

Milestones Trust

# 33 Charnhill Crescent

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

33 Charnhill Crescent provides accommodation and personal care for four people. People who live at the home have mental health needs. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. Four people were living in the home at the time of the inspection.

There was a registered manager in post. 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.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

Why the service is rated Good:

People were encouraged and supported to lead active lifestyles in their home and the local community. People were encouraged to be independent in all aspects of their daily living. This included looking after their own medicines if they had been assessed as safe to do so, managing their own finances, planning, and cooking their own meals. People were given a weekly budget to enable them to purchase their own food. Some people were working towards living more independently.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes.

Sufficient staff supported the people living at the service. There were occasions during the day when there were no staff present in the home. This was kept under review ensuring people were safe and not at risk. People told us they enjoyed the opportunities of being on their own without staff support. This was time specific for a period of two hours. When new people moved to the home this would be reviewed to ensure it continued to be safe.

Care was effective and responsive to people's changing needs. Information was available to enable the staff to recognise any relapses in people's physical or mental health and guidance on what action should be taken to support the person. People were involved in making decisions on how they wanted to be supported.

People's views were sought through care reviews and house meetings and these were acted upon. Systems were in place to ensure complaints were responded to.

Staff were knowledgeable about the people they were supporting. Staff had received appropriate training to

support people effectively. There was a strong commitment to providing care that was tailored to the person. Staff worked as a team to deliver care. Systems were in place to ensure open communication including team meetings and daily handovers. A handover is where important information is shared between the staff during shift changeovers. This ensured important information was shared between staff enabling them to provide care that was effective and consistent.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff. There was a positive culture where people felt included and their views were sought. The quality of the service was reviewed with action plans developed to enhance the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service continues to be safe.

Good ●

### Is the service effective?

The service continues to be effective

Good ●

### Is the service caring?

The service continues to be caring.

Good ●

### Is the service responsive?

The service continues to be responsive.

Good ●

### Is the service well-led?

The service continues to be well-led.

Good ●

# 33 Charnhill Crescent

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 3 and 9 January 2018 and was unannounced. One inspector carried out the inspection. The last inspection was completed in October 2015 when the service was rated as good overall.

Before the inspection, we asked the provider to complete 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 information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

When we first arrived at the service one person was alone in the home and asked if we would return in an hour. When we returned there were two people in the home and no members of staff. We had an opportunity to speak with these two people until the staff member returned an hour later. There was an agreed protocol in place where by people could stay in the home without staff support up to two hours.

We spoke with three people who used the service. We spoke with two members of staff and the registered manager. We also received feedback from a health care professional. You can see what they told us in the main body of the report.

We looked at the care records for one person who used the service and other associated documentation. We also looked at records relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for all staff.

## Is the service safe?

### Our findings

People told us they felt safe and there was enough staff to support them. They told us there was always one member of staff working in the home. People told us they could spend up to a period of two hours without a member of staff being present. They told us what they would do if there was an emergency whilst they were on their own. They showed us where information was kept in the event they had to contact a member of staff for support. There was also contact information for a neighbouring home that was operated by Milestone Trust. They told us this service was a short walk away from 33 Charnhill Crescent.

Risk assessments were in place describing the assessment staff had to make prior to leaving the service with no staff. For example if a person was unwell or anxious then staff would remain until the next member of staff was on duty. Staff recorded the times when there were no staff and the reasons. For example, taking paperwork to the main office, attending a meeting with health professional or supporting a person with their one to one shopping.

Staff and the registered manager said this was kept under constant review and if a new person moved to the home this again would be reviewed to ensure the arrangements were safe and appropriate. This was clearly recorded in the service user guide and discussed with the local placing authorities in respect of the home not being staffed at all times.

People told us there was usually one member of staff on duty throughout the day and a sleep in member of staff at night. They told us there was a team of six staff including the registered manager. They told us they liked the staff team who supported them. A member of staff told us there were three named staff that worked for Milestone's bank that usually covered any annual leave or absences. The member of staff told us it was rare that unfamiliar staff worked in 33 Charnhill Crescent, as usually the team would cover. They told us people preferred staff who knew them well and were familiar.

Staff told us there was an on call system and the team were supportive. They said they would have no hesitation in contacting the on-call manager or another team member to discuss any issues or concerns if they were working alone. There was a lone working policy.

