United Response

United Response - 5 Cedar Avenue

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection of 5 Cedar Avenue took place on 05 and 06 April 2017. The visit on 05 April was unannounced and the visit on 06 April was announced. People working at the home refer to it as 'Cedar Avenue.'

We previously inspected the service on 20 and 22 January 2016 and at that time we found the registered provider was not meeting the regulations relating to consent, staffing and keeping accurate records. We asked the registered provider to make improvements. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we found improvements had been made.

The service is required to have a registered manager. 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 service had a registered manager in place.

Cedar Avenue provides personal care and accommodation for up to four people who have both learning and physical disabilities. The registered provider is United Response. The home is an adapted bungalow set within its own grounds and is located in a residential setting close to Huddersfield town centre.

There were enough staff on duty to meet people's individual needs and keep them safe.

Staff had a good understanding about safeguarding adults from abuse and knew who to contact if they suspected any abuse. Detailed risk assessments were in place to support staff to deliver safe care.

Medicines were managed in a safe way for people.

The provider had effective recruitment and selection procedures in place. Medicines were managed in a safe way for people.

People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service promoted this practice. People's capacity was always considered when decisions needed to be made. This helped ensure people's rights were protected in line with legislation and guidance.

Staff had received an in depth induction, supervision, appraisal and specialist training to enable them to provide support to people who lived at Cedar Avenue. This ensured they had the appropriate knowledge and skills to do this effectively.

People enjoyed the food and were supported to eat an individualised balanced diet. A range of healthcare

professionals were involved in people's care.
The home had a warm homely atmosphere and was tailored to meet each person's individual needs and preferences.

We observed staff interacting with people in a caring, friendly and respectful manner. Staff were able to clearly describe the steps they would take to ensure the privacy and dignity of the people they cared for and supported. People were supported to be as independent as possible throughout their daily lives.

Individual needs were assessed and met through the development of detailed personalised care plans and risk assessments. People and their representatives were involved in care planning and reviews.

People were able to make choices about their care. People's care plans detailed the care and support they required and included detailed information about their likes and dislikes.

People engaged in social and leisure activities which were person centred. Care plans included measures to protect them from social isolation.

Systems were in place to ensure complaints were encouraged, explored and responded to in good time.

Accurate records were maintained in relation to care that was being delivered.

The culture of the organisation was open and transparent. The manager was visible in the service and knew the needs of the people in the home.

The registered provider had an overview of the service. They audited and monitored the service to ensure the needs of the people were met and that the service provided was to a high standard.

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.

Staffing levels had been assessed to provide a good level of interaction, meet people's individual needs and keep them safe.

Staff had a good understanding of safeguarding people from abuse.

Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence.

Is the service effective?

Good

The service was effective.

People's capacity was considered when decisions needed to be made.

Staff had received specialist training to enable them to provide support to the people who lived at Cedar Avenue.

People were supported to eat and drink enough and maintain a balanced diet.

People had access to external health professionals as the need arose

Is the service caring?

Good

The service was caring.

Staff interacted with people in a caring and respectful way.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives

Is the service responsive?

Good

The service was responsive

People's needs were reviewed as soon as their situation or needs changed.

People were supported to participate in activities both inside and outside of the home.

Comments and complaints people made were responded to appropriately.

Is the service well-led?

Good

The service was well led.

The management team had worked hard to improve the service to people.

The culture was positive, person centred, open and inclusive.

The registered provider had an effective system in place to assess and monitor the quality of service provided.

United Response - 5 Cedar Avenue

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 05 and 06 April 2017 and was unannounced. The inspection team consisted of one adult social care inspector. Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection.

Some people who used the service used non-verbal communication and as we were not familiar with their way of communicating we used a number of different methods to help us understand people's experiences. We spent time observing the support people received. We spoke with three support workers, a senior support worker, the area manager and the registered manager. We looked in the bedrooms of four people who used the service. After the inspection we spoke with one relative.

During our inspection we spent time looking at three people's care and support records. We also looked at two records relating to staff recruitment, training records, maintenance records, and a selection of the service's audits.

