

Encompass (Dorset)

Sandhills

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Sandhills is a residential care home for ten adults with a learning disability or needs relating to mental health conditions. 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. There were ten people living at Sandhills on the day of the inspection.

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.

At the last inspection, the service was rated Good. At this inspection we found the service Required Improvement.

Quality assurance systems were ineffective. There was an interruption to the supply of heating and hot water. The heating and water system had been inoperative since October 2017. People and staff at the Sandhills raised concerns about the lack of heating and hot water to the home. The provider had not taken timely and corrective action to ensure the continuing supply of hot water and heating to the service for a number of months.

Small portable heaters had been used whilst the main heating system was out of action. Risk assessment were in place in regard the portable heaters. The registered manager told us although people had not had access to hot water in bathrooms, people living at Sandhills were supported to have personal care from electric showers which continued to supply hot water.

The registered manager told us they felt supported by the provider, however they told us although there was continual quality monitoring of the service by email and via their on line computer system they had not received a formal monitoring visit from the provider since January 2017. However following the inspection the provider evidence that two full monitoring visits had taken place at the service during May and September 2017, and the home had received monitoring visits by the board of trustee in December 2017 and were planned.

People were protected from abuse because staff understood how to keep them safe, including more senior staff understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised. People received their medicines safely. There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others.

Staff received training to ensure they had the skills and knowledge required to effectively support people.

People were supported to eat and drink according to their likes and dislikes. People who lacked capacity had decisions made in line with current legislation. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People and their relatives were continuously involved in the assessment and planning of their care through regular review meetings.

Staff were kind and patient. People were involved in decisions about the care and support they received. People received care and support which ensured they were able to make choices about their day to day lives.

People were supported to engage in activity programmes. People knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service has deteriorated to Require Improvement

People did not have access to hand washing facilities due to an interruption to the supply of hot water and heating.

People were supported by enough staff that had been recruited safely.

Staff understood how to recognise abuse and the actions needed if abuse was suspected.

Is the service effective?

Good ●

The service remained Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Requires Improvement ●

The service has deteriorated to Require Improvement

Systems and processes were not in place to effectively monitor and resolve interruptions to the supply of heating and hot water.

Management were supportive, visible and open to ideas and suggestions from people and involved them in the delivery of the service.

Sandhills

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 inspection took place on 1 and 2 February 2018 and was unannounced. It was carried out by 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

During the inspection we spoke with 8 people who lived at the home, we contacted three relatives and two health professionals. We spoke with four members of staff and two visiting professionals. Some people were unable to fully share their views with us due to their physical and mental ability. We therefore observed people and spoke with staff supporting them. The registered manager was available throughout both days of the inspection.

We looked at a selection of records which related to individual care and the running of the home. These included four care and support plans, medication administration records and records relating to the quality

monitoring within the home. We looked at three staff files and records relating to training, supervision, environmental certificates, accident and incident forms.

Is the service safe?

Our findings

The service has deteriorated to Requires Improvement

People felt safe at the home and with the staff who supported them. One person said, "I get help when I want it". A visitor told us, "I have never seen anything that would make me feel people living here were not well cared for and safe".

Some people were unable to fully share their views with us but all appeared very comfortable with staff. When staff approached them they told them what they were going to be doing or where they would be taking them.

Staff had received training in infection control. There were adequate supplies of personal protective equipment, such as aprons and gloves, and we observed staff used these appropriately. However at the time of the inspection the service boiler was not functioning having an impact on the heating and hot water supply. Hot water was available by a small water immersion heater in the kitchen, and small portable heaters had been placed in all rooms. The registered manager told us they had not had a continuous supply of heating or hot water since October 2017. Small portable heaters had been used whilst the main heating system was out of action. Risk assessment were in place in regard the portable heaters. They told us although people had not had access to hot water in bathrooms, people living at Sandhills were supported to have personal care with hot water from electric showers.