People received a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. People were able to access the community independently, be involved in the cooking of their meals and were responsible for their own money. It was evident people were empowered to take control over their own lives.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager. People's records had sufficient information to guide the staff on how and when to administer medicines.

Three people were responsible for their own administration of medicines to varying degrees. There was a clear protocol detailing the stages and the steps to enable the person to be independent with their medicines. People were consulted on how much responsibility they wanted and reassessed at intervals to ensure they were safe and competent.

People were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse. Staff had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. A safeguarding adult's policy was available for staff to guide them on the procedure to follow. Staff felt confident that any concerns would be investigated by the registered manager and the provider. Staff also discussed this area with people at the monthly house meeting so they knew what to do if they were concerned.

There was a whistle blowing policy enabling staff to raise concerns about poor practice. There was also information available to people living in the home if they wanted to make contact with the local authority's safeguarding team or a senior manager from Milestones Trust. There had not been any safeguarding alerts.

People told us they all got on well and they liked the staff that supported them. A staff member told us the registered manager was quick to pick up if there was an atmosphere in the home and would respond quickly and appropriately to alleviate this. However, it was clear from speaking with staff and people there was a mutual respect for each other, and a strong emphasis that it was people's home.

The registered manager clearly understood her responsibilities to ensure suitable staff were employed in the home. Recruitment information was held at the main office of Milestones Trust so we were unable to check the correct records were in place. We will be making arrangements to check on this to ensure safe recruitment procedures are in place to protect people across the Trust.

The home was clean and free from odour. People told us they were supported by staff to complete daily chores and the cleaning of their bedrooms. Cleaning schedules were in place. Staff confirmed there were sufficient protective clothing such as aprons and gloves. Staff received training in infection control. There were policies and procedures in place to guide staff on minimising the risks in respect of infection control.

People were protected from the risk of unsafe premises. The building was well maintained. Appropriate measures were in place to safeguard people from the risk of fire. We saw evacuation plans had been written for each person, which outlined the support they would need to leave the premises in the event of an emergency. Routine fire testing was undertaken at the service. Staff and people had received fire training and participated in regular fire drills. This was important to ensure people knew what to do in the event of a fire when there were no staff working in the home.

An infection control audit had been completed in September 2017 and had identified some areas for improvement such as re-sealing and some re-grouting in a shower room. These had been addressed. However, the auditor had identified a rusty handrail in the shower room that needed to be replaced. This was outstanding but had been rectified by day two of the inspection because staff had chased this up.

## Is the service effective?

### Our findings

People told us they completed their menu planning weekly and then were given a budget to go shopping for their individual items. People had a lockable cupboard in the kitchen to store their own purchased food items. This was innovative and showed the service's commitment on supporting and encouraging people to be as independent as possible. The level of involvement of people in their day-to-day lives such as household chores, cooking and shopping was clearly described in the statement of purpose. This was seen as being part of the ethos of the home enabling people to maintain daily living skills as part of their recovery and potential move to more independent living. This had been sustained since the last inspection.

People told us their nutritional needs were met. They told us there was always snacks, fruit, food to prepare meals and they could help themselves to drinks whenever they wanted. The home was creative in ensuring people had access to healthier food options and this was discussed during house meetings and one to one discussions with people. For example, a suggestion had been made to cook extra vegetables on a Sunday so a bubble squeak could be made for Monday to ensure people were eating healthily and having their five a day. One person had successfully lost a considerable amount of weight, which had positively impacted on their general health and well-being. Staff celebrated this success with this person on how well they had done. People with support from staff linked good health with exercise alongside healthier eating. Two people told us they were part of a weekly walking group and regularly attended the gym.

Staff recognised the importance of people learning new and retaining skills they had prior to moving to 33 Charnhill Crescent. People told us they were aware that the service was not a home for life and that was why they were encouraged to be as independent as possible. They told us the staff were available to support them when they needed it.

There was detailed information in care files to inform staff about people's mental health and general well-being. The sign of a person's mental health deteriorating was clearly documented. This included the early warning signs and the action staff should take to support the person. The actions for staff to take were clear and very person-centred. This included liaising with the person's GP or if in crisis then a psychiatrist and the community mental health team (CMHT).

