Forward Support Limited

Forward Support Limited

Inspection report

333 Seven Sisters Road
London
N4 1QR

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30 May 2018

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 23 and 30 May 2018 and was announced. We gave the provider 48 hours' notice as the service is a home for adults with mental health needs who are often out during the day. This was their first inspection since the provider registered with us in December 2016.

Forward Support Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Forward Support Limited can provide support to up to ten people with mental health conditions who may also have a forensic history. At the time of our inspection eight people were living in the home. Forward Support Limited is a large house with large communal areas and a separate games room in the garden. Each person had their own bedroom with en-suite bathroom facilities.

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

People told us they felt safe living in the home. Staff were knowledgeable about safeguarding adults and records showed appropriate action was taken when people were identified as being at risk of abuse and avoidable harm. Risks faced by people living in the home were clearly identified, particularly with regard to the risks of mental health relapse, with clear measures in place to mitigate and escalate these risks. When incidents occurred, the service took effective action to ensure lessons were learnt and improvements made. People told us there were enough staff available to ensure their needs were met. Staff knew about the risks of people's medicines and records showed they were supported to take medicines as prescribed. During the inspection the provider completed medicines care plans to ensure medicines practice was in line with best practice guidance.

People were involved in comprehensive needs assessments and completed a gradual transition to moving to the home. Care plans did not always reflect the detailed knowledge of staff about how to provide support to people. This was addressed by the service during the inspection. Records showed staff supported people to work collaboratively with other organisations and healthcare services involved in their care and treatment. Staff received the training and supervision they needed to perform their roles. People told us they were supported to eat and drink in line with their personal and cultural needs and preferences. Everyone living in the home had capacity to consent to their care and treatment. Some people were subject to restrictions due to the nature of their needs and staff supported them to understand and comply with these conditions.

People told us they had developed trusting relationship with staff. Staff demonstrated they understood the need to provide emotional support and were able to identify how people expressed their emotional needs.

People were supported to practice their religious faith where they wished to do so. The service had taken steps to ensure that people felt safe to disclose their sexual and gender identity. Staff demonstrated how they treated people with respect and we saw staff always communicated with people in a polite and respectful manner.

The home operated a key-working system where each person had a named member of staff who led on ensuring they received the right support. People met with their keyworkers regularly and staff regularly reviewed and updated people's care plans. Records showed any changes were escalated promptly and effectively with other agencies involved in providing care and treatment. People knew how to make complaints. There was clear information about timescales for response to complaints and how to escalate concerns if people were not happy. People were asked if they wanted to consider their end of life wishes and there was a framework in place to support people at the end of their lives if this became necessary.

The quality assurance and audit systems in place had not identified that medicines plans were not in place, or that care plans did not reflect the knowledge of staff. We have made a recommendation about quality assurance systems. People, staff and external professionals all spoke highly of the registered manager. There was a clear vision for the service with a values base that emphasised the rights and responsibilities of people living in the home. Regular meetings and surveys gave people, staff and relatives the opportunity to be engaged in the development of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from avoidable harm and abuse. Staff were knowledgeable about safeguarding adults processes.

There were clear systems in place to manage and monitor risks faced by people living in the home.

People told us there were enough staff on duty. We saw people didn't have to wait to be supported by staff who were visible and available.

People were supported to take their medicines by staff. The service took action during the inspection to ensure this was managed in a safe way.

The home was clean and well maintained.

Staff responded to incidents in an appropriate and timely manner to ensure lessons were learnt.

Is the service effective?

Good

The service was effective. People were involved in their needs assessments and the service worked with previous placements to ensure people had a smooth transition to the home.

The service took action during the inspection to ensure care plans reflected the knowledge of staff about how to provide support to people.

Staff received the training and support they needed to perform their roles.

People told us they were supported to have meals that reflected their personal and cultural preferences.

External professionals told us and records confirmed the service worked collaboratively with other organisations to ensure people's needs were met.

People told us they were supported to access healthcare services

and follow the advice of healthcare professionals.

The service worked within the principles of the Mental Capacity Act 2005. People were supported to understand and comply with conditions of their placements.

Is the service caring?

Good

The service was caring. People had developed positive and trusting relationships with staff who identified and responded appropriately to their emotional needs.

