

Roselea Care Homes Limited

RoseLea House

Inspection report

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Tel: 01158462251

Date of inspection visit:
23 March 2016

Date of publication:
20 April 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 23 March 2016. RoseLea House is registered to accommodate up to 9 people and specialises in providing care and support for people who live with a learning disability. At the time of the inspection there were 9 people using the service.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to and they did not feel staff placed unnecessary restrictions upon them. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out. Plans to evacuate people in an emergency were in place although these were not personalised to people's individual needs. People's medicines were stored, handled and administered safely. Checks on the competency of staff administering medicines were in the process of being put in place.

People were supported by staff who received an induction, were well trained and received regular assessments of their work. Staff felt supported by the registered manager.

The registered manager had the processes in place to apply the principles of the Mental Capacity Act (2005) when decisions had been made for people. We identified some areas where assessments had not been conducted. However, staff ensured people were given choices about their support needs and day to day life. Deprivation of Liberty Safeguards had been applied for and where applications had been granted, appropriate safeguards were in place.

People spoke highly of the food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

Staff understood people's needs and listened to and acted upon their views. Staff supported people in a kind and caring way and responded quickly to people who had become distressed.

People were able to contribute to decisions about their care and support needs although recorded evidence of this in care records was limited. People were provided with the information they needed if they wanted to

speak with an independent advocate to support them with decisions about their care. Staff understood how to maintain people's dignity. People's friends and relatives were able to visit whenever they wanted to.

People's care records were person centred and focused on what was important to them. Care records were regularly reviewed. People were encouraged to take part in activities that were important to them. People were able to complete college courses if they wished to. People were provided with the information they needed if they wished to make a complaint and all felt their complaint would be acted on.

People, relatives and staff spoke highly of the registered manager and there was a positive atmosphere at the home. The registered manager had an 'open door' policy and welcomed people's and staff's views on how to improve and develop the service. The registered manager understood their responsibilities and ensured staff were aware of what was required of them in their role. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

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 attended safeguarding adults training and knew the procedure for reporting concerns.

The registered manager ensured accidents and incidents were investigated. Assessments of the risks to people's safety were conducted and regularly reviewed.

Regular reviews of the environment in which people lived were carried out. Plans to evacuate people safely in an emergency were in place, however these were not personalised to each person's individual needs.

People were supported by an appropriate number of staff to keep them safe. Safe recruitment processes were in place.

People's medicines were stored, handled and administered safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's records showed the principles of the MCA were referred to when a decision had been made for them. However there were examples where MCA assessments had not been completed.

Staff were well trained, felt supported by the registered manager and had the quality of their work regularly assessed.

People were supported to follow a healthy and balanced diet and they spoke positively about the food.

People's day to day health needs were met by staff and external professionals and referrals to relevant health services were made where needed

Is the service caring?

Good ●

The service was caring.

Staff supported people in a kind, caring and respectful way and listened to and acted upon their views.

People were provided with the information they needed that enabled them to contribute to decisions about their support, although recorded evidence of people's involvement in care records was limited.

People were provided with the information they needed if they wished to speak with an independent advocate to support them with making important decisions.

People's dignity was maintained by staff, and friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good ●

The service was responsive.

People's care records were written in a person centred way. People were involved with the planning of their care and support.

People were encouraged to complete college courses if they wished to.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to provide feedback on how the service could be improved.

People were able to access and meet people from within their local community.

People spoke highly of the registered manager. The registered manager understood their responsibilities and ensured staff knew what was required of them.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

RoseLea 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 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 23 March 2016 and was unannounced.

The inspection was conducted by one inspector.

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted external healthcare professionals to gain their views of the service provided.

During the inspection we spoke with four people who used the service, four members of the care staff and the registered manager. We also carried out observations of staff interacting with the people they supported. After the inspection we spoke with two relatives.

We looked at the care records for four of the people who used the service, and also reviewed parts of other records for other people. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I am really happy here, I am safe. They [staff] make me feel safe." Another person said, "I feel safe, the staff look after us and protect us." Relatives also felt their family members were safe. One relative said, "I have no worries about [my family member's] safety."

The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. Staff had attended safeguarding adults training or were due to attend training shortly. Staff were also aware of who they could speak with both internally and externally if they had concerns, this included reporting concerns to the CQC, the local multi-agency safeguarding hub (MASH) or the police.

One staff member said, "If I thought someone was being abused I'd speak to my manager first, but also, I wouldn't hesitate to speak to safeguarding or to the police if I needed to."

