

Penrice House (St. Austell) Limited

Penrice House

Inspection report

Porthpean
St Austell
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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

Penrice House is a 'care home' that provides accommodation for a maximum of 29 adults, of all ages with a range of health care needs and physical disabilities. At the time of the inspection there were 27 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Penrice House is near to St Austell which people visit regularly. Penrice House provides accommodation over two floors. Some bedrooms are on the ground floor where communal areas are also present. The remaining bedrooms are on the first floor which is accessed by lifts. Staff continuously monitor people if they remain in their rooms to ensure people's needs are met at all times. People are able to access the garden area.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. We carried out this unannounced inspection on 2 June 2018. At the last inspection, in November 2015, the service was rated Good. At this inspection we found the service remained Good.

On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. We spoke with eight people at the service to gain their views of the service. They all told us they were happy with the care they received and believed it was a safe environment. Comments from people included, "It's the lovely friendly atmosphere that makes me feel safe" and "It doesn't matter what you ask them (staff) to do, they just do it."

Staff ensured people kept in touch with family and friends. Relatives were positive about the care their family member received. Comments included, "They always make sure my relative has her lipstick on, her earrings and necklace on as they know this is important for her to look nice" and "My relative has only been here a few weeks but the staff have made sure she has settled in well." Relatives told us they were always made welcome and were able to visit at any time.

People were protected from abuse and harm because staff understood their safeguarding responsibilities and were able to assess and mitigate any individual risk to a person's safety. People said they felt safe at Penrice House, and relatives echoed this view.

The service was warm, comfortable and appeared clean with no unpleasant odours. The service was well maintained. People were pleased with their private bedrooms and had decorated them to reflect their preferences and tastes. People were treated with kindness, compassion and respect.

The service had suitable arrangements for the storage and disposal of medicines. Medicines were administered by staff who had been trained and assessed as competent to manage medicines.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Penrice House. Staff were prompt at recognising if a person's health needs had changed and sought appropriate medical advice promptly. One person told us "You can talk with anybody if you have a problem and they sort it out." Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

People told us they were able to take part in a range of group and individual activities at Penrice House and in the local community. Care records showed that people took part in a range of activities. We saw people undertaking individual activities such as reading books, socialising, listening to music and watching TV. Penrice house is situated in large grounds; the service had an electric buggy and regularly took people for a drive around the grounds. People told us how much they enjoyed this.

People told us, "The food is great, with a good choice." Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

Staff were recruited in a safe way. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Staff were supported by a system of induction training, one-to-one supervision and appraisals. The induction and on-going training of staff ensured they were effective in their role. Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them. People's legal rights were understood and upheld.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They demonstrated their understanding of these principles in the way they cared for people. Staff believed that everyone at the service had the right to make their own decisions and respected them. The manager told us some people they supported had capacity to make decisions about their health and welfare and this was constantly reviewed. The manager knew the process to follow if a person's level of capacity changed so that the service would act in accordance with legal requirements.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example.

People and relatives all described the management of the service as open and approachable. People and their relatives told us if they had any concerns, or comments about the service that they could approach the provider, manager or staff "without hesitation."

People were asked for their views on the service regularly. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Penrice House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 comprehensive inspection took place on 2 June 2018 and was unannounced. The inspection team included one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection we reviewed information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the Provider Information Return (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

During the inspection we spoke with eight people who were able to express their views of living at the service. We also spoke with four relatives, staff, used pathway tracking (reading people's care plans, and other records kept about them), carried out a formal observation of care, and reviewed other records about how the service was managed. We looked around the premises and observed care practices on the day of our visit.

We spoke with the registered and deputy managers, company secretary, vice chairman of the board and six care staff plus catering and laundry staff. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People told us they felt safe at Penrice House. Comments included "I feel safe because everybody is kind and friendly, "There's always someone popping in to make sure everything is ok" and "It's the lovely friendly atmosphere that makes me feel safe." Relatives echoed this view.

People were protected from abuse and harm because staff knew how to respond to any concerns. All staff had received safeguarding training. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Safeguarding concerns were handled correctly in line with good practice and local protocols.

There were effective systems in place to support people to manage their finances. Some people living at the service managed their own money with support from the registered manager. Advocates were appointed for some people. The service held small amounts of money for people so that they were able to make purchases for personal items and pay for outings. An auditing system was in place to ensure that people's monies were effectively monitored and kept secure.

There was equality and diversity policy in place and staff received training on equality and diversity and inclusion. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices.

Risk assessments were in place for each person. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this and what to do when incidents occurred. For example, providing staff with information on what effectively distracted the person and how to support them when anxious. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Equipment owned or used by the service, such as mobility aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety

risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

People and their relatives told us they thought there were enough staff on duty and staff always responded promptly to people's needs. One person commented "They make sure I always have my call bell by my side." We saw people received care and support in a timely manner.

Staffing arrangements met people's needs in a safe way. The manager reviewed people's needs regularly. This helped ensure there was sufficient skilled and experienced staff on duty to meet people's needs. The registered manager was office based but was available to people if this was necessary.