People living at the service raised concerns in their residents meeting in January 2018 about the continuous interruption to heating and hot water. Staff told us it had been difficult to keep the home at the correct temperature with the small portable heaters supplied. Comments included, "The bedrooms get cold, we close the curtains early and put the small heaters on to warm the rooms before we support people with personal care, or if they wish to go to their rooms we try to warm their rooms up first". "There has been no hot water for a while now." "We wear layers of clothes, once we start moving and helping people we soon warm up". However following the inspection we received statements saying these comments were not true. Staff told us they were able to support people to access hot water from the immersion heater, they monitored if people were cold and if so gave them extra blankets. Staff members told us they used the water boiler in the kitchen if they needed to support people with personal care or electric showers. The registered manager told us, "The issue with the heating and hot water started in October 2017, we have had several engineers out to the property to repair the fault but all efforts have failed."

The registered manager told us following the inspection, "Whilst there has been an interruption lasting longer than 24 hours, alternative arrangements have been made which included alternative heating. In addition there was a supply of hot water from a small electric hot water boiler in the kitchen. They informed us risk management process had been put in place and they did not feel that the service was at risk. Following the inspection the registered manager informed us the week commencing 8th February a new boiler would be fitted which would ensure heating and hot water were reinstated at the service.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks of abuse to people were minimised because there was an effective recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Rotas showed there were enough staff with the right mix of skills. The registered manager told us, new staff had the opportunity of a twelve week trial period, they told us "This helps our residents to see if they are the right carer for them and also for us to ensure we employ people with the right skills and values".

There were sufficient numbers of staff to keep people safe and meet their individual needs. Requests for help were responded to promptly by staff. We observed four weeks of staff rotas and discussed staffing levels with the registered manager. They told us that staffing levels were based on people's needs. For example, if people needed more staffing due to a person's change in need this was provided. One person who had health deterioration required the support of one to one staffing. We observed this person throughout the inspection receiving additional support to keep them safe.

People were supported by staff who demonstrated they knew how to support people to remain safe. Staff had a good understanding of abuse and all said they would report anything they were concerned about. All were confident that action would be taken to make sure people were safe. One member of staff said, "Yes I would be confident to report any concerns and have done so in the past". If I saw anything I would report it. I'm absolutely certain something would be done." When issues had been raised with the registered manager they had taken swift action and worked with relevant authorities to make sure people were kept safe. Records showed all staff received training in how to recognise and report abuse.

Risks to people were identified and minimised. For example, one person was at high risk of falling on the stairs. To mitigate the risk, action had been taken to highlight each stair which identified where each stair ended. This meant the person was being supported to remain as independent as possible but also minimised the risk to them falling on the stairs. A visiting health professional told us, "People are safe here, the team work really well at identifying any risks and they are proactive at reducing those risks." Another health professional wrote that "Staff had done everything possible" for one person to remain at home when their needs had changed.

The provider had systems to audit all accidents and incidents which occurred and took action to minimise further risks to people. The provider learnt from incidents and allegations and used them to improve practice. For example, when medicine errors had occurred the registered manager told us, "We follow the correct procedures by notifying safeguarding, calling 111 for advice. We completed accidents forms and completed supervision and reflective practice with the staff member involved". The registered manager told us lessons were learned and shared with all staff to improve safety. They told us, "When errors occur we discuss and re look at protocols and procedures to see if there are any lessons to be learned".

Staff meetings were held which were used to address any issues and communicate messages to staff. Meeting minutes reviewed demonstrated where incidents had occurred in the home these were reviewed and discussed and any learning was shared with the team. Staff received regular emails to update them with any changes to people needs through the providers on line system.

People received their medicines safely from staff who had the appropriate skills and knowledge to administer medicines. All staff who administered medicines had their competency assessed on a regular basis to make sure their practice remained safe and in accordance with the provider's policies and procedures. Each person had lockable facilities in their room so they could safely store their own medicines.

People told us they always received their medicines on time and were encouraged to go to their rooms to receive their medicines in private. The provider told us in their PIR, "We use a digital on line system which alerts staff if specific medicines are required or support has not been delivered to a service user, this also provides a regular report to the home manager of the support being delivered by each staff member. The digital device also allows staff to monitor and record and allows staff to alert the whole team when issues have arisen".

To minimise the risk of the spread of infection all areas of the home were kept clean. All areas of the home were clean and fresh on the day of the inspection. However some bathrooms need to be refurbished. The registered manager told us plans were in place for refurbishment of the home to take place in 2018.

