

Runwood Homes Limited

Greenbanks

Inspection report

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13 September 2017

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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

The inspection took place on 30 August and 13 September 2017 and was unannounced. At our last inspection on 15 September 2016, we found that there were not always sufficient numbers of staff available to meet people's support needs and the current activity programme required further development to incorporate people's individual interests and hobbies. Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements.

At this inspection we found that the service had improved. People told us that there were always enough staff available to support them and we found that the activity programme had been further improved to incorporate a wide range of interesting social and recreational pastimes.

Greenbanks provides personal care for up to 66 older people. It does not provide nursing care. At the time of our inspection 64 people were living at the home. Some people at the home were unable to verbally communicate with us so we observed how care and support was provided in communal areas such as the lounge and dining area.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 told us that they felt safe, happy and well looked after at the home. Staff received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced. Arrangements were in place to help ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to help keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made efforts to ascertain people's wishes and obtain their verbal consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their family access independent advice or guidance.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about people's medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and professional stakeholders were complimentary about the registered manager and staff on how the home was run and operated. Appropriate systems and processes were in place to monitor the quality of services provided, reduce potential risks and drive improvement.

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 by staff who knew how to recognise and report abuse.

There were sufficient numbers of staff to meet people`s needs safely at all times.

Safe recruitment processes were followed.

People`s medicines were administered by staff who were trained and knew people well.

Is the service effective?

Good ●

The service was effective.

Staff received induction training and refresher training to ensure they had the skills and knowledge to meet peoples` needs effectively.

Peoples' consent and agreement was obtained and staff were aware of the requirements in relation to MCA/DoLS.

People were supported to eat a healthy balanced diet and there was a range of food and drinks available for people to choose.

Peoples health was monitored to ensure their physical health and wellbeing were maintained.

Is the service caring?

Good ●

The service was caring.

People had developed positive relationships with staff, which were based on mutual respect and trust.

Staff involved people and or relatives in planning and reviewing their care.

Peoples` dignity and privacy was maintained and respected by

staff.

Personal information was kept secure and confidential.

Is the service responsive?

Good ●

The service was responsive.

The care people received was personalised for their needs and reflected their preferences.

People had access to the community and were able to participate in a range of individual or group activities.

People were able to raise concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

People were positive about the manager and the leadership in the home.

The manager promoted an open and transparent culture at the home.

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

The manager demonstrated a very good knowledge and understanding of people's needs.

Greenbanks

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 30 August and 13 September 2017 by one Inspector and an expert by experience and was unannounced. An expert by experience is a person who has experience in this type of service. Before the inspection took place we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with 22 people who lived at the home, seven relatives, six staff members and the registered manager. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans that related to four people who lived at the home and four staff files.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

We spoke with five relatives and asked them if they considered their family members were safe living at the home, all five confirmed that they were confident in the staff to provide a safe place in which to live. One relative told us, "I always leave knowing that my relative is safe and well looked after." One person who lived at Greenbanks told us, "I can go to bed and sleep comfortably knowing that there are staff always available if I need help with anything. I press my buzzer and they always come within a few minutes. Sometimes I have to wait a bit longer if there is someone else who needs are more urgent, but I don't mind that." One relative we spoke with told us, "The place is full of life and there are always plenty of staff around if I need to ask anything, it's a joy to visit [name]."

People told us they felt safe at the home and they were well supported by staff who had been trained to recognise and respond to the potential risks and signs of abuse. One person said, "All the staff are kind, I never have to worry about being safe." Another person we spoke with told us, "If anyone makes me uncomfortable, I tell them directly. However, if I did experience any abuse of any sort, I'd go to the manager." All the staff we spoke with were knowledgeable about the principles of safeguarding, how to raise any concerns they had, both inside the home and externally and also how to 'whistle blow' if the need arose. One member of care staff told us, "I would whistle blow, and take it to the manager, or higher up if needed but the manager here is very on the ball and I have every confidence in them dealing with any safeguarding issues." Staff told us they had access to detailed guidance about how to report safeguarding concerns which included contact details for the relevant local authority. One staff member told us, "We have all had training in safeguarding and how to protect people; the manager is very hot on this subject." Another staff member told us that, "I have been given safeguarding training every year since I have been here, both formally and informally at staff meetings, where we discuss issues such as safeguarding."