Regular checks of people's finances were carried out to ensure they were protected from the risk of financial abuse. We checked the records for all of the people living at the home at the time of the inspection and found the amount of money stored matched the amounts recorded within their records.

Records showed the registered manager responded quickly to any allegations of abuse and reported those allegations to MASH and the CQC where appropriate. Internal investigations were carried out and recommendations made by the registered manager or external professionals were immediately put in place to protect people's safety.

People were encouraged to live their lives as they chose to and no unnecessary restrictions were placed on them by staff. People we spoke with confirmed this and told us staff supported them with the decisions they made. A staff member explained how they encouraged people to take risks, whilst ensuring their safety. They said, "We encourage people to take risks and support people in line with their guidance in their care plan. We need to let people do as much as they can, but must make sure they are safe as well."

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments for each person in relation to their care needs and behaviour. These included people's ability to access the community independently and to manage their own personal care, medicines and finances. Each risk assessment had been regularly reviewed to ensure the care plans in place to manage the risk, were appropriate to each person's individual needs.

We looked at records which contained the documentation that were completed when a person had an accident, or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered manager who made recommendations to staff to reduce the risk to people's safety. The registered manager carried out regular analysis of these incidents to identify any

trends. This enabled them to put preventative measures in place, if needed, to reduce the risk of reoccurrence.

The risk to people's safety had been reduced because regular assessments of the environment they lived in and the equipment used to support them were carried out. Records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals.

People's care records contained plans to evacuate them safely in an emergency. However the plans in place were not individualised to take into account people's different physical or mental health needs. These types of plans are sometimes referred to as personal emergency evacuation plans (PEEPs). The registered manager assured us that staff understood how to evacuate each person in the event of an emergency but acknowledged that each person's needs were different. Immediately after the inspection the registered manager sent us an example of a PEEP that was now in place for all people. These changes ensured the risk to people's safety in the event of an emergency was reduced.

During the inspection we saw people were supported by an appropriate number of staff to meet their needs. People told us they felt there were enough staff to keep them safe. One person said, "There are always people [staff] here to help me." A relative said, "There always seems to be enough staff around when I visit."

Where people had been assigned continuous supervision, also known as 'one to one' support, this was provided. When staff went on breaks or needed to leave a person for a short period of time, they always ensured they arranged for another member of staff to stay with the person until they returned. This meant people were not left unsupervised and their safety placed at risk.

We asked the staff whether they thought there were enough staff to ensure people were supported safely. All of the staff we spoke with told us they thought there were. One staff member said, "We always have enough staff. People are never left on their own." We looked at the rotas for the week of the inspection and the previous month. The number of staff listed matched the number of staff the registered manager had assessed as being needed to keep people safe.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the registered manager had ensured that appropriate checks on each staff member's suitability for the role had been carried out. Records also showed that before all staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider in making safer recruitment decisions.

People told us they were happy with the way their medicines were managed. A person who used the service said, "I have medicines and the staff look after them for me. I have started to help measure them amounts I have and also to count the tablets. This is to help me learn to maybe one day do this for myself." None of the relatives we spoke with raised any concerns about the way their family member's medicines were managed.

We observed staff administer people's medicines. They did so in a supportive and encouraging way. They explained clearly to people what the medicines were for and asked them if they were willing to take the medicines. They then provided them with their medicines in line with the guidance as described within each person's care plan.

People were supported by staff who understood the risks associated with medicines. Staff had received

training in the safe administration of medicines. The registered manager told us plans were in place to include a regular check of staff competency when administering medicines during staff supervision. This would ensure that people received their medicines in a safe way.

Medicines were stored safely in a locked cabinet within a locked room. People's medicine administration records (MAR) were appropriately completed. These records were used to record when a person had taken or refused to take their medicines. In each person's MAR there were photographs of them to aid identification, information about their allergies and the way they liked to take their medicine. People were provided with information about the medicines they took. For example we saw an 'easy read' guide provided for a person who took medication to support them with their epilepsy.

Regular checks of the temperature where medicines were stored were taken. The temperature checks ensured that medicines were stored at a safe temperature so as not to reduce their effectiveness. No medicines were currently stored in a fridge, but the registered manager explained that if they did so, safe storage processes would be put in place. Processes were also in place to ensure the timely ordering and supply of medicines.

Individualised processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times. Once administered staff recorded the reason why they had done so, although records showed a small number of examples where staff had not completed this information. The registered manager told us they reviewed the reasons why these medicines were administered but would include a more formal review of this within staff supervision, to ensure they did so, in line with the provider's medicines policy.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

The staff we spoke with had a good understanding of the MCA and could explain how they used it effectively when supporting people. One staff member said, "It is about staff respecting people's ability to make decisions about their own lives, even if they are only able to make a part of a decision. We must presume a person can make a decision and if they can't, then the appropriate legal process must be followed before we make it for them."