People had access to health and social care professionals. People confirmed they had access to a GP, dentist and opticians and could attend appointments when required. Where people had refused treatment this was clearly recorded and the consequences of the refusal explained to them. People had a 'my health plan', which described what support they needed to stay healthy. People had completed these with staff support on what support they required and any medical histories. People had attended an annual well women's check-up.

People told us they could attend medical appointments without staff. Care plans included the support people needed to attend medical appointments. One person was arranging an appointment with a specialist nurse independently of staff. This meant people had control over these areas.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions.

Everyone presently accommodated at 33 Charnhill Crescent had the mental capacity to make their own decisions. Staff told us this was kept under review in relation to fluctuating capacity due to people's mental health. They explained to us that people had the right to make decisions others may view as unwise. A member of staff told us, "Our role is to continually make assessments of people's well-being to ensure they are safe and well and enable and support people to make their own decisions".

It was clear from talking with the staff and the registered manager that people would have all the information they needed to make an informed choice. This would include liaising with other health and social care professionals. People told us there were no restrictions imposed on them.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with appropriate training and were competent in the tasks they carried out. They told us their training needs were discussed during their individual supervision meetings with the registered manager and during team meetings. We viewed the training records for all staff. These identified when staff had received training in specific areas and, when they were next due to receive an update. All staff received core training, which included first aid, infection control, fire safety, health and safety, food hygiene, administration of medicines and safeguarding vulnerable adults.

The registered manager told us two monthly team away days were organised, which included an element of training. Staff confirmed the away days were productive and enabled them to complete training as a team. This included organising outside speakers or trainers. One member of staff told us this was valuable to them, as they preferred this type of training rather than doing it electronically. They said it enabled them to discuss with others and reinforced the learning they had completed. Staff confirmed they had completed training on supporting people with mental health and the registered manager organised specific training around supporting people with specific mental health conditions and health care needs such as diabetes.

A member of staff confirmed they had regular supervision every six to eight weeks. They confirmed it was a process where they could discuss their roles, training and any concerns that either party might have. There was a policy in place to guide the registered manager on their responsibilities to ensure all staff received supervisions at least six times per year. In addition, all staff had an annual review of their performance. This included setting goals in relation to their role and identifying any future training needs and areas for improvement. A member of staff told us they had recently completed this with the registered manager. They told us the manager was very good at recognising their strengths whilst building on their weaknesses.

The physical environment met people's needs. People had access to a large lounge/diner that could be used to relax, chat to others and watch television or listen to music. The home was comfortably furnished and homely. One person told us they still preferred sitting in the laundry area rather than the lounge area as they preferred peace and quiet. Staff had made a small area of the large laundry area a comfortable seating area with a table and chairs. People could personalise their bedrooms.

The house had a front and rear garden. The rear garden had a large summerhouse, which was comfortably furnished, giving people a further area to sit and relax if they wanted. People told us they were involved in the garden upkeep including planting and the watering of the garden. Smoking was not permitted in the house but people could smoke in the back garden.

The provider had undertaken some improvements to the home since our last visit. This had included re-decoration and refurbishment of the shower room on the ground floor and bathroom and toilet on the first floor. One person told us the laundry room had also had some work completed because of damp. They said they had complained because peeling paint was visible. It was evident they had felt listened too as appropriate action had been taken.

## Is the service caring?

### Our findings

People told us they liked the staff who supported them. They told us all the staff were kind and caring including the two newly appointed staff. They told us the new staff had been working in the service for about a year and had settled in well.

A visiting professional had left feedback about the quality of the service. They had stated, 'X (name of person) is looked after in a caring environment by the staff, who seem more like family. She is treated with utmost dignity and respect. They always have time for her needs and opinions'. They continued by stating the staff were amazing, wonderful human beings and highly professional. Another visiting professional told us, "The staff are very kind and mean well, it is really homely and the staff act as enablers". A member of staff told us, "We don't compensate for family; but we treat people warmly and as individuals".

People told us they felt comfortable with staff and could talk to them when they needed support or felt anxious. Staff were observed spending time with people talking about what they had done in the morning and whether they were happy about the inspection process clearly explaining our role and why we were visiting.