The home was large and provided an environment which was suitable to meet the needs of people who lived there. Corridors were wide and airy and there was ample communal space which enabled people to socialise if they wished to. All parts of the home were equipped with suitable equipment such as hand rails and assisted bathing facilities to promote people's independence where possible. The bedrooms of the home had ceiling tracking which enabled people who required this level of support to be hoisted from their bed to a chair safely. People told us they liked the physical environment. There was a working lift in place which enabled people to move independently to the upper floor.

People had access to a secure garden which included sensory areas. The garden had been adapted to enable all people living at the home to be able to access it with or without staff support. People told us in the summer months they liked spending time in the garden.

Is the service effective?

Our findings

People continued to receive effective care.

People received care from staff who were well trained and competent. The provider made sure staff received the training required to effectively and safely care for people. There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. New staff confirmed they had shadowed more senior staff. One member of staff told us, "I had a good induction". The registered manager told us, "Once we feel the new member of staff is competent we ask people living at Sandhills if they feel they are being supported effectively, before".

Staff received regular training which related to their roles and responsibilities. Staff were knowledgeable about people's needs, preferences and choices. The training record identified training which had been completed and dates when training needed to be renewed. Training certificates in staff files confirmed the training staff had undertaken, which included safeguarding of vulnerable adults, moving and assisting, infection control and the Mental Capacity Act 2005 (MCA).

Training was organised in the home and by the organisations training department. The registered manager told us they tried to "Make it real" for staff when offering training within the home. They gave an example of fire drill training. To make the situation real a fire box was used in training sessions, whereby staff and people within the home acted out a real fire scenario by pretending to be a person that would need physical support to move. This enabled staff to have a virtual experience of what it may be like to support people in the event of a real fire.

Where people lacked the mental capacity to fully consent to their care, the staff acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. People's legal rights were protected because staff had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for them self.

Where people had been assessed as not having the capacity to make specific decisions, such as the use of some equipment to support them, a best interest decision had been made involving family members and healthcare professionals. Independent advocates were used if people did not have family who could represent them. Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. Assessments and best interest's decisions are completed". The registered manager said, "We work with our residents in regards capacity and consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had knowledge of the mental capacity act and worked in partnership with relevant authorities to make sure people's rights were protected. A number of people were being cared for under the Deprivation of Liberty Safeguards. DoLS applications had been made where required. The registered manager told us although DoLS applications had been applied for some had not been returned. Application forms were on file which showed the correct processes had been followed.

People's nutritional and hydration needs were assessed and monitored to make sure they received a diet in line with their needs and wishes. Where concerns were identified, staff sought support from professionals such as GP's and speech and language therapists. Records showed where reviews had taken place, and risks had been identified. For example one person's eating and drinking risk assessment highlighted the need of a specialist table and equipment to help the person remain as independent as possible when eating and drinking. The table not only supported the person to remain independent whilst eating, it was also positioned in the dining area which prevented social isolation. People were complimentary about the food, one person said, "Yes I like it, the food is nice and I can do what I like when I want to and I choose the menus and put them on the display board". Another said, "The food here is very nice and there are choices. We have residents meetings to decide on menus ahead".

We observed lunch being served. People were heard being offered a variety of choices for their lunch, and we observed people eating the meals they had requested. Staff joined people with their lunches which made the mealtime experience fun and interactive. People who required support to eat were assisted in an unhurried and discreet manner which helped to preserve their dignity. The main meal was prepared and served in the evening as some people were not home at lunchtime. People told us they had choice in their diet and that everyone contributed to 'menu planning meetings'.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence, was being used. The service used an online care system which helped staff's plan, record, report and co-ordinate care on the go via smart phones. This was an effective system that ensured that staff had the information they required to deliver safe care, understand individual's assessed needs and how best to support them. Staff had received training in this and told us they found it useful.

Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. People had access to healthcare professionals according to their individual needs. The provider told us in their PIR, "We hold annual reviews for each service user with various professionals and their circle of support, to review the individual's needs and tailor our service to ensure that each individual is supported to reach their full potential". People were supported by care staff to attend outpatient appointments at local hospitals. Information was shared with the person and staff member prior to these appointments. Sandhills involved people's circle of support where necessary regarding their health requirement.