In each of the care records that we looked at we saw people's ability to manage their own finances had been assessed. The person, their relative and appropriate professional person were included when agreements on the decision on how to manage people's finances were taken. This ensured decisions regarding people's finances were made in their best interest.

However, some of the care records contained conflicting information with regards to people's capacity. For example in some of the care records it stated that people had the capacity to make decisions, however the care plan that had been put in place for them stated they did not. MCA assessments had not always been completed in areas that were may be needed. People or their relatives did not raise any concerns with the way that decisions were made for them or their family member. However, failure to follow the appropriate legal process could place people at risk of having decisions made for them that were not in their best interest. After the inspection the registered manager sent us an example of an assessment they had now completed. They also told us they had reviewed each person's care records and have put MCA assessments in place where needed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of what DoLS meant for people. Where needed, appropriate applications had been made, and where approved applications had been received, the appropriate safeguards were in place.

The people we spoke with did not raise any concerns with us regarding the way staff supported them. One person said, "The staff are brilliant, they know how to help me." Another person said, "The staff are always doing something (to help). They never stop; they are so good to me." A relative said, "The staff do seem to know what they are doing."

Staff had received an induction to provide them with the skills needed to support people in an effective way. The registered manager told us all new staff were in the process of completing the 'Care Certificate' training

to ensure they had the most up to date skills required for their role. The option to complete the Care Certificate would then be offered to all staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

One member of staff said, "I've just started doing my Care Certificate. It will be great to have a formal qualification behind me."

Records showed that staff received a wide range of training for their role. This included training in areas such as, supporting people with behaviours that may challenge, moving and handling, epilepsy awareness and mental capacity. The training matrix provided by the registered manager showed staff training was up to date. The registered manager told us they felt all staff were well trained and received appropriate support to carry out their role effectively. The staff we spoke with agreed, and all felt well trained.

Staff told us they felt supported by the registered manager and received regular supervision of their work. Records viewed supported this. A member of staff said, "I have supervisions every other month. My manager is really supportive."

People's support records contained individualised communication plans to provide staff with the guidance they needed to communicate effectively with people. Some people required the use of Makaton signs and symbols to communicate and we observed staff use these effectively. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. Records also showed that where people developed their own signs and symbols and methods of communication, care records were updated, to ensure staff had the most up to date information for each person.

We observed staff use a variety of techniques to support people who presented behaviours that may challenge. Staff were calm, reassuring and effective with the methods used. Records showed staff had received 'Non-Abusive Psychological and Physical Intervention' training (NAPPI). NAPPI provides staff with the skills they need to assess, prevent and manage people who present behaviours that may challenge. The registered manager told us restraint was never used to manage these behaviours and staff had been instructed to use other, non-physical methods to support people.

People told us staff respected their decisions and did not force them to do things they did not want to do. We observed staff offer people choices in a number of areas ranging from, choosing the food they wanted to eat to the activities they wanted to do.

People spoke positively about the food and drink they had and the choices they were given each day. One person said, "I love the food here. I also love to go out and eat and often eat at a carvery." A relative said, "[My family member] seems well fed and is happy with the food."

We observed people being actively involved with planning the food they all wanted to eat each week. Staff used a variety of methods to explain to people what food they could choose. This included using pictures from cook books and magazines. Staff had also removed the labels from people's favourite food, once finished, and used the labels to remind people of the food they liked. A lively and friendly discussion took place where everybody's views were welcomed. The registered manager told us people had agreed that when some people attended college the others would go and buy the food. All people within the home would then contribute to unpacking the food and where able assisting with cooking it.

People's support records contained a list of their food and drink likes and dislikes. Care plans were in place for eating and drinking, and provided staff with guidance on how to support people effectively with this. Thus included how to support people effectively that had been identified as at risk of choking on their food. Referrals to speech and language therapists (SALT) for guidance when supporting people were made in a timely manner.

People's care records also included information about to how to support people who were at risk of gaining or losing an excessive amount of weight. Referrals to dieticians had been made, where needed, to ensure people were supported effectively.

People's day to day health needs were understood well and were met by staff. People's care records contained numerous examples where people had attended external health and social care appointments. These included visits to see a GP or dentist. We saw during the inspection a person was involved with a meeting with a social care professional, staff and the registered manager. This was held to discuss a decision that was being about their care and health needs.