People were supported to practice their religious faith if they wished to do so.

The service had taken steps to ensure people felt safe to disclose their sexual and gender identity.

People told us they felt staff respected them and staff demonstrated they understood the importance of treating people respectfully.

Is the service responsive?

Good

The service was responsive. People met with their keyworkers regularly where they contributed to reviews and updates to their care.

Staff completed regular monitoring to ensure people continued to receive the support they needed.

People knew how to make complaints and there was a clear process for responding to complaints.

The service had systems in place to ensure they could provide appropriate end of life care if this was needed.

Is the service well-led?

Requires Improvement

The service was not always well-led. The audit systems in place had not identified missing paperwork or issues with the quality of the information within care files. The registered manager took action during the inspection to address these concerns.

There was a vision and values base to the service which was available to people living in the home. This focussed on the rights and responsibilities of people receiving services.

People, staff and external professionals spoke highly of the

registered manager who ensured effective joint working with external partners.

Regular meetings and surveys gave people, relatives and staff the opportunity to be engaged in service development.

Forward Support Limited

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.

The inspection took place on 23 and 30 May 2018 and was announced. We gave the service 48 hours' notice of the first day of the site visit because it is a small service and the manager is often out supporting staff or providing support to people who live in the home. We needed to be sure they would be in. This was the service's first inspection since they registered with us.

Before the inspection we reviewed the information we already held about the service. This included reviewing their registration report from when they applied to register with us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was completed by one 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.

During the inspection we spoke with four people who lived in the home and four staff members including two support workers, the registered manager and the managing director. We also spoke with three visiting professionals including a psychiatrist and two nurses. We reviewed four care files including needs and risk assessments, care plans and records of care delivered. We reviewed four staff files including training and supervision records. We also reviewed various meeting minutes, policies and documents relevant to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I feel safe, very much so." Visiting professionals told us they were confident that people were safe in the home and they trusted the service to take steps to ensure people's safety. One visiting professional told us, "There was an incident that they raised as a safeguarding alert. I was very impressed. They tried their best to make sure everyone was safe, and didn't just wash their hands of the perpetrator but tried to find alternative ways of supporting them."

The provider had a clear policy about safeguarding adults from harm and avoidable abuse. This included the contact details for the relevant safeguarding authorities and details for staff on how to escalate concerns if they were not satisfied with the response of the registered manager. Staff told us they would report any concerns they had about possible abuse to the registered manager and they were confident he would take action to ensure people's safety. Records showed the registered manager escalated incidents to the local authority appropriately.

Staff held money on behalf of some of the people living in the home. This was to protect them from the risks of financial abuse or where they lacked capacity to manage their finances. There were clear and robust systems in place to protect people from the risk of financial abuse. Records showed staff checked and counted people's money daily. People and staff both signed to indicate when people had been given their money to spend. We checked the balance and records and found the records were correct and accurate.

Visiting professionals told us they were confident the home had a good understanding of the risks people faced. They told us staff were quick to identify and escalate any changes to people's presentation and behaviour which may increase the risks to and from the person. One of the visiting professionals told us, "The fundamental ethos is safe." The main risks faced by people living in the home related to their mental health conditions relapsing. Care plans contained detailed guidance regarding relapse indicators and actions staff should take to mitigate risks. The risk assessments included tools to support staff to evaluate the risks of changes. For example, one risk assessment directed staff that it was not the presence of a behaviour on its own that indicated relapse, but the intensity, frequency and combination of behaviours. Records demonstrated staff raised concerns and escalated changes in people's risk appropriately. Risk assessments also recognised that people had the right to make unwise or risky decisions.

People, staff and visiting professionals all told us they thought there were enough staff on duty to meet people's needs. One person said, "There's always two staff and a manager. They try and react quickly." We saw people did not have to wait to be supported and were able to access staff support when they wanted. People were supported to attend appointments and complete daily living tasks such as cooking and cleaning with staff on duty. The home had a fixed schedule of two support workers on duty 24 hours a day with the registered manager on duty during the day. The registered manager provided additional support to people when needed. The details of the on-call support system for staff was included on the rota and the daily handover sheet which meant it was clear for staff how they could seek additional support if they needed.