People were supported by staff who had been through a robust recruitment process. This helped to ensure staff employed at the home were suitable for the roles performed. This included checks to make sure they were of good character and physically and mentally fit to do their jobs. The provider had flexible working arrangements which ensured there were enough suitably experienced and skilled staff available to meet people's agreed care and support needs safely, effectively and in a calm and patient way. A relative told us, "I know what good care is and I can honestly say that I have never seen any of the staff here to be anything but kind and professional." People had detailed and thorough assessments of their needs and dependency levels carried out and reviewed to help the registered manager ensure there were enough suitable staff available at all times. At the last inspection we had found there were not always enough staff deployed to support people safely. At this inspection we found staffing levels had been increased and there were now sufficient numbers of staff available to care for and support people in a calm, patient and unhurried manner.

Relatives told us that they always considered there were enough staff on duty to provide care and support to people. Staff told us that they felt there were enough staff to keep people safe. An on call system was in place for staff to seek guidance and advice out of office hours from the registered manager. We saw from the rota on the day of our visit that there were 10 care staff and one care team manager on duty to provide care

and support to 64 people plus the deputy and registered manager. The care staff were divided between four units with higher staffing levels being provided in Clarendon and Hazelwood units, where people's needs had been assessed as high.

The provider had the appropriate systems in place to manage medicines safely. We saw evidence of people's currently prescribed medicines on the medicines administration records (MAR). These correlated with the copy GP prescriptions kept by the home. We looked at recording of medicines and saw no omissions in the recording of receipts of medicines, administration of medicines and disposal of medicines. Storage of medicines in all units was tidy and well-organised and secure. Temperature monitoring of rooms and fridges ensured that medicines were kept at the right temperature to maintain their potency.

Several people were prescribed 'As required' medicines to be taken for example if they were in pain or very agitated. We saw clear protocols to describe how and when these medicines were to be given and a separate record was kept of the benefit or effect of giving each dose.

The provider carried out daily checks of the MAR charts after each medicine round had been completed which ensured that any errors were immediately picked up and resolved. Monthly detailed audits were completed and random stock checks were made. The last audit we viewed was carried out in August 2017 and we noted that no action or errors were found.

Potential risks to people's health, well-being and safety had been identified, documented and reviewed on a regular basis. Steps were taken to mitigate and reduce the risks wherever possible in a way that took full account of people's individual needs and personal circumstances. This included areas such as mobility, nutrition, medicines and skin care. The registered manager adopted a positive approach to risk management which meant that safe care and support was provided in a way that promoted people's independence wherever possible. For example, risk assessments associated with the risk of falls, the risk of malnutrition and the risk associated with people's skin breakdown had been completed.

The registered manager used information from accident, injury and incident reports to monitor and review new and developing risks and put measures in place to reduce them. This meant that the registered manager used information and learning outcomes effectively to mitigate risks wherever possible which ensured people received safe care.

We found that the equipment used in the home, such as wheelchairs, hoists and sensory mats were clean. There was also a cleaning and a maintenance schedule which ensured all equipment was checked and cleaned regularly in line with the infection control principles. The equipment people used or required had been assessed by an occupational therapist or other appropriate person to ensure it was appropriate for people to use.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example first aid and fire safety. Additional emergency guidance, checks and tests were tailor made to cater for the needs and particular circumstances of night duty staff. Regular checks were carried out which ensured that both the environment and the equipment used were well maintained to keep people safe. Detailed personal evacuation guidance had been drawn up for each person to help staff provide effective support in the event of an emergency situation.

Is the service effective?

Our findings

One person who lived at the home told us, "The food is lovely, so nice. I like the roast dinner best and anything sweet. In the morning we get up anytime and they bring you a cup of tea, then they wash you and help you put clean things on every day." Another person we spoke with told us, "I like it, it's very nice here." They added, "The food is very good, there is always enough. I especially like all the different types of puddings we get." One person said, "I like it here, I'm very happy. I get myself up, wash and dress myself, but if I need help with anything, they're there. I go to bed when I want." They also told us, "You can imagine what I'd say if they tried to make me go when they wanted. The food is always sufficient and the standard of the food is pretty good." One person said, "I have a bath once a week, I don't feel uncomfortable. I wouldn't have a man bath me; they respect that, its ladies only." One relative we spoke with told us, "The care staff are very kind and welcoming and they seem to be doing what they are meant to do."