Health action plans (HAP) were also in place which were used to record, in more detail, people's health needs and the support they needed. The records we looked at were comprehensive, fully completed and contained useful information for people, staff and external professionals about each the person's health needs.

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring. One person said, "All of the staff are my favourites. They are all brilliant." Another person said, "They really seem to care about me." Relatives spoke positively about the attitude of the staff and all agreed the staff were caring. One relative said, "The staff are kind. [My family member] seems very fond of them."

People's care records showed that their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. The registered manager gave an example where a person had made a specific request to them in line with their cultural background. Staff respected this person's wish and supported them with it.

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. This included a reassuring hug, a gentle touch of the arm or speaking in a soothing voice. People responded positively and quickly to the staff interaction.

We observed staff interacting with people throughout the inspection. It was clear that the people living at the home and all of the staff got on well together. Laughing, joking and good natured banter was evident throughout the home, which resulted in a friendly, calm and relaxed environment. Staff took the time to talk with people, listen to them and showed a genuine interest in what they had to say.

People told us they felt included in decisions about their care and the staff were interested in what they had to say. One person said, "They always give me a choice and respect what I say."

Innovative ways to include people with planning their care and support needs were in place. We saw one person had a 'Now and Next' board in place. The registered manager explained this was in place to reduce the person's anxiety throughout the day by ensuring they were always aware what was happening. Familiar pictures and photographs to the person were used to support them with this.

We saw people sit and talk with staff to discuss whether they were happy or unhappy with their day. The registered manager told us these informal chats were held regularly with people to continually gauge their views on their care. We noted that there were limited examples of these discussions or other forms of reviews with people recorded in their care records. The registered manager told us they were aware they needed to ensure evidence of involvement in care planning was recorded in people's records. However they assured us they were satisfied that people were always able to give their views.

People were provided with the service's statement of purpose when they first came to live at the home. This document provided people with information they needed in relation to their care needs. It included reference to their human rights and how staff will support them with ensuring their rights were respected.

This document also contained information for people about how they could contact an independent advocate if they did not have relatives to support them with making decisions about their care. Advocates

support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Easy read information was available within the statement of purpose to ensure that all people were provided with the information they needed in a way they could understand.

People were supported to be as independent as they wanted to be. People's care records contained assessments of their ability to undertake tasks independently of staff. We observed staff encourage people to do as much for themselves as they wanted to. One person proudly told us they had their own key to their bedroom. The staff we spoke with had a good understanding of people's ability and wish to lead as independent a life as possible. One staff member said, "I always give people the time and space to do what they want."

People told us staff respected their privacy and dignity when supporting them. We observed staff support people in a dignified way. When staff discussed people's personal care needs with each other, they did so quietly to ensure the person's dignity was respected.

Staff could explain how they maintained people's dignity when supporting them with their personal care. One staff member said, "Maintaining people's dignity is the key to what we do here. We know some, if not all the people living here are vulnerable in some way. It is our job to make sure we support them in the right way."

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction and we saw them doing so throughout the inspection. The relatives we spoke with confirmed this.

Is the service responsive?

Our findings

People told us they led an active and varied social life and were able to take part in the hobbies or activities that were important to them. One person said, "I went to see Kylie Minogue. The staff arranged it for me. She is my favourite. I was so happy." Another person said, "I like music, I go to the pub, I watch my films. I can do what I want to."

The relatives we spoke with all agreed their family members were able to do the things that were important to them. One relative said, "[My family member] gets excited about the places they go to. They clearly lead a very active life."

During the inspection a group of people were going out to the theatre to see a play. People spoke excitedly about the play and were pleased the staff had arranged this for them. People were supported to do a wide variety of activities as a group but also individually if they wanted to. People's care records contained detailed information for staff which explained what activities they liked to do. One person's records stated they enjoyed doing jigsaws and we saw staff support them with this throughout the inspection.

The registered manager told us there was a flexible approach to the activities at the home. They told us regular discussions were held with people about what they wanted to do and when, and then plans were put in place to support them with this. The staff we spoke with all said that people were able to do what they wanted to, when they wanted to.

People had expressed a wish to complete a college course; however, some were reluctant to leave the home to attend college on a regular basis. The registered manager contacted the local college and agreed for a member of staff from the college to attend once a week. People were offered courses such as, independent living skills, safe travel in the community, maths and English and 'getting on with other people'. A person told us they were proud of their certificates which were displayed in communal areas around the home.

Staff supported people to develop and maintain relationships that were important to them. A person told us they had their own mobile phone which they were able to use to call friends and family. Another person told us they were supported to see their friends whenever they wanted to.