The service had not recruited any new staff since this provider had taken over the management of the service. This meant we could not check the effectiveness of their recruitment practice. The provider had a clear policy regarding recruitment which detailed the measures in place to ensure staff were suitable to work in a care setting. This included the assessment of application forms, interviews, provision of employment references and checking the criminal histories of potential employees.

People were supported to take their medicines as prescribed by staff. One person told us, "Staff get my medication on time. They tell me to drink something and eat something with my medication." On the first day of the inspection there were no individual medicines care plans with details of the specific medicines taken by people. When we asked staff about people's medicines they described the nature of support they provided and were aware of the dosage, route and risks of the specific medicines people had been prescribed. The medicine administration records (MAR) had been completed to show medicines had been administered as prescribed. Although discontinued medicines remained on the MAR.

We discussed the medicines care plans with the registered manager and signposted them to the guidance in place for care homes regarding the management of medicines. When we returned on the second day of the inspection detailed medicines care plans were in place. These included clear information about each medicine and the support people needed to take medicines as prescribed. There was clear guidance for staff to follow if people refused their medicines which included guidance around the time frames in which medicine administration was possible. The registered manager showed us correspondence with the local pharmacy requesting discontinued medicines be removed from future MAR to improve the clarity of the forms. The registered manager had taken prompt and effective action to improve the systems in place for the safe management of medicines.

People told us staff wore appropriate personal protective equipment in the home. One person said, "The staff cook with gloves on, clean with gloves. It's very clean this place." We saw the communal areas of the home were clean and well presented and there was no malodour present. Daily cleaning tasks were included on the staff duty list for each day and a cleaner visited to ensure hygiene standards were maintained. Care records showed people were encouraged to keep their bedrooms and en-suite bathrooms clean and hygienic to minimise the risks of infection.

The professionals we spoke with told us the home responded well to incidents that occurred in the service. One professional told us, "They have handled incidents in a fair way." Staff recorded incidents on incident forms and these included clear information about what actions had been taken in response to incidents. In addition to recording incidents, staff maintained a 'significant event log' where staff recorded changes, unusual behaviour and near misses. This log linked with updates to care plans, correspondence with other professionals involved in people's care and meant that staff were able to anticipate and prevent incidents from occurring. This was because they had clear and detailed information about people's usual presentation, and variation from this was identified and responded to at an early stage.

Good

Is the service effective?

Our findings

People told us they had meetings about their care. Professional visitors told us, and records confirmed staff from the home would visit people in hospital to complete needs assessments and attended ward rounds to ensure they had full information about people's needs before they moved in. Care files contained comprehensive needs assessments which detailed the level of need in each area of care. Records showed close liaison with other professionals involved in people's care ahead of their admission to the home. The home provided care and support to people with significant mental health needs, some of whom had significant forensic pasts. Information about risks was collected and shared appropriately to ensure people, and others living in the home were safe.

Records showed people visited the home regularly before they moved in. People started by visiting for a few hours, gradually building up the amount of time they spent in the home to include over-night stays before they were formally discharged from hospital into the care home. Staff told us they found this was very helpful as it gave them time to get to know people and their skills in detail before they moved to the home. We saw that one person had successfully built up their visits, and had moved into the home. However, a short time later their mental health had deteriorated and they had to return to hospital. The knowledge gained by staff over the transition period meant they had identified these changes promptly and alerted the relevant healthcare professionals to ensure this person received the treatment they needed. Following a period as an in-patient this person had re-completed transition and had now moved permanently into the home.

People living in the home had enduring and complex mental health conditions. As such, the goals of support were for people to achieve stability, or to stop engaging in behaviours which put their mental health at risk. On the first day of the inspection we found care plans lacked detail regarding the nature of support to be provided by staff. For example, staff were instructed to, "Encourage [person] to engage in meaningful activities." Another plan stated, "Continue to encourage [person] to desist from using drugs."

However, when this was discussed with staff they were all able to provide details about how they provided encouragement and support. Staff described specific ways of speaking with people, and how they arranged transport to enable people to attend groups and activities that were beneficial to their wellbeing. The knowledge and skills of staff was not reflected in the paperwork. This was discussed with the registered manager as we were concerned that any new or agency staff would not have easy access to the details of how to provide support.