During our visit we observed people made decisions about their care and the activities they wanted to take part in. For example when the lunchtime meal was served we saw that people were given the choice where they wished to sit. We saw that the care staff gave people the choice between sitting in their armchair, at the table or in the privacy of their own bedroom. One visiting relative we spoke with told us, "People should be able to choose where they eat their meals, like we do at home." Staff knew people well, were aware of their needs and how to provide care to meet these needs. They provided a comfortable, relaxed atmosphere that people enjoyed.

People were supported by staff that had the appropriate training and supervision for their role. Staff told us, and training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people, for example with behaviour that challenged, and knew how to support a person when they become distressed or anxious. This meant that staff's knowledge and expertise had been further developed to benefit and care for the people who lived at the home.

Newly employed care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing established staff before working with people independently. Training was provided during induction and then on an on-going basis. We spoke with one new member of staff who described in detail, their induction programme and the training provided during their first two weeks. They were very complimentary about the member of staff who they had shadowed and felt that they had learnt a lot from them. They said, "I felt that the induction was very good and I was given plenty of time to get know the people who live at the home before they expected me to work unsupervised."

Staff received regular support through supervisions from their manager. An annual appraisal system was in place and staff told us that they received the support and guidance they needed from their managers and the provider. Staff told us they worked as a team and felt supported in their role by the registered manager and each other. One member of staff told us that, "The manager is very professional, firm but fair and walks around the home every day to speak to people who live here and also to check to see if we are all ok too. I

think we work well as a team. I am proud to say I work here." They also said, "I would whistle blow, and take it to the manager, or higher up if needed."

The Mental Capacity Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS.

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. The registered manager and care staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered manager had submitted the necessary DoLS applications to the supervisory body (local authority) and were waiting the outcome of these.

People told us they had been involved in making their own decisions, wherever possible about the care and support provided. Everyone we spoke with confirmed that staff always asked knocked and asked permission before they entered their room and were very careful to maintain their dignity when they provided personal care. One person described how the staff member had helped them with their bath and that they made sure they respected their dignity by ensuring they were covered with a towel at all times. They told us, "I like to be showered and bathed in a particular way and use all my own bubble bath and towels. The staff make sure these are all ready when we go off to the bathroom. I like them to leave me to soak for about ten minutes, which they always do. They never rush me and my bath time is one of the simple pleasures in life that I thoroughly enjoy." Throughout our visit we observed staff provided care and support in a friendly, enabling and appropriate way.

The home had a four week menu in place which reflected the choices and preferences recorded within people's individual plan of care. This included people's specific dietary needs such as diabetes and vegetarian diets. We saw that menus were displayed on each table and offered two choices at lunchtime and a range of supper choices in the evening.

We saw that staff made a note of what people had eaten which ensured that people's dietary and nutritional needs were being monitored and met. People told us they enjoyed the meals provided with one person stated, "The food is very good, we choose between a range of different things on the menu, all of which are tasty. Every day it's always hot as I hate cold food." We saw that people had a choice of soft drinks during their lunchtime meal and another person told us, "If we want a drop of wine on a Sunday we can ask for it." We observed people who required support with eating their meal were treated with respect and dignity and we saw staff took their time with people, offered them small and palatable portions whilst they explained what they were about to eat in a timely and unhurried manner.

Relatives told us that staff would contact them if they had any concerns and would contact a GP if necessary. One relative said, "The home has an open door policy which means I can pop in at any time and

Speak to the manager about any concerns I may have, which they attend to promptly."

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician and therapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Is the service caring?

Our findings

People were supported in a kind and compassionate way by staff who knew them well, were knowledgeable about their care needs and who had taken time to develop positive and caring relationships with them. One person told us, "I have never been unhappy with the way staff look after me, they are always happy to help and we have a few laughs together."