People's bedrooms were personalised in the way they wanted it to be. People were proud of their bedrooms and took pleasure in showing us their rooms. Each bedroom contained a variety of pictures, photos and items that were personal to them. People were involved with decorating their room and choosing furniture for it.

People's care records were written in a person centred way that focused on how each person wanted to be supported by staff. We saw people's preferences for how they wanted staff to support them with their personal care, domestic tasks and activities were recorded. Each care record was regularly reviewed. We noted that people's care records did contain not easy read information which was available in other documentation throughout the home. This could make it difficult for some people to understand their care

records if they wished to read them. The registered manager told us they planned to bring the care records in line with other easy read documents in use at the home.

The registered manager told us a process had recently been introduced where staff updated a 'residents' book'. The book recorded ideas of how to improve people's care experiences. Staff wrote down people's suggestions and thoughts and then they were reviewed at staff meetings or during staff supervisions to see if they could be implemented. The registered manager said, "This is a quick and simple way to record people's thoughts in day to day life and to see if we can give them what they want to improve their lives."

We saw adjustments had been to the environment to support a person who had developed a condition which meant they required treatment to maintain good health. A room had been renovated to give the person the privacy they needed when external healthcare professionals attended the home to support them. The registered manager told us this was important as the person may not wish to leave the home to attend appointments regarding their condition. They said by providing the facilities for them at their home meant the person was more likely to consent to the treatment and improve the person's health.

People told us they knew how to make a complaint if they needed to and also felt their complaint would be acted. One person said, "If I have any problems I go to [the registered manager]. They sort things for me." Relatives also felt their concerns were dealt with appropriately.

The registered manager told us they had not received any formal complaints; however they had the processes in place to respond to them appropriately and quickly.

Is the service well-led?

Our findings

People, staff and relatives were actively involved with the development of the service and contributed to decisions to improve the quality of the service provided. One person said, "[The registered manager] listens to what I have to say." A relative said, "The manager really seems interested in what I have to say." A member of staff said, "My views are welcomed. We have staff meetings and I can raise anything in my supervision as well."

There were regular meetings for people who used the service to discuss their views on the quality of the service provided. Regular staff meetings were also held. Minutes of these meetings showed a wide variety of issues were discussed, along with staff having the opportunity to raise any concerns they may have.

Records showed questionnaires had recently been sent to relatives and external professionals to gain a formal view of the quality of the service. A specially adapted survey using pictures, signs and symbols was in place to support people with communication needs to be able to give their views. The registered manager told us, once all responses had been received they would analyse them and make improvements if required.

Staff understood the values, aims and ethos of the service and could explain how they incorporated these into their work when supporting people. One member of staff said, "It is about adapting the way we support each person. Having a learning disability does not mean you can't learn or give your views, it just means you learn or give your views in a different way."

There was a positive and friendly atmosphere throughout the home. Management, staff and people who used the service all appeared to enjoy each other's company. The registered manager told us they had an 'open door' policy and welcomed people, staff and relatives to come and speak with them. We saw this happen throughout the inspection.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

People were encouraged to attend events and activities where they met others from within the community. The registered manager told us people attended a local church's arts and craft day where people from other learning disability services as well people from the community met to take part in the activities.

Staff understood their roles and were held accountable for them. They felt encouraged to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team. The registered manager told us they had recently developed their team leader role to give them more responsibility. Team leaders were now responsible for ensuring care plans were kept up to date, carrying out supervisions and carrying out daily checks such as ensuring fire fighting equipment was in place.

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

All of the staff, people who used the service and relatives spoke highly of the registered manager. A person who used the service said, "[The registered manager] is amazing. They are brilliant." A relative said, "The manager is lovely, very nice and accommodating." A staff member said, "They are very approachable and are always happy to listen to new ideas."

The registered manager provided a visible presence at the home. They sat and spoke with people who lived at the service and showed a genuine interest in people and their well-being. The registered manager told us they regularly went out on day trips or took part in activities with people to ensure they knew who they were and to build a positive relationship with them.

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. These audits were carried out effectively to ensure if any areas of improvement were identified they could be addressed quickly. Daily 'walk arounds' took place where the registered manager assessed the environment in which people lived to identify any areas which could pose a risk to people's safety. They also carried out other regular audits. These included the review of medicines, cleanliness of the home and people's care records.

They had also introduced a 'monthly report' for each person. This review included whether the person had been involved in an accident or incident, whether a safeguarding referral had been made, if people's medicines were appropriate for them or whether they had raised any complaints. If improvements were required they ensured they were put in place. This meant the registered manager was continually aware of the things that could affect people's health, safety and welfare.