Good

Is the service safe?

Our findings

The relative we spoke with told us they felt confident that their family member was safe at Cedar Avenue. "Yes (my relative) is safe. They do manage risk. There seems to be enough staff when I call in at different times of the day." People using the service were not able to tell us what they thought due to cognitive and communication difficulties.

At our inspection on 20 and 22 January 2016 the registered provider was not meeting the regulations related to staffing because there were not always enough staff on duty to meet people's individual needs and keep them safe. This was because contingency plans in the event of staff absence were not always effective. At this inspection we checked to see if improvements had been made.

The registered provider had made improvements to the evening rotas and to out of hours contingency plans. Managers were on call out of office hours and senior support workers worked shifts alongside support workers to provide management support. The provider had increased their own bank of staff to cover for absence and asked staff to do extra shifts in the event of sickness. Regular agency staff who were familiar with people's needs were also requested when required. This meant the service to people could be maintained.

Staff told us there were enough staff on duty and staff picked up extra shifts to cover for sickness if required. We looked at historic staff rotas and found there were sufficient staff on duty to meet people's needs. The manager told us each person who used the service was allocated staff according to their assessed needs and we saw this was reflected in their care records and tallied with the number of staff on duty. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and they received a good level of support to meet their assessed needs.

Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse. They also understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. One member of staff said, "I would document my concerns and report them to the senior or the manager and I would go higher if I wasn't happy."
We saw information around the building about reporting abuse and whistleblowing.

Safeguarding incidents had been dealt with appropriately and safeguarding authorities and the Care Quality Commission had been notified. This showed the registered manager was aware of their responsibility in relation to safeguarding the people they cared for.

The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. We saw in the care files of people who used the service comprehensive risk assessments were in place in areas such as mobility, bathing, cooking, security, medicines, bedrail entrapment, choking, managing money, self-harm and management of chronic conditions. Risk assessments were detailed and included measures to mitigate risks to people, for example the risk of bedrail entrapment was reduced by the use of specialised padding.

We saw these risk assessments were reviewed regularly, signed and up to date. Moving and handling plans contained very detailed information for staff on how to support each person, and contained information about maintaining the person's dignity and self-esteem. This showed us the service had a risk management system in place which enabled staff to deliver safe care to people.

Staff told us they recorded and reported all accidents and people's individual care records were updated as necessary. We saw in the incident and accident log on the computer incidents and accidents had been recorded and a report had been completed for each one. Accidents and incidents were recorded in detail and showed staff had taken appropriate action.

The registered manager checked all incident and accident records and ensured any required action to prevent future incidents and improve wellbeing was followed up. For example one person had fallen out of their bed at night on a number of occasions without injury. We saw the service explored various options and purchased a low bed with a small lip on the outside edge, which worked to prevent the person from rolling out of bed and reduced the risk of any injuries that might occur. This meant the service acted to reduce risk to people at the home.

We saw from staff files recruitment was robust and all vetting had been carried out prior to staff working with people. For example, the service ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. This showed staff had been properly checked to make sure they were suitable to work with vulnerable people.

Appropriate arrangements were in place for the management of medicines. The registered manager told us all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw staff medicines competence was also assessed regularly. This meant people received their medicines from people who had the appropriate knowledge and skills.

All of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. All staff administered medicines and each administration was observed by a second staff member. We saw a stock check was completed every week and signed by two members of staff. This demonstrated the home had good medicines governance in place.

Staff we spoke with had a good understanding of the medicines they were administering and we saw medicines being administered as prescribed. People's medicines were stored safely in a secure medicines room. Topical medicines were stored in the medicines room and records for these were up to date.

Medicines care plans contained detailed information about medicines and how the person liked to take them, including an individual medication protocol for medicines people took 'when required', rather than regularly.. Having a protocol in place for 'when required' medicines provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place.

Appropriate equipment was in place to meet the needs of people who used the service, for example ceiling tracking hoists and profiling beds with air flow mattresses. Equipment had been properly maintained and serviced.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing. A series of risk assessments were in place relating to health and safety.