On the second day of the inspection the registered manager showed us updated care plans which included a greater level of detail about how to provide support. We also reviewed an assessment that was in progress. This included clear information about the person's personal history and risks as well as structured aims for their support. These started with goals focussed on stability and in-house domestic tasks with a view to moving towards community activities and education when possible.

People told us they were confident staff had the skills needed to provide them with support. One person

said, "There's a great deal of interaction with the staff. Staff are very supportive." Visiting professionals also told us they thought staff were highly skilled in supporting and responding to people's complex mental health needs. One professional described how staff had responded professionally and appropriately when they had become the subject of one person's delusions. This professional said that staff were particularly skilled in communicating with people when they were unwell. They told us, "People like and respect the staff here. They can hear what they say even when they are very unwell. I can rely totally on the staff here."

Records showed staff completed annual training in core areas including safeguarding, person centre care, infection control, fire safety and medicines. The registered manager told us and staff confirmed that these online training courses were completed as a group exercise to make them more engaging for staff. Staff also completed specialist training delivered by a registered manager at another service run by the provider. This included training on supporting people with mental health needs and different approaches to engaging and supporting people.

Records showed staff received regular supervision from the registered manager. Staff were encouraged to raise any issues of concern and records showed actions were taken if staff expressed concern about people's needs or behaviours. Supervisions linked to staff appraisals where staff were set development goals. Records showed staff were supported to consider their professional development. For example, one staff member was completing a management qualification and their goals included taking on additional management responsibilities. This meant staff received the support and training they needed to perform their roles.

People told us they liked the food. One person said, "The food is very good. It's a varied diet." Another person said, "I like it as they order takeaways and take us out to a restaurant once a month. There's always stuff in the fridge and freezer. There's plenty of juice, orange juice, passion fruit and yoghurt in the fridge." Staff held a 'daily duties' folder which included details of each person's favourite food and a menu plan. Records showed the plan was followed, but if people didn't want what was on the menu an alternative was prepared. House meeting records showed people asked for changes to the menu and this was reflected in the menu plan.

External professionals spoke highly of the joint working with the service. All three told us the service worked well with them and other agencies to ensure people received the support they needed. Records showed staff kept in contact with professionals to ensure they had the information they needed to make informed decisions about people's ongoing treatment. Where requested, staff would undertake drug testing of people on behalf of external professionals. One professional told us this was invaluable in terms of being able to provide appropriate support to the person. In addition, records showed the service liaised closely with local groups and drug and alcohol services. Due to incidents involving one person who lived in the home, the service had developed a working relationship and agreement with the police.

People told us staff supported them with their healthcare needs. One person said, "They support me when I am unwell. It depends if it is mental or physical. If it's physical they will run me down to the doctors. If it's mental they contact the team, very quickly. It's very prompt." Another person told us, "They remind me of how I was when I was well, chat with me and support me as me." Care files contained information about people's health conditions and the support they needed to access healthcare services. Where people consented to staff supporting them at appointments, staff recorded details of the advice they were given so this could be shared across the staff team.

None of the people who lived in the home gave us permission to view their bedrooms. However, we were able to view vacant bedrooms. These were adapted to be suitable to meet people's needs and each room

contained en-suite bathroom facilities to give people privacy and independence with their care. The shared areas of the home were accessible to people living in the home.

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.

All the people living in the home had capacity to consent to their care and treatment. No one was subject to DoLS. However, due to the nature of their needs some of the people living in the home were subject to restrictions. These restrictions were clearly captured in care plans with guidance for staff if they were broken. A visiting professional told us they were kept informed if someone broke their restrictions. We saw people who were not subject to restrictions were free to leave the home independently whenever they wished.

Good

Is the service caring?

Our findings

People told us staff were kind and treated them with respect. One person said, "All the time [registered manager] and staff are very good. They are helping me at all times." Another person told us, "The staff are very considerate. They are very good staff, excellent." Staff told us they responded to people's presentation and emotional needs. One staff member explained, "If [person] is upset I'll ask him why. I'll try to help comfort him, for him a coffee and a chat can work well. I'll offer to go for a drive. I'll also check I didn't make him upset."