On the day of the inspection the weekend staffing levels were adhered to as shown on the rota. A senior carer and three care staff were on duty along with a cook, domestic and laundry staff, to meet the needs of 27 people. During the week the staff levels were increased to a minimum of five care staff were on duty in the morning. In the afternoon the number of carers reduced to three. A cook was on duty from 8am to 6pm each day and domestic and laundry staff from 8am to 2pm. At night two carers were on duty from 10pm to 8am. A manager was always present in the service during the day and was on call overnight. Any gaps in staffing were met by existing staff which has meant that the service has not needed to use agency staff to ensure continuity of care for people by staff who know them.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

There were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Staff explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. This meant the safe storage of these medicines could be assured.

People had suitable links with their GP's and medical consultants who prescribed and reviewed people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy. The manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visit.

Care staff prepared and cooked all meals at the service. All staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage meets national guidance. The

local authority environmental health department has judged standards as a Good standard.

Is the service effective?

Our findings

People were provided with effective care and support because their needs were fully assessed, understood and met in line with relevant guidance. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

People's need and choices were assessed prior to moving in to the service to check the service could meet their needs. People, and/or their relatives, were also able to visit the service before admission on 'taster days.' This meant that the person, and their relative, could visit the service for the day and experience what it would be like to live at Penrice House. The number of 'taster days' depended on what the person felt they needed so that they could make an informed decision about living at Penrice House

Copies of pre admission assessments on people's files were comprehensive. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which provides care staff who are new to working in care an understanding of good working practices.

Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they were encouraged by the registered manager to further develop their training. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team, discuss people's needs and any new developments for the service.

Training identified as necessary for the service was provided and updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling. Further training in areas specific to the needs of the people using the service was provided. For example, some people had particular health conditions and specific training in respect of this condition was provided. This showed staff had the training and support they required to help ensure they were able to meet people's current needs.

Specific staff were 'champions' in particular areas such as infection control, medicines, safeguarding, and moving and handling. They held responsibility to ensure that knowledge in their specific subject met recent legislation and was shared with all staff. This meant staff were kept up to date with best practice.

Staff regularly monitored people's food and drink intake to ensure everyone received sufficient each day. Staff also monitored people's weight regularly to ensure they maintained a healthy weight and acted where any concerns were identified. For example, where a person's weight records showed they lost weight a food

and fluid chart was implemented. The monitoring charts were regularly discussed with the dietician, district nurse and GP to ensure the person was receiving the most appropriate health and nutritional care. In addition, where necessary food was processed or pureed to enable people to eat as independently and safely as possible.

People told us, "The food is great, with a good choice" and "The meals we have are exceptional." We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

Staff were knowledgeable about people's individual needs and likes and dislikes. They were aware of people's dietary requirements and preferences. Staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet people's diverse needs. One person did not want the main meal on offer and discussed with staff an alternative meal. We saw continuous supplies of drinks were available to people throughout the day. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time.

The manager said the service had good links with external professionals. The service worked closely with a wide range of professionals such as district nurses, social workers and general practitioners to ensure people lived comfortably at the service. Relatives told us the service always kept them informed of any changes to people's health and referred to medical professionals promptly.

People's health conditions were well managed and staff supported people to access healthcare professionals such as GPs, speech and language therapists (SALT) and chiropodists when necessary. Care records contained details of multi professionals visits and when advice and guidance was given by professionals it was included in the person's care plan. A visiting health and social care professional told us the service listened to the advice they provided and acted upon it appropriately.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service knew who had appointed lasting powers of attorney for either finances or health, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf; this had been done in their best interests at a meeting involving key professionals and their family. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their lives and spend their time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The service was well maintained, with a good standard of décor and carpeting. People told us they were pleased with their accommodation and had decorated it with personal belongings, to make it "feel more homely."

Is the service caring?

Our findings

The service continued to be caring because people were supported to understand that Penrice House was their home and the staff were there to support them in running their home. On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People told us they were happy with the care they received and believed it was a safe environment. Comments included, "The staff are wonderful, friendly and very helpful," "The girls are always smiling", "The staff are very pleasant and go out of their way to help you" and "It doesn't matter what you ask them (staff) to do, they just do it." Relatives echoed these views. One told us, "They always make sure my relative has her lipstick on, her earrings and necklace on as they know this is important for her to look nice."

Staff ensured people kept in touch with family and friends. We saw a poster inviting relatives to join their family members for Sunday lunch. Relatives told us they were always made welcome and were able to visit at any time. Several relatives visited the service during our inspection. Staff were seen greeting visitors and chatting knowledgeably to them about their family member. Staff also offered a drink to visitors to have with their family member, this enabled relatives to feel welcomed and encouraged them to spend time at the service to the benefit of the person they were visiting.

We received many positive comments about the attitudes of staff. People and their relatives said they were treated with kindness, respect and compassion. Staff said they were proud to work at Penrice House and told us, "We [staff] love working here. We work for the residents and their family in their home." Staff all talked individually to us with a common theme of them being an 'extended family' which encompassed the people they supported, their relatives and the staff team. Some staff had worked at the home for many years and felt this made the relationship ties much stronger.