People had a personal emergency evacuation plan (PEEP) in place. PEEPs describe how each person should be supported in the event of an evacuation. A fire training sheet was signed by all staff and fire drills had been completed regularly. The fire evacuation plan was located in the visitor's book by the door so it was accessible in the event of a fire. This showed us the home had plans in place in the event of an emergency situation.

Good

Is the service effective?

Our findings

The relative we spoke with told us they were confident the staff team at Cedar Avenue could meet their relation's needs. They said, "They keep us informed and always involve us."

At our last inspection the registered provider was not meeting the regulations related to consent because people's mental capacity was not always considered when decisions needed to be made. At this inspection we checked to see if improvements had been made.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

Staff at the service had completed training and had a good understanding of the MCA. One staff member said, "We are aware people lack capacity but it doesn't take away from the fact we still have to give people choices."

The care records we sampled contained detailed decision making profiles for everyday decisions with entries such as; 'I say yes by smiling, laughing, grabbing objects and pulling them towards me, clapping my hands in joy', and, 'When is not a good time for me to make a decision e.g. If I am tired or upset, noisy crowded environment.'

We asked the registered manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected. All four people at the home were subject to DoLS authorisations. One of these had conditions attached; the registered manager was aware of the conditions and they were incorporated into the person's care plans.

The registered manager had completed a list of restrictions in place for each person, along with information on how to minimise those restrictions and who had been consulted. Mental capacity assessments and best interest discussions had taken place with the relevant person's representative, so the correct decision-making process could be evidenced for each person using the service. This included restrictions such as using chest waist and ankle straps in a wheelchair and using a night time listening device for a person living with epilepsy.

Two people's finances were managed by others who had legal authority. We saw the correct decision-making process had been followed and records were up to date.

This meant the rights of people who used the service were protected in line with the requirements of the Mental Capacity Act 2005.

Staff were provided with training and support to ensure they were able to meet people's needs effectively. Staff told us they completed a comprehensive six week induction including a week of training, completion of the Care Certificate and several weeks of shadowing more experienced staff before starting work at the service. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. The shadowing focused on getting to know people's individual needs and preferences. One member of staff said, "The induction was great. It was very informative. It was lots of work but very beneficial." This demonstrated that new employees were supported in their role.

We saw evidence in staff files and training records that staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Staff told us and we saw from training records staff had completed training in areas including moving and handling, Autism awareness, de-escalation techniques, person-centred active support, first aid, fire safety, health and safety, the Mental Capacity Act, safeguarding and infection control. Training was via a mixture of booklets, computer based and practical face to face training. Staff also received additional specialist training related to the individuals they supported, such as epilepsy and the use of special medicines for this, and diabetes awareness training.

Staff competence and knowledge was also assessed regularly in fire safety awareness, infection prevention and control, medicines administration and safeguarding adults. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

One staff member said, "Yes you are definitely supported. I can talk to the managers and they will act on it. They are very approachable." Staff we spoke with told us they felt appropriately supported by managers and they said they had regular supervision. Supervision gave staff the opportunity to discuss their development needs and praise was given as well as discussing areas for improvement. Annual appraisals were also planned onto the rota for staff. This showed staff were receiving regular management supervision to monitor their performance and development needs.

The registered manager told us staff did the cooking and people who used the service joined in with the household shopping. People made choices in what they wanted to eat. We saw meals were planned around the tastes and preferences of people who used the service. Each person had an extensive list of food likes and dislikes in their care records, which was used to inform meal planning, as well as photographs of food they liked. Each person had a food cupboard in the kitchen containing some of their own preferred food.

We heard staff offering a person who used the service a choice of snack and we saw they received the snack of their choosing. People had the equipment they needed to enable them to eat or drink independently, such as specialised cutlery and non-spill cups to access drinks at any time.

