

Yourlife Management Services Limited

YourLife (Kenilworth)

Inspection report

Wilton Court
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Tel: 01926857258

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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

YourLife (Kenilworth) is registered as a domiciliary care agency which provides personal care to people in their own homes. YourLife (Kenilworth) provides care and support to people who live at Wilton Court assisted living apartments. At the time of our inspection 56 people lived at Wilton Court. The service supported five people with personal care and employed nine care staff. The provider referred to people who used the service as home owners.

We inspected YourLife Kenilworth on 2 and 3 November 2016. This service was last inspected on 22 May 2014; we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 were supported by staff who they knew and trusted. There were enough care staff to deliver the care and support people required. Care staff received the training and support they needed to meet people's needs. People told us staff were kind and respected their privacy, dignity and independence.

Staff had a good understanding of what constituted abuse and knew what actions to take to keep people safe. Identified risks were assessed and managed in a way that promoted people's independence and safety. There was a safe procedure for managing people's medicines and people received their medicines as prescribed. Care staff were properly checked during recruitment to make sure they were suitable to work with people who used the service.

The registered manager understood their responsibilities in relation to the Mental Capacity Act (MCA) and care staff respected people's decisions and gained people's consent before they provided personal care.

People felt involved in their care and care plans provided guidance for staff about how people liked their care delivered. Plans were regularly reviewed, and care staff were kept informed of any changes to make sure people continued to have the support they needed.

People knew how to complain and information about making a complaint was made available for people. Care staff said they could raise any concerns or issues with the registered manager, knowing they would be listened to and acted on.

There was an experienced registered manager who provided good leadership and who people and care staff found approachable and responsive. There were systems to monitor and review the quality of service people received and to understand the experiences of people who used the service. There was a programme

of checks and audits which the provider used to monitor and improve 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 the risk of avoidable harm or abuse because staff understood the processes they needed to follow to keep people safe. Staff knew how to manage and minimise identified risks to people's care. People were supported by sufficient numbers of staff to keep them safe and provide the support people required. Staff had been recruited safely and there was a safe procedure for managing and administering medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by care staff who had received training and support to meet people's needs. The registered manager and care staff understood the principles of the Mental Capacity Act and respected decisions people made about their care. People who required support with their nutritional needs had enough to eat and drink and the service involved other healthcare professionals to maintain people's health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People said the registered manager and care staff were caring, friendly and kind. There was a regular team of staff who people were familiar with and who understood their individual needs. Staff respected people's privacy and supported people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were regularly reviewed and people received a service that was based on their personal preferences. Care staff understood people's individual needs and were kept up to date

about changes in people's care. People were able to share their views about the service and knew how to make a complaint.

Is the service well-led?

The service was well-led.

People were satisfied with the service and told us YourLife (Kenilworth) was well managed. Care staff received the support and supervision required to carry out their work safely and effectively. The registered manager provided good leadership and regularly reviewed the quality of service people received.

Good ●

YourLife (Kenilworth)

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 was 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.

We undertook an announced visit to YourLife (Kenilworth) on 2 and 3 November 2016. We told the provider before our visit that we would be coming. This was so the registered manager could arrange to be there and so people could give consent for us to visit them to talk with them in their apartments in Wilton Court.

The inspection visit was carried out over two days. We visited people who used the service on 2 November and the office visit took place on 3 November 2016. The inspection was conducted 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.

Prior to 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. The PIR gave us good information about the service.

We reviewed the information we held about the service. We looked at the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law. The service does not have a contract with the local authority. All the people who live at Wilton Court pay privately for the service they receive from YourLife Kenilworth.

On the 2 November 2016 we spoke with ten people (five people who used the service and five family members) in their apartments.

During our office visit on 3 November 2016 we spoke with the registered manager, a duty manager and two care staff. We reviewed three people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and

support appropriate to each person's needs. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us the service they received from YourLife Kenilworth supported their safety and that Wilton Court was a safe place to live. People felt safe and secure in their apartments as they received care from staff that they knew and were reassured there was restricted access for people who