Care plans contained information about how people expressed their emotions. There was also clear information about how to respond. For example, one person's care plan was clear that the person did not wish to talk about their family or relationships and this should be respected.

As part of the assessment process people were asked to complete equality and diversity monitoring forms. These collected information about people's ethnic background, religious belief, relationship status and sexual orientation. The records showed people could choose to disclose as much information as the wished. No one had disclosed that they identified as gay, bisexual or transgender. Staff were confident in the accuracy of this as they had spoken to people about relationships and sexuality outside of formal settings.

The registered manager demonstrated sensitivity around the difficulties people may face in disclosing their sexual orientation. They told us, "I am confident my staff would be sensitive and would provide appropriate support. However, some of the other residents may say things or behave in a way that may put people off disclosing their sexuality." The support workers we spoke with told us they did not think sexual orientation would affect people's experience of care. This was discussed with the registered manager who told us they would talk about this in a staff meeting, as he was aware that people's experience of care services could be affected by their sexual identity. He wanted to be sure that staff would take action to ensure people felt safe to disclose their sexual and gender identity.

People told us their religious beliefs were respected by the home. We saw meals were prepared that were compatible with religious diets. People's religious beliefs were included in their care plans, along with the support they needed to practice their faith. One person identified as a member of a faith, and was reminded about religious services which he would then choose whether or not to attend. Another person practiced their faith regularly. One staff member explained, "[Person] is very religious. He goes to [place of worship] regularly but doesn't like us to be involved. He goes with his family who are happy to support with this. He has relationships with the people there."

People told us they felt that staff respected them. One person said, "One hundred per cent the staff respect me." During the inspection we saw staff spoke politely to people and respected when people wanted privacy. Professional visitors to the home also told us they felt staff were very respectful in their communication with people. One professional visitor said, "They always remain polite and calm, even when people are being quite rude, the staff here never rise to it. They are very good like that." Staff told us it was important they demonstrated respect in order to earn the trust of people they supported. One staff member

said, "I always talk in a proper manner. I'm always polite and calm, even when the response is not. We have to be the ones to be calm, when people are unwell they need us to be stable for them." We saw during the inspection that staff members consistently calm responses to people quickly de-escalated any agitation displayed by people in the home.

Good

Is the service responsive?

Our findings

People told us they had meetings about their care and were involved in reviews and updates. One person said, "Every week I have a one-to-one with the manager as he is my keyworker. We talk about what I have been doing and I get support from other staff too." The home operated a keyworker system. This meant each person had a named member of staff who was their main point of contact, who would meet with them regularly and took responsibility for reviewing and updating care records and liaising with external professionals.

Records confirmed people had regular meetings with their keyworkers where their care plans and progress with their goals was discussed. The registered manager acknowledged that some people found formal meetings difficult to engage with, and staff had to be flexible in their approach. They told us that some people preferred to have informal chats which staff then wrote up afterwards. People were asked to sign to indicate they agreed to record the meeting, where people were anxious about signing paperwork staff did not insist on this.

Staff reviewed care plans and records each month. Staff scored different areas of care and support according to whether there had been any changes in people's needs and presentation. For example, where one person had experienced a deterioration in their physical health this was scored as 'four' meaning a moderate to severe problem. The review summary included details of the actions taken in response to changes in needs. We noted this information wasn't consistently used to update care plans. However, the registered manager updated care plans in response to this feedback. Some of these changes were only temporary and had been communicated with staff through the team's instant messaging application at the time.

People told us they were supported to attend activities when they wished. One person said, "Recently they supported me to go to college and enrol. They helped me fill in the forms and without that support I could not have done it." Information about people's activities were included in the 'daily duties' folder and staff recorded which activities were offered to and attended by people living in the home. Two of the professional visitors commented that they felt that some people required more intensive encouragement to engage with activities. The registered manager told us, and meeting records confirmed, they did encourage people to attend activities, providing additional support where necessary, but they would not force people to engage with activities if they did not want to. Where people refused activities, this was clearly recorded.

The home held regular house meetings. Records showed people provided feedback about the menu and suggested different group activities to try. Records showed staff acted on this feedback and the activities were offered. House meeting records also showed people discussed aspects of communal living, such as cleaning and maintenance to ensure mutual respect between people living in the home.