We saw the individual dietary requirements of people were catered for. Two people who used the service followed a Halal diet. One person was living with diabetes and was supported to eat a healthy diet. Two people required a soft diet and one person was supported to use a percutaneous endoscopic gastrostomy

(PEG) feed. This is a way of introducing foods and fluids directly into the stomach. A further person needed to be observed whilst eating due to the risk of choking and we saw support was delivered in line with their assessed needs.

A food diary was kept for each person and each person was weighed regularly to check for any changes. One person had a speech and language therapy (SALT) appointment on the second day of our inspection due to recent changes in their dietary support needs. This showed the service ensured people's nutritional needs were met.

People had access to external health professionals as the need arose and staff were proactive in ensuring people's health needs were anticipated, monitored and met in a timely manner.

Staff said people attended healthcare appointments and we saw from people's care records that a range of health professionals were involved. This had included GP's, hospital consultants, psychiatrists, community nurses, physiotherapists, SALT, chiropodists and dentists. This showed people who used the service received additional support when required for meeting their care and treatment needs.

People's individual needs were met by the adaptation, design and decoration of the service. The atmosphere of the home was comfortable and homely. The home was well maintained with a spacious living area and kitchen and all doors and corridors were designed for ease of access for wheelchair users. There was a secure accessible garden to the rear and level access to the front of the property. There were art works produced by people who used the service and photographs in the communal areas giving a homely atmosphere. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.

Good

Is the service caring?

Our findings

The relative we spoke with said, "Workers have always been caring. They prioritise (my relative's) needs. (My relative) is never dirty and is always well looked after."

Staff we spoke with enjoyed working at Cedar Avenue and supporting people who used the service. One staff member said, "I love it. I like the support and getting people out. It's better for people." Another said, "I like the moments when you connect on some level. If (name) laughs. Something tickles them or (name) holds your hand. You've made a little contribution. The best times are on holiday. Two to one. They love that. You get to know them really well." The staff we spoke with told us they would be happy for a relative of theirs to live at the home.

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways, for example supporting one person to use a musical instrument.

Staff worked in a supportive way with people and we saw examples of kind and caring interaction that was respectful of people's rights and needs. One person was reassured by staff when they showed signs of mild distress. We observed staff analysed the cause of the distress and offered solutions to improve the person's well-being and comfort.

We observed people were cared for compassionately and with respect. We heard staff asking people what they would like to do and explaining what was happening. We heard staff speak with people whilst supporting them with daily living tasks or with their meals and just generally chatting and interacting with people. Staff were patient with people, and listened to their responses. Staff joked with some people and made funny faces to make them laugh and people enjoyed the banter.

Staff took an interest in people's well-being and were skilful in their communications with people, both verbally and non-verbally, to help interpret their needs. For example staff interacted with one person who liked to sit on the floor by sitting on the floor with them. One staff member said, "(Name's) tone of voice changes depending if they are happy or sad." Staff used Makaton, gestures, facial expressions and objects to support people to make choices according to their communication needs. One member of staff said, "I show (name) a choice of t-shirts. (Name) doesn't like short sleeves. I watch the body language and behaviours." We saw people were offered a choice of food and drink and activity. Another staff member said, "(Name) will touch and smell food. (Name) can feel clothes. (Name) likes it when they look smart. I try to engage their interest."

People using the service appeared well groomed and looked cared for, choosing clothing and accessories in keeping with their personal style. Staff complimented people on their clothes, style and hair, and some people responded with a smile.

Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter.

Staff told us they kept people covered during personal care and ensured the door was shut.

People's individual rooms were personalised to their taste. For example one person who enjoyed craft activities had numerous examples of their work around their bedroom. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

People were encouraged to do things for themselves in their daily life. Staff told us people helped with some household tasks where possible, such as chopping vegetables and laundry. One staff member said, "(Name) is really good at helping us with the shopping." We saw one person being enabled to use the spoon themselves when eating a meal and being supported practically only when necessary to complete the meal. One staff member said, "(Name) has good hand eye coordination. They have done raffle tickets for us in the past." People regularly used public transport to access the community and maintain their community living skills.