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, staff held a person's hands to provide comfort when they were feeling anxious. A relative told us, "My relative has only been here a few weeks but the staff have made sure she has settled in well."

Some people's ability to communicate was affected by their disability but the staff were able to understand them and provide for their needs effectively. Staff knew people's care and support needs very well.

Staff had talked with people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them.

People and their families were involved in decisions about the running of the service as well as their care. People's care plans recorded their choices and preferred routines. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they

wanted to spend their time. We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example, if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors.

People had suggested that they would like to remember people who no longer lived at the service. A 'Memory Tree' had been made with former resident's names who had passed away. One staff member told us they regularly looked at the names with fond memories of that person.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Support planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Each person had a care plan that was tailored to meet their individual needs. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

We joined a staff handover meeting, which occurred at each shift change. This was built into the staff rota to ensure there was sufficient time to exchange any information. This allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and meant that people's needs were met in an agreed way each time.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were reviewed and shared with relevant professionals where appropriate to ensure people's health needs were being met.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

People were able to take part in activities of their choice and staff supported people to access the local community. An activity poster was on display so that people could choose if they wanted to join in the activity provided. People told us, "I've never joined in as many activities", "I recently enjoyed a trip around the grounds in the golf buggy" and "They have really got me into the activities, 10 out of 10." People also told us that they were encouraged to pursue their interests outside of the service. People told us, "I often go for a coffee to a local garden centre with my family." and "I go out to church every Sunday."

Two activity coordinators were employed and in the persons care records they evidenced the individual and group activities that people had participated in. These included outside entertainers coming to the home.

Ministers from different beliefs also visited the service. People also participated in group activities in the service such as quizzes and armchair keep fit. We saw people undertaking individual activities such as reading books, socialising, listening to music and watching TV.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

Some people were unable to easily access written information due to their healthcare needs. Staff supported these people to have access to this information. For example, a number of people had a visual and hearing impairment. Information was provided to a person in large print books so that it was accessible to them.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives said if they had any concerns or complaints, they would discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The registered manager said if a person they cared for was nearing the end of their lives they would support them to have a comfortable, dignified and pain free death "in their home." The service had previously worked with relevant health professionals to ensure appropriate treatment was in place to keep people comfortable.

Is the service well-led?

Our findings

People and relatives told us they felt the management team at Penrice house were approachable and would listen to any suggestions they may have. Staff also shared this view.

The registered manager had been in post for some years. They were responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager was supported in the running of the service by a deputy manager and care staff, and the Board of Trustees. The registered manager met with the Board of Trustees regularly. There were sub committees which reported to the Board of Trustees to ensure that all management arrangements of the service were monitored. The committees covered areas of: home, staff and residents welfare, finance, estate and house maintenance and grounds. Minutes of these meetings evidenced there was good communication between the committee members and the Board of Trustees.

The registered manager worked in the service every day. Alongside managerial duties, the registered manager was available to provide care and support as needed. The managers had an on call rota so that they could support staff when they were not present. Staff said they believed the registered manager was aware of what happened at the service on a day to day basis in respect of the people they supported.

The management team had a clear vision and strategy to deliver high quality care and support. The registered manager said, "We have a one team approach." The management team were supported by a motivated team of carers and ancillary staff. Staff had a positive attitude and the management team provided strong leadership and led by example.

The registered persons understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if she had concerns about people's welfare she liaised with external professionals as necessary, and had submitted safeguarding referrals when she felt it was appropriate.

A shift plan for the day was implemented by staff on duty to ensure that people's care needs, and daily tasks such as medicines were allocated to staff members and completed. We saw the shift plan and noted that these were completed daily and any actions that needed to be followed up were handed over to the next shift. This meant that there were clearly defined expectations for staff to complete during each shift. We did note that the records did not adhere completely to people's confidentiality. This was immediately rectified during the inspection.

The registered provider and people told us the service treated people as individuals whilst ensuring that

they had a flexible level of support which met their needs. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, and supervisions. The staffing structure ensured that, at all times, support and advice was available to them.

People and their families were involved in decisions about the running of the service, as well as their care, through on-going conversations with staff and management. People told us they attended 'residents meetings,' where they were encouraged to share their views about the running of the service. People also had meetings with their keyworker which were an opportunity to review care plans and discuss if there were any elements of people's care or the service that they wanted to improve or develop.

The service had a quality assurance policy which included the completion of an annual survey. The results of the most recent survey had been positive. The Board of Trustees also visited people and staff at the service to ensure they could monitor people's experience of the care they received.

There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice. For example checking records demonstrated people had regular food and drinks; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system; infection control procedures and checking the property was maintained to a good standard.

The provider carried out regular repairs and maintenance work to the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The manager said relationships with other agencies were positive. Where appropriate the manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies..

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor them. The manager had ensured that notifications of such events had been submitted to CQC appropriately. The last rating of the service was displayed.