Staff described a service that showed mutual respect to the people that lived in the home and between colleagues. The atmosphere was informal and relaxed, this gave a sense of it being a home. People evidently saw 33 Charnhill Crescent as their home. People were seen using all areas of their home accessing the kitchen when they wanted a drink, spending time in their bedroom and the lounge area. Two of the people were sitting in the lounge area listening to music, chatting and reading their magazines. There was an inclusive atmosphere with staff and the two people engaged in general conversations.

People were involved in the recruitment of staff. New staff were encouraged to visit the service before they started work. This enabled the people to meet potential staff before they started working with them. People's views were sought on whether they felt the potential staff had the skills and personalities suited to working at the service. Two of the people were involved in the actual interview process. The registered manager told us one person although did not want to interview staff wanted to ask one question. They said this question was important to them so did this at the end rather than sitting for the full interview. It was evident the views of the people were sought in the employment of staff working at 33 Charnhill.

People told us they could invite friends and family to their home and could keep in contact with them. People told us over Christmas they had met up with family and friends. One person told us they did not have family but had spent time with staff over the festive period. They told us they now worked at a charity shop, which had helped them with getting out more and meeting people. Staff viewed social networks as an important factor of a person's recovery. A member of staff described how people had grown in confidence and self-worth. They said that one person enjoyed walking their small dog. They said this had helped the person and they had grown in confidence as people stopped to talk to them and smooth the dog. They told us previously the person would have avoided all social interactions.

The registered manager and the member of staff on duty clearly knew people well. It was evident they were knowledgeable about the people they were supporting and how people's mental health was monitored. They were aware of the individual triggers that may cause them anxiety and what assurances the person needed. They spoke positively about the people they were supporting, describing their interests, likes, dislikes, their personal history and the person's personal achievements.

People confirmed that their bedrooms were their own private space and staff only entered with their permission. People told us they were offered a key to their bedroom and the front door. One person told us, "I have a key to my bedroom, but I don't feel I need to lock it". This indicated they felt safe and were well supported. They told us, "It's more like a home, it is much better here, than where I was before, I like the people I share with and the staff now". They told us they had lived in a larger mental health service and felt this was much better for them. They told us they liked the independence and the people they lived with.

Care records identified the support people needed in dealing with personal correspondence. Some people liked to deal with this independently of staff. Some people also preferred to attend medical appointments without staff support, which not only encouraged their independence but also maintained their right to privacy.

Records about people were held securely in a locked cupboard in the office. People told us they could view their records any time they requested. People had signed their plans of care where relevant. People told us the office was locked when there were no staff in the home.

People were signposted to advocacy services and support when they needed this. Information was available to people on a notice board, situated in the laundry area of the home.

## Is the service responsive?

### Our findings

People described a service where they were encouraged to lead individualised lifestyles. They were involved in making decisions and encouraged to be independent in all areas of daily living. One person told us, "I can do what I want when I want; I can choose how to spend my time". They told us, the staff were available when they needed to chat or needed help. We saw people doing their own washing, cooking and preparing their lunch and going out when they wanted. One person told us, "I like my clubs; I go to the gym and go for a walk every day". Each person was supported by staff on a weekly basis to go shopping to buy food for their menu choices, which was an opportunity to spend one to one time with a member of staff.

People told us about the varied activities organised in the home and in the community. Activities included walking, swimming, going to the gym, art and choir groups and trips to the cinema. One person told us they did not particularly like group sessions or arts and crafts but liked to go for a walk daily. It was evident people were supported to find meaningful activities. One person told us they now worked at a charity shop, which they enjoyed. It was evident from talking with the person and the staff this had been a big milestone for them, which they were very proud. Each person had an activity planner detailing the activities they were taken part in.

People were involved in one to one formal discussions every six weeks on what they would like to do, which formed part of the person's care plan. These had in the past taken place every three weeks but people had indicated that these were too frequent and it was more beneficial every six weeks. This showed the staff listened to people and acted on the suggestions they had made.

We were told some of the people found it difficult to sit down and focus on documentation or to participate freely as they found formal meetings intimidating. The team took an innovative approach to supporting people to reflect on what was working and what was not working in their support. Staff told us people's views and feedback was gathered over many days in relaxed and informal settings such as while hanging washing out together or while cooking where people felt most comfortable. This creative approach had a positive outcome of enabling people to be fully involved in planning their own service delivery in a way, which was responsive and enable people to be involved in decisions about their care and support needs.