People's cultural and religious needs were respected and supported. The relative we spoke with said, "I am very, very pleased with the way they meet (my relative's) cultural needs. They observe Eid, they eat Halaal. They are very good."

Staff were aware of how to access advocacy services for people if the need arose and two people who used the service had independent mental capacity advocates. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

People's representatives had recently been consulted regarding end of life plans and wishes; however families had not yet responded to the consultation. The registered manager told us this would be discussed again at people's forthcoming annual reviews.

Good

Is the service responsive?

Our findings

The relative we spoke with told us they could visit unannounced at any time and were always welcomed. They said, "They do ask me to attend reviews, or I take part over the phone. They give me feedback if I can't attend."

Staff told us they spoke to the person or their family members about their likes or dislikes and spent time getting to know them during induction to the home. We saw care files contained detailed information about the tastes and preferences of people who used the service. For example, in a section in one person's records called 'What people like and admire about me' it stated 'My passion for music.' For another person in a section titled, 'What's important to me', it said 'I like having a nice long soak in a bubble bath.' For a third person an entry read, "I love going into the community. I really enjoy all the hustle and bustle."

Care plans including a personal history and staff told us they had opportunity to read these records before commencing work with the person. This gave staff a rounded picture of the person and their life and personal history before they went to stay in the home.

Staff told us communication was good. A 15 minute handover was held between shifts and a daily handover sheet was used with a section for each person to share information such as health issues, activities and meal planning.

We saw in the care files of people who used the service care plans were in place covering areas such as moving and handling, nutrition and healthy eating, daily health and wellbeing, finances, pain management, activities, seizure management, and accessing the community. Support plans were very detailed and person centred. Detailed personal behaviour support plan and risk management plans were also in place.

Support plans contained detailed information on how to support each person, for example, "(Name) can feed (themselves) using their height adjustable table and easy grip spoon." They also contained details of each person's daily routine to enable staff to deliver person-centred care.

There was evidence people and their representatives had been involved in discussions about their care and we saw relatives were always invited to reviews and involved in their relative's care plan. We saw people making choices, for example, by pushing food away when they had had enough. This meant that the choices of people who used the service were respected.

People's needs were reviewed as soon as their situation or needs changed. The registered manager told us reviews were held annually and care plans were evaluated regularly and updated when needs changed. These reviews helped in monitoring whether care records were up to date and reflected people's current needs so any necessary actions could be identified at an early stage. The service was in the process of changing care files in line with the registered provider's new paperwork. The manager told us, and we saw from records, keyworkers were currently updating each care record and planning each person's annual review to be held in the month following this inspection.

A detailed health file was also kept containing a medical profile and information about which medicines each person was taking, how and when to take them, any side effects and foods to avoid. Daily records were also kept detailing what activities the person had undertaken, as well care that had been delivered and the person's mood.

The relative we spoke with said, "I have had feedback from people in the community that they have seen (my relative) out and about regularly. That feels good."

One staff member said, "(Name) really likes live music and drums along to the beat. I try to find live music in Leeds in the summer for them."

People were supported to participate in activities both inside and outside of the home. Staff spoke with good insight into people's personal interests and we saw from people's support plans they were given many opportunities to pursue hobbies and activities of their choice. Staff told us one person who used the service enjoyed spending time in their room with sensory lights and music and we saw this was facilitated. This person had recently been supported on a holiday to Euro Disney, where they had enjoyed the sensory stimulation, colourful lights and music. Another person had disco lights in their bedroom as staff had noticed they enjoyed the lights at the disco they attended.

On the day of our inspection all four people who used the service went out on public transport to a local town for lunch and shopping. One person returned early due to a health appointment and spent time in their room enjoying sensory activities. Two people also enjoying a board game with staff after tea. People no longer attended day services and additional staffing was in place some evenings and days to enable people to participate in activities every day. For example two people using the service required the assistance of two staff to support them with swimming which they had attended. We saw from daily records people had been to parks, shopped in town, been swimming, had undertaken craft activities, played musical instruments and been to places of interest on the bus.