We observed the home provided a relaxed and comfortable atmosphere that people enjoyed. People's privacy was promoted. One relative said, "My [family member] is always well cared for and appears very relaxed when they are with [name]. I can tell they trust them."

Six people we spoke with confirmed they had been involved in the care planning process and considered it was a good reflection of the care and support they needed. We saw that these people had all signed their care plan and five people's relatives had been involved and consented to the plan of care on their behalf.

One staff member told us that, "I feel we are a well-motivated team and morale is generally good, all the way from how the [registered] manager runs the home to the staff who do the laundry and work in the kitchen. We are all treated equally which I think is part of the success of this home."

We observed staff provided care and support in a friendly, enabling and appropriate way. One relative told us, "We were told that we could visit any time of day or night, within reason of course." We were consulted and involved from the word go."

Visitors and relatives told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. This showed that staff respected and promoted people's privacy.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. We saw that staff used this knowledge to support people. For example, we saw one person had become quite anxious during the lunchtime meal. We observed a staff member approached them in a calm manner, gently putting their arm around their shoulders to comfort them. They established what they needed and then gently assisted them to the bathroom. This meant that staff demonstrated an understanding of the people's needs in a manner that was both respectful and caring. Our observations showed that all staff were kind, caring and respectful to the people they cared for. Staff called people by their preferred name and spoke in a calm and reassuring way.

The registered manager was aware that local advocacy services were available to support people if they required assistance, through their GP surgery. However, there was no-one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Staff also ensured that people's private information was held securely and demonstrated the importance of maintaining confidentiality. For example, when we reviewed documents as part of our inspection, documents were presented and when finished being reviewed them, they were taken back to where they were stored which ensured the records remained private.

Is the service responsive?

Our findings

People and their relatives said that staff met their care needs. Throughout our visit we found that people were happy, smiling, with lots of chatting between the people who lived at Greenbanks, visitors and the staff who cared for them. We received feedback from a professional who regularly visited the home and they told us, "I have visited the care home a number of times and they are always welcoming and helpful and a very clean and tidy well-kept home and I don't not have any concerns about anyone we place at this care home."

People had a pre-admission assessment completed by the registered manager or senior staff members prior to moving into the home. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, their families, other professionals and people's historical information were used to assist with people's care planning.

People's care plans contained specific documents, to be maintained by staff, to detail care tasks such as personal care having been undertaken. Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw that records were in place to monitor and respond to these risks. Daily records contained detailed information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required. One family member we spoke with told us, "My [relative's] needs have changed a lot so their care plan is regularly updated with information on maintaining health."

We checked the records of two people who were looked after in bed and found these records were up to date, with hourly checks, fluid intake records and equipment checks all correct and reconciled. We also found a copy of additional information was kept in the person's bedroom for staff to read. This included their named keyworker, a personal evacuation plan; a copy of their risk assessment and details of their food likes and dislikes. This meant that people were supported to receive adequate amounts of fluid and were checked and monitored at regular intervals in order to maintain their health and welfare.

Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw guidance within care plans which explained how people at risk, should be cared for. We saw from one care plan that a speech and language assessment had been completed due to this person losing weight. We saw that supplementary drinks had been recommended to be added to the person's diet and also weekly monitoring of their weight to be carried out. We saw that both these recommendations had been implemented and the records were up to date. This meant that people's care and welfare was being actively monitored and maintained.

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One family member told us how their relative had been admitted into the home due to having had several falls. They told us, "Their progress is very encouraging as they can now move around the home with the aid of

their walking frame, something they could never had contemplated achieving when they lived at home and that's thanks to the staff who have worked hard to encourage [name] to regain their independence and in turn be able to move around the home."

At the last inspection we found that the activity programme did not always reflect the individual interests of the people who lived at the home. At this inspection we found this had greatly improved. We found that people now had the opportunity to choose from a range of divers and interesting pastimes five days a week. We saw from the individual care plans that people's interests were now reflected within the weekly activity programme provided. For example people had the opportunity to take an active part in growing plants and vegetables during the summer months. During our visit we saw a group of people had organised themselves in making a variety of jewellery items to be sold at the forthcoming fete. We saw this activity created an atmosphere of joviality and jolliness between each other.