People told us they knew how to make complaints. One person said, "I know how to make complaints. I'd talk to the manager first and then fill out a complaints form. I've not done that, there have been no issues." People were given clear information about how to make complaints in the service user guide they were

given before they moved in. The complaints policy was also in display on the home's notice board. The complaints policy contained clear information about how the provider would respond including timescales for response and how people could escalate concerns if they were not happy. The service had not received any complaints.

Most people living in the home were younger adults who were not approaching the last stages of their life. Needs assessments asked people if they wished to discuss their end of life wishes, and all the assessments viewed showed people had stated they did not currently wish to do so. Records showed one person who lived in the home was undergoing medical examinations where one outcome may be a life limiting condition. The registered manager was already liaising with the person's professional network to ensure the service was in a position to provide appropriate support if needed. It was clearly captured that the person's preferences were to remain living at the home and they disengaged from support if admitted to hospital. The provider's end of life policy referred to best practice guidance in providing end of life care.

Requires Improvement

Is the service well-led?

Our findings

The registered manager took a hands on approach. They provided direct support to people as well as managing the service. During the inspection we saw he was able to de-escalate situations when people were agitated quickly and calmly. He completed the needs assessments and wrote the care plans and reviewed the risk assessments. The managing director of the company completed visits to the service where they sought feedback from people living in the home, and checked the physical environment, staffing records, health and safety checks and feedback systems had been completed. The relevant health and safety checks, including fire drills, had been completed appropriately. However, the visits did not include checks on the quality of care plans or medicines records. The managing director told us, "I don't particularly look at the care plans."

This meant that the issues we found where the detailed knowledge of staff was not reflected in the paperwork had not been identified by the provider. The provider had not identified that there were no medicines care plans in place. The registered manager told us their line manager completed audits which reviewed the care plans and these were discussed in the registered manager's supervisions. The audits showed their line manager checked whether paperwork was within the files, but did not include any comment on the quality of the content. The registered manager responded positively to the feedback during the inspection and our concerns regarding medicines care plans and the detail in care plans were addressed.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring effective quality assurance mechanisms are in place.

The home had a clear business plan and strategy for future development of the service. This included goals regarding the increased and continued involvement of people living in the home to ensure they received the support they wanted and needed to live their lives. The plan was informed by feedback received about the service from people, relatives and professionals. The vision and values of the organisation were included in both the service user guide and statement of purpose. These focussed on the rights and responsibilities of people living in the home. We saw the statement of rights was on display on the noticeboard in the home. This referred to people's rights to be treated with dignity, privacy, choice in consent, being involved as a full partner in their care, access to advocacy and access to information about themselves. It also informed people that with rights came responsibilities which focussed on ensuring a harmonious environment with other people living in the home.

Staff, people and visitors all spoke very highly of the registered manager. Staff told us he was supportive of their development and knowledgeable about people and how to support them. A support worker said, "He's a good manager. He's hard working and makes us work as a team. He doesn't impose himself on us, he values us as a team." One person who used the service old us, "The manager is very good. The manager is helping me at all times." Another person told us, "The manager runs a very good show."

All three of the professional visitors told us they trusted the registered manager and could rely on the

information provided by him. One of them said, "This is not a placement I worry about. I know [registered manager] will tell me if I need to know something and he won't panic about minor issues." The professional visitors were all from different agencies and each of them emphasised that the home worked well with them, and others involved in people's care. This was reflected in individual care plans as the home developed partnership working on an individual basis.

The provider held regular meetings for the registered managers of the services they ran. These provided the registered manager with a forum to discuss issues and ensured the home was kept up to date with provider level issues. Records showed there had been detailed discussions about changing the training provider. They also discussed opportunities for staff teams working together across the services.

The home held regular staff meetings. These were used to talk about issues affecting people living in the home, as well as providing staff with the opportunity to raise concerns or make suggestions for improvement. Key messages about health and safety issues were also cascaded through these meetings.

The home completed annual surveys of people, their relatives and other professionals. These showed that people and staff were happy with the service they received. A relative had raised a concern about their family member's medicines and records showed staff had followed up on this matter. The surveys included a section where people could make suggestions for the future development of the service. This meant the home was taking steps to ensure people were engaged and involved with the running of the service.