Processes were in place to protect people from discrimination. People told us they had choice and control in their lives. People had monthly reviews with keyworkers, where they discussed goals and aspirations. The registered manager told us, "Sometimes we can't make people's goals and aspirations come true but we can work with them to find alternatives and to feel valued and treated equality regardless of disabilities". They gave example of responding to different requests, such as one person with visual impairment flying a plane, another wishing for a particular job role. They said, "We found a similar role which they loved. We offer opportunities to ensure people achieve what they want to achieve and beyond".

Is the service caring?

Our findings

People continued to receive a caring service.

People told us they felt well cared for and received the care and treatment they needed to meet their needs and respect their wishes. A visiting professional told us they thought staff were very good at providing care and support which respected the individual and their beliefs and values.

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. Staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing. One person told us, "This Home is very good, I have been here about 18 years and the Carers are good to me".

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. One person gave an example of staff supporting them to visit a loved ones grave on a regular basis. The registered manager told us, maps were available to support staff to locate the grave as the person who wished to be supported to visit the grave would be unable to identify the whereabouts of the grave.

Staff demonstrated they knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. For example, people were supported to attend churches of their choice. Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. People were signposted to befriending schemes and the support of independent advocacy schemes if they requested or staff felt they required the support.

People's communication needs were met. Information was seen around the home in different formats such as photos of people living at the home and staff who worked at the home, who was in the home and who was out. One person told us, "I can do what I like when I want to and I choose the menus and put them on the display board, People told us they had information that they could understand, for example one person told us they had information on compact discs instead of written communication. One member of staff told us if people were unable to access information they would be informed of who would be supporting them and the routine of the day.

The service looked at ways to make sure people had access to the information they needed in a could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was available in formats to meet individual needs which included signs, symbols, compact disc. Residents meeting and menus were presented in words and symbols, this meant all people and visitors were able to understand the information being shared.

People were treated with dignity and respect. Personal care was carried out discreetly and people's privacy was respected. Staff asked people their permission before completing tasks with or for them, and kept them informed of what was happening, such as "Lunch won't be long", "I know you are listening to the radio would you like a drink, "Are you warm enough".

People were supported to make choices about how, where and when they received support. Staff told us, "People have the freedom to make decisions". Where here to help them to follow those decisions and choices. "People made choices about where they wished to spend their time in the home and outside of the home. One relative told us, "[name] is very happy here and treated with kindness and respect". Another relative told us, "The home is very good."

The service had received many compliments, for example "Thank you for your support and making us welcome you can't imagine how much that meant to us". One professional wrote thanking the registered manager and team for their end of life support they stated, "It appears you and your team gave a good service to this person at end of life. There was nothing to identify you could have done better".

Is the service responsive?

Our findings

People continued to receive a responsive service.

People and their relatives told us they were involved in their care and support. They said they had been involved in planning their care so the support provided could meet their needs. They told us they could talk to staff if they had any concerns. Comments from people and their relatives included, "I visit the home on a regular basis, and we are consulted and involved in reviews". "I can say what I think and do what I like. The staff listen to me".

People's needs were fully assessed prior to admission so that a comprehensive care and support plan could be developed to meet their diverse needs. The registered manager told us that as part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their background, their individual preferences, interests and future aspirations. From this information, a personalised plan of care and support could be put together ensuring the person was at the centre of their care. They told us they believed they had responded to information received and supported people to become more independent, they said, "We support people to access the right support for example when one person moved in their wheelchair was not right, we made the right referrals and supported [name] to appointments to have the chair adapted to meet their needs. I am proud of my team they go the extra mile".

People had access to regular reviews of their plans, through regular monthly meetings with keyworkers. Staff told us they involved the people they were supporting with any changes to their plans [PDP] which included involvement from the person's 'circle of support'. They told us this included health professionals family friends and advocates. One member of staff told us, "Where new recommendations have been made by other professionals we update the PDP on our on line system which ensure we are all aware of any changes in the person's support". They told us and showed us on their on line system as needs changed notifications could be sent out to staff via a text message. The system updated each staff member the next time they logged in. For example one person had an alert flashing on the system. A staff member instantly checked and identified why the alert was flashing. They said, "It is a good system, we are being alerted that this person may not have received all their medicines. We have missed ticking the box which says it complete. This system keeps us on our toes".