Care records included information about people's interests, hobbies and activities they liked to take part in. Records described the activities people had taken part in. People's views were sought through house meetings on what they would like to do including trips out and annual holidays. Three people told us they had been on holiday, three people had been to Torquay and one person for three short breaks in a cottage. These had been viewed as positive as people had previously been reluctant to take holidays. People told us they were planning further holidays this year.

People had their needs assessed by the registered manager before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Staff were also involved in the assessment process of new people once the registered manager had met the person. A member of staff told us that they were

visiting a person the day of our inspection. They had been allocated this responsibility as the plan was for them to be the person's key worker. People were offered an opportunity to visit the home before making a decision on whether to move to 33 Charnhill Crescent.

Staff told us the service was a mental health recovery service. They told us there was no minimum time in respect of people remaining at Charnhill Crescent but the plan was for people to move on to more independence when they were ready or more suitable long-term accommodation. Staff told us the focus of the service was to encourage independence. People told us they knew it was not a home for life. The three people told us they had lived at the service for ten years, five and three years. One person was being supported to move to another mental health service operated by Milestones Trust. This was being done at the pace of the person. Over the last four months, they had visited the service for short visits working up to staying overnight. The plan included staff from 33 Charnhill Crescent supporting the person along with the staff at the new service. This showed consideration had been taken to ensure a smooth transition as people moved from one service to another.

The service used a tool called the recovery star to plan the support people needed. This tool supports people with mental health needs. It values the perspective of the person using the service, enables, and empowers them to make choice about their life. The tool was person centred and covered areas linked to recovery such as looking at people's relationships, their addictive behaviours, their personal identity and their self-esteem. Staff told us they had received training on the use of the tool and of the benefits to the people using the service. They told us they had been using the tool for a number of years and it was fully embedded into the practice of the home in supporting people with mental health issues.

The service also used a 'wellness recovery action plan', which was linked to the recovery star. This was a personal workbook, which contained information on how people could develop effective approaches to overcome distressing behaviours that affected people's health and wellbeing. This enabled people to take an active part in their recovery and well-being.

From reviewing records it was evident the staff were responsive to people's changing needs and were supporting them to lead independent lifestyles. They celebrated people's successes such as attending the dentist for the first time, going on holiday, using public buses independently where previously they went with staff. Other examples included a person losing weight, which had reduced their high blood pressure. Staff recognised people's feeling of well-being and self-worth. They told us how people took more interest in their clothes, personal care and attended the hairdressers. This was viewed positively as there was a risk of self-neglect for some people. Staff were seen praising people on items of clothing they were wearing. This showed staff were responding and supporting people in a person centred way.

People told us they could come and go, as they liked, but it was always good to let the staff know where and when they would be back. This meant staff could respond if a person had not returned when they said they would. There was a missing person procedure in place should a person not return within a specified timescale. Staff told us that people were always made aware of when the next member of staff would be on duty if there was a gap with no staff working in the home. Staff recorded in a book, which was made available to people telling them the name of the staff next on duty and the time they would be in. People told us if a member of staff did not turn up for duty, they would contact the emergency number on the notice board. They said this had not happened so far.

People's cultural and religious needs were recognised and supported. Each person was treated very much as an individual. People's cultural and religious needs were clearly recorded in their plan of care and their views respected.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. This was also important as the staff lone worked. They told us that there was also a written handover form so that staff who had not worked for a few days could be kept up to date of any changes. In addition, to the daily handovers, staff completed daily records of the care that was delivered. These were positively written. Daily records enabled the staff to review people's care and their general well-being over a period of time.

A copy of the complaints procedure was displayed in the entrance hall of the home. Regular meetings were held with people and minutes confirmed that they were reminded about how to raise concerns. The provider told us in information received before this inspection there had been one complaint in the last 12 months. This had been investigated and acted upon with the outcome being given to the complainant.

People had raised a concern over the last 12 months that the lounge was cold. The registered manager and the staff had raised this with the Trust and it formed part of the home's business plan for remedial action to be completed. They showed us that for the size of the room there were only two small fixed radiators. The staff and people told us additional oil filled radiators were purchased and the electric fire repaired, which had helped the situation.