A complimentary therapist provided hand, foot or head aromatherapy massages to people using the service every week and we saw this helped people to relax and enjoy a sensory experience, to the point where one person fell asleep in their chair.

Relatives told us, and we saw from records, people were enabled to see their families as often as liked. This meant staff supported people with their social needs.

The relative we spoke with told us staff were always approachable and they were able to raise any concerns and these would be acted on. There was an easy to read complaints procedure on display for people to see at the home and the complaints procedure was included in people's service user agreement. Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw the complaints record showed where people had raised concerns these were documented and responded to appropriately. Compliments were also recorded and available for staff to read.

Good

Is the service well-led?

Our findings

The family member we spoke with told us they were very happy with the service. "I have never spoken to the new manager, I have never had any concerns, but if I raise any suggestions they will act on it. I do feel listened to."

The registered manager had commenced their role in January 2016 and their registration as manager had been approved in December 2016. A senior support worker was also in post with some management responsibilities such as medicines audits and updating records.

At our last two inspections we found the registered provider was not meeting the regulations relating to keeping accurate records. At this inspection we found improvements had been made and records were well organised, complete and up to date. The registered manager audited records regularly and had worked with staff through supervision, meetings and audits to ensure accurate daily records were kept to reflect the care that was being delivered. This showed staff compliance with the service's procedures was monitored and addressed to improve the quality and safety of the service.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The registered manager said that they operated an 'open door policy' and staff were able to speak to them about any problem any time. One staff member said, "Yes the managers are good. It's a relaxed house at the moment. If staff are happy they can deal with what happens." A second staff member said, "Yes definitely well-led. It's great." Another staff member said, "(Name of senior support worker) is excellent. (Name of manager) is supporting another home as well at the moment, but he has put in some good measures. They are very approachable."

The registered manager told us they had recently been providing some management support to a small supported living service run by the same registered provider but were still on site several days a week and available in the local office on other days. They told us they felt supported by the registered provider and they had regular supervision and support visits from the registered provider throughout the year.

The registered manager and senior support worker regularly worked with staff 'on the floor' providing support to people who lived at the home, which meant they had an in-depth knowledge of the needs and preferences of the people they supported.

The registered manager said the home aimed to continue to promote person-centred active support and to support people to get the most out of the community. They said they wanted people to be comfortable, happy and have their needs met to a good standard. They said the best thing about the service was they, "Excelled in giving people good care."

The registered manager told us they met with an internal network of managers to share good practice. They said the registered provider sent them good practice updates and they were currently completing nationally accredited management training. This meant the registered manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

We saw from records individuals or their representatives had been consulted on every aspect of their support and their views were recorded. The provider carried out its own quality assessment of the service through stakeholder, relative and client questionnaires. We saw one questionnaire had been returned and this had been responded to by the registered manager. The service also sent a newsletter out to families and professionals two or three times a year to keep people updated.

Staff meetings were held every one to two months. Topics discussed included review meetings, people's health and medicines, new staff, handover records, building maintenance and planning a garden party. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home. A staff suggestion box was in place in the home.

There was evidence of internal daily, weekly and monthly quality audits, and actions identified showed who was responsible and by which date. We saw audits were maintained in relation to premises and equipment such as wheelchair, mattress and water temperature checks and a monthly health and safety audit was completed. The management of people's money was also audited on a daily basis and care plans and documents were reviewed and checked regularly by the management team. Medicines were audited weekly by the senior on duty and checked by a second person. This meant there were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

Managers from other services run by the same provider audited one another's services regularly and highlighted any areas that needed addressing. The area manager visited the service every three months to complete a quarterly report, which included sampling people's care files, speaking with staff and completing audits. The divisional director also visited the service annually. This demonstrated the senior management of the organisation were reviewing information to improve the quality of the service.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit statutory notifications to the Care Quality Commission (CQC) when certain incidents happen. We found all incidents had been notified as required.

The ratings from previous CQC inspection ratings were displayed in the home and on the registered provider's website. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.