The registered manager had worked hard to provide more opportunities for people to enjoy trips outside of the home in response to a recent request at a residents meeting. We saw photographs of people enjoying a recent trip to the lavender farm in Hitchin. Another initiative that had clearly proved very popular was a young person's befriending scheme [Yopey] where students from local schools came into the home and socialised with people who lived with dementia. The photographs displayed throughout the home demonstrated that this was a rewarding experience for both the people who live at Greenbanks and also for the young students. Other popular activities offered included music sessions, bingo, hand massage and pampering sessions, film shows and people had the opportunity to attend weekly church services.

There were residents meetings held on a monthly basis in order to give people the opportunity to raise any concerns or issues with the registered manager and staff. Information of these meetings was displayed throughout the home in order to ensure people they could attend if they wished to.

Several people were happy to show us around their bedrooms where we saw a wide range of memorabilia displayed and personal items depicting people's particular interests and a range of photographs of family and loved ones. One person told us, "Having my personal things around me helps me when I am missing my family."

We found that the home was maintained to a high standard throughout. The registered manager and staff had worked hard to create an environment that was both welcoming and homely, in particular with assisting people who were living with dementia. For example we saw areas of the home that depicted scenes from bygone years which included photographs of old London buses, Big Ben and pictures of the royal family. On one corridor a garden scene had been created which included a range of sensory objects for people to touch and feel, a garden bench for people to rest and relax on and recordings of pleasant and familiar birdsongs. We saw outside people's bedrooms memory boxes had been created and displayed a variety of items that reflected people's past histories and interests. These items helped assist people in locating their bedrooms and to maintain a level of their independence. The registered manager and staff should be congratulated on their hard work and commitment in making these areas inspirational and effective in helping to support people who live with dementia.

People who lived at Greenbanks and their relatives confirmed that the registered manager had daily contact with people and therefore was able to discuss any issues or concerns on an informal basis. This meant that there were systems in place that actively encouraged feedback or listened to what people had to say in order to learn and improve upon the services provided.

The provider had a complaints policy and procedure in place, as well as a complaints book which

appropriately recorded complaints, the action taken and the outcome of the complaints. People told us they were aware of the complaints procedure. One person stated, "I would be happy to speak to any of the carers if I had a problem or go straight to the manager." We reviewed the complaints procedure and saw that there had been no formal complaints in 2016. The system in place recorded both the nature of the complaint and the action taken to resolve the issue, when necessary.

Is the service well-led?

Our findings

We found that the registered manager promoted a positive culture within the home that was transparent and inclusive. One relative we spoke with told us, "The manager has been here for several years and has always included us in any decisions or concerns about our [family member] we feel consulted and valued. The home has a wonderfully welcoming atmosphere and the events they put on are fantastic for people who live here." One person told us, "I used to be a nurse so I know what good care should be and the manager makes sure we are all very well looked after. I think [name] is fantastic." Another compliment received from a relative stated, "The care and kindness that [name] received from you all was excellent and was over and above what we had come to expect of such care homes."

A social care professional told us that the staff and management team were always responsive to any comments and suggestions and were committed to working collaboratively with people, their families and relevant professionals. They told us, "I have always found Greenbanks a welcoming and professional place to visit and see everyone who work there shows commitment and passion to improve people's lives."

We saw records of regular staff meetings held which the staff told us they appreciated and felt able to contribute to. One staff member said, "We all get regular one to one supervision from a senior as well as informal chats whenever we need a bit of advice." The registered manager also received regular one to one meetings with their line manager. All aspects of the service provision were discussed during these supervision sessions and people who used the service and visitors had the opportunity to share their views and opinions on the service provided.

A range of audits, checks and observations were undertaken routinely by the staff and management team that were designed to assess the performance all aspects of the service delivery against the five domains that we inspect against. (Safe, responsive, effective, caring and well-led.) The registered manager told us that the audits were undertaken with the involvement of the staff team. We also saw that the service had received an overall rating of 'Good' from the local authority's last quality monitoring audit in October 2016.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Staff told us that out of office hours support was always available and explained the on call process and who they needed to contact in an emergency. The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with clearly demonstrated an understanding of what they would do if they observed bad practice.