a great value for a manager to have". Another person said, "The manager is perfection. I can discuss anything at all and I am kept fully informed about things". One relative said, "The manager is very approachable and if I have asked any questions they have always been able to answer these and respond very quickly. I couldn't ask for a better service for my relative. I am so very pleased". We saw that the registered manager had met with people to discuss their care and to ensure that people were happy with the quality of the care provided. For example; we saw that one person had visited a consultant with the registered manager and the option to have surgery for a condition was discussed in detail. This person had capacity and made the choice not to have surgery after being provided with all the information available to them and discussing their options with the registered manager. Their choice was respected and they had stated they wished to use their religion to overcome their condition. This person told us that the registered manager had been very helpful and they were grateful for the support they had given them. This meant that the registered manager was approachable to people and provided support to people when they needed it.

We saw that the registered manager had attempted to obtain the views of people in the form of satisfaction questionnaires. The registered manager told us that they found this was not always an effective way to gain feedback as people did not always return the questionnaires. The registered manager had introduced a comments box and implemented a communication book to record any verbal compliments received from

people/relatives. We found that without exception everyone who had written in the communication book were extremely happy with the quality of service provided. Compliments received included, "The best place in the world", "You are amazing. Thank you for caring so deeply" and, "[name of person] is doing so much better and looking better. This is such a special place to be". These views were also reinforced by thank you cards that had been received at the service. With comments such as; "Wonderful" and "The service is a one off". We also saw that the manager had started to implement an ideas tree to be placed on the wall outside the office. The registered manager felt that this would enable people and staff to put any thoughts or ideas they may have on ways to make improvements to the service provided. This meant that the registered manager strived to gain feedback from people in innovative ways to continuously ensure that people were at the heart of the service provided.

People told us that they enjoyed the garden area very much and this was a favourite place for them to sit in peace and quiet and reflect. One person said, "I love going out and sitting in the garden. It is such a nice place for me to sit with my own thoughts and I can go and sit in the garden whenever I like". We saw staff support a person into the garden and they told us that they had enjoyed a little walk. They told us that they liked the pond and waterfall especially. The registered manager told us that garden had been designed by a person that used the service and had returned to their own home after making a recovery through the support they had received at the service. This person wanted to put something back into the service and had offered to design the garden area. This had been designed so that it was accessible to wheelchairs and there were areas that promoted the use of people's senses such as lavender and roses that people could smell. There was also a pond with a waterfall, which could be heard from the conservatory and promoted peace and relaxation for people. This meant the provider had welcomed the input from a person who used the service to ensure that the garden area was responsive to people's needs and this showed the provider had used an innovative way to ensure people's needs were met.

Staff told us that the registered manager was very supportive and they were able to approach them at any time if they needed to. One staff member said, "[registered manager's name] is lovely, very helpful and supportive. I can raise anything and also have an opinion. They are very knowledgeable and anything I have raised has been acted on". Another staff member said, "[Registered manager's name] is a very good manager who listens to everybody. They are accommodating and they work to a very high standard. They are a good role model". Staff also told us that they were able to raise any issues or put forward ideas at staff meetings. One staff member explained how they had requested that a refresher training course in manual handling would be beneficial to ensure they were up to date and carried out safe practices when they helped people to move. Staff confirmed that they had been provided with the updated training and the registered manager told us they were open to any suggestions to ensure people received the best care possible. Another staff member told us that they had spoken with the registered manager about the possibility of creating another room for meetings and training sessions so this is not carried out in the lounge area. We saw that plans were in place to convert the loft space to make further meeting rooms. The registered manager had requested this resource at the board meetings and this had been approved. Staff told us that they had been consulted on the development and their ideas had been listened to. This meant that staff feedback was gained and acted on to make improvements to the service people received.

Staff told us they received supervision on a regular basis, where they discussed any issues and their development. One member of staff said, "I have supervision regularly and we discuss any issues we have, ideas for improvement and my development needs. I find it very useful and the registered manager listens to what I am saying. We have some very good discussions". Another member of staff said, "Supervision is very good. It is an opportunity for me to discuss anything I need to". This meant that staff were supported to carry out their role and were given the opportunity to develop their skills and knowledge to enable them to support people effectively.

We found that the registered manager carried out a number of checks to monitor the quality of the service provided. These included checks of daily records every two days to ensure that people received high quality care in line with their agreed outcomes. The registered manager told us that it was important that they had a clear overview of the service provided and checked records regularly so they were ensured that people were receiving safe and effective care. We saw records that showed the registered manager had re-assessed the fire risk assessments at the service after concerns had been raised nationally about fire risks. They had involved the Fire Officer to ensure that they were meeting the required specifications to keep people safe from harm. Systems were also in place for monitoring that accidents and incidents were recorded and outcomes clearly defined, to prevent or minimise re-occurrence and keep people safe from the risk of harm. We saw that the service was inspected by the commission for Christian Science and was awarded an accreditation. This ensured that the registered manager and staff were providing care in line with Christian Science practice. We also saw that commissioners of the service had visited and monitored against performance indicators. The service had scored 98% compliance against the commissioners required performance. This meant that people could be assured that they were receiving a high quality service because checks were in place and the registered manager took action to keep people safe from the risk of harm.

We saw that the registered manager completed monthly reports to the provider which included mental capacity, people's dependency, complaints received, health and safety and maintenance reports. Staff and people told us they were able to meet with the provider whenever they wanted to discuss any issues they may have. The board meeting minutes we viewed showed that outcomes for people who used the service were discussed alongside training needs and discussions about any resources needed. This included discussions and consultations about the conversion of the loft space for more meeting rooms and we saw that both people and staff were involved in the consultation process. The registered manager told us that the service hosts an open day where other Christian Scientists who have services under the provider can visit the service and celebrate what has worked well. The registered manager told us this is an opportunity to share practice across the provider's services. This meant that the provider had a clear overview of the service and strived to make improvements by listening to the views of people and staff.