Staff had discussed with people their end of life plans and what they wanted to happen in the event of their death or if they should suddenly become ill. Plans had been developed to provide guidance for staff on what to do if this occurred. One person had stated they were not ready to discuss this. This decision was respected; with a record made stating to keep under review should the person want to revisit this area.

## Is the service well-led?

### Our findings

There was a registered manager in post, with a stable team of staff. Staff and people spoke positively about the management of the service. Comments included, "Really good manager", "I like X (the name of the manager) she is a good listener", and "The manager is very supportive, she cares about the people and the staff, we really work altogether as a team" and "X, the manager is absolutely brilliant, very fair. She appreciates and values us". Staff described a culture that was supportive, where the focus was the people that lived in 33 Charnhill Crescent. People were very much seen as individuals and care was tailored to the person. The registered manager said, "I am so blessed with the team they are all motivated and enthusiastic".

Staff were very passionate about their role in supporting people to lead the life they wanted. It was evident the service was set up around the individual with the emphasis on encouragement to enable the person be independent including building links with the local community, forming relationships and building on their self-esteem aiding their journey to recovery.

Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the manager was supportive and approachable should they have any concerns. Staff told us when the registered manager was not working in the home they could contact another service for advice and support or the on-call manager.

The registered manager told us they had completed leadership training, which had been organised for all staff across the Trust who had a management responsibility. This programme was mapped to the Leadership Qualities Framework devised by The National Skills Academy for Social Care. The registered manager told us the programme was designed to promote a supportive, learning, mentoring and coaching culture and management. The registered manager told us they were planning to cascade this training to the team. It was evident the registered manager felt this training was beneficial in recognising their own management style building on their own strengths and weaknesses. They said the training enabled them to meet with other staff across the organisation and these supportive networks were continuing.

The registered manager told us since the last inspection each member of staff had completed a wellness plan, which explored how each person worked, the support they needed and looked at ways to minimise stress and ensure a work/home life balance. Staff confirmed these had been completed. It was evident the registered manager was supportive of both the people living in the home and the staff. Team guidelines had been developed to encourage participation and a supportive working environment. Staff said they felt there was mutual respect where the manager focused on staff's strengths, which meant collectively they worked as a team.

The registered manager had to complete a monthly report on a number of areas including complaints, staffing, accidents and incidents and finances. This enabled the Trust to have an overview of the service and any risks so these could be jointly managed. In addition, the registered manager received clinical supervision from their line manager who visited monthly to discuss care delivery, staff and the general

running of the home. People confirmed a representative of the Trust visited and they spent time with them.

The area manager also conducted regular audits on all aspects of service provision and produced a report and any actions that needed to be taken to improve the service. The chief executive of the Trust completed regular visits to speak with people, staff and to complete checks on the environment. This included a written report to the service on their findings.

We saw from looking at records that the registered manager conducted regular audits to check on the quality of service provision. These included infection control, medicines administration, care plans, cleaning rotas, weights and nutrition, accidents and environmental checks.

There was a culture where people felt included and their views were sought. Monthly house meetings were taking place where people's views were sought about the running of the home, activities, menu planning and any planned works in the home. People were consulted about the décor and colour schemes. Surveys were used to evaluate the service provided and make improvements where necessary.

The provider saw health and safety management as a priority. An annual audit was completed on the property and areas of health and safety. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

The policies and procedures we looked at were comprehensive and linked with the relevant legislation. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

The provider submitted the Provider Information Return (PIR) prior to this inspection. This clearly described the service and improvements they wanted to put in place to enhance the service.

A copy of the most recent report from CQC was on display at the home and accessible through the provider's website. This meant any current or new people moving to 33 Charnhill Crescent, their family members, other professionals and the public could easily access the most current rating and assessment of the provider's performance.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. The registered manager was aware and confirmed the actions about the incident reports that were seen. Copies of the incident reports were sent to the Trust. This enabled the Trust to monitor for any reoccurring themes and check that appropriate action had been taken.

From the incident and accident reports, we could see that the registered manager had not had to send us any notifications. A notification is information about important events, which the service is required to send us by law.