People living at the service continued to be supported to participate in a range of activities of their choice, including attending day centres, flying a plane, pop quizzes, and trips to the local community and beyond. Records confirmed discussions took place with people regarding activities they wished to participate in or organise. Relatives told us they felt there was access to a range of events and activities. Throughout the inspection people were supported to go to different activities. Those that remained at home had support to attend pre-arranged appointments or the support of activities in the home. Including cooking, cleaning or laundry. People were supported to remain as independent as possible. For example, one person had a textured fabric laundry bag to enable maximum independence in identify their laundry. People were heard discussing who turn it was to support different tasks, and clearly took pride in these tasks.

People were involved in their local community, the registered manager told us people living at Sandhills were valued and respected within the community. They said, "This is a village location and we do a lot to keep involved in the community and to support the community." They gave an example of a fund raising event in the summer of 2017, they told us, We held a charity event in the garden to raise funds for the local scout group, we wanted it to be an event whereby everyone could join in regards of age or ability. It was a great day with families, friends and neighbours all coming together. It is good to bring children into the home to meet people with different disabilities. It was also an event that enabled people living here to be independent of support from staff". Staff told us they were often out in the local community with people. One member of staff said, "I love working here and feel we are viewed as a positive and happy home."

People we spoke with knew how to report any concerns. There was a complaints procedure on display in the main entrance and a notice encouraging relatives or other visitors to raise any concerns with the registered manager. This was available in pictorial form or compact disc if required. People told us they were listened to and would be confident to raise concerns. One person told us, "I do complain if I have to, but not very often".

Is the service well-led?

Our findings

The service has deteriorated to Require Improvement .

People and their relatives spoke positively of the staff and management team. 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.

Quality assurance systems were in place to and used to gather information about service delivery. Where areas of improvement were identified actions had been put in place. However the provider had not taken timely and corrective action to ensure the continuing supply of hot water and heating to the service for a number of months. This meant people did not have access to hot water unless through electric showers or an electric water boiler in the kitchen. Heating was supplied by small portable heaters and relied on staff turning them on before people accessed their rooms. Staff and people living at Sandhills raised concerns that the home was sometimes "Cold". The registered manager was open and honest with the inspection team and kept them fully informed of progress with the heating and hot water issues. They informed us that a new boiler was being installed. We read minutes of staff meetings and residents meeting where concerns were raised in regards the heating. One person had complained about the lack of heating and hot water. Staff discussed in their staff meetings the concerns in regards the supply of hot water and heating to the service.

The registered manager told us they felt supported by the provider, they told us, "I have always had opportunities to either speak or gain advice from higher management at any point. However they told us although there was continual quality monitoring of the service by email and via their on line computer system they had not received a formal monitoring visit from the provider since January 2017. They said, "The home was visited by two board members in December 2017, this was more of an informal monitoring visit". They told us the visit by the board members was to look at issues raised in previous inspections for other homes. They told us they were the provider first home to remain in 'green for the past three years. They told us this meant, the provider was "Confident that the service being provided is to a high level and the quality of care is good". Following the inspection the provider told us, The monitoring visits by the board of trustee were planned and were, "Highly proactive response to monitor areas that had been picked up within more formal monitoring visits. "

The provider had a clear vision and set of values for the service. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. The registered manager told us, "We support everyone who lives at Sandhills to live a life they want, which includes choice, control and independence". They told us they were committed to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. The staff team demonstrated these values in the way they provided support to people. One member of staff said, "This is a good home, people who live here are happy and were a happy team".

People were involved in decisions and changes regarding the running of the home. People's views were gathered through a variety of different meetings, such as residents meetings, reviews, service user satisfaction surveys. Feedback from staff, people and relatives and professionals involved in the service had been sought via questionnaires and meetings. This helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed. The registered manager told us responses received had been very positive in the 2017 survey which was currently being processed in their head office.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided to people. Team meetings were held which covered a range of subjects, including staff training, key worker roles and medicine systems. Staff were also encouraged to raise any concerns in the meeting and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place. Staff told us they felt supported at the home. Comments included, "Really good manager," "Our manager is very supportive." Comments from visiting health professionals included, "It a very good home, the registered manager is always around and helpful". "I know it a really good home and service users are happy here".

The provider understood their obligation in relation to submitting legal notifications to the Care Quality Commission. The Provider Information Return (PIR) we requested was completed within the specified time frame. We reviewed some of the registered provider's policies and procedures and saw these were updated on a regular basis to ensure they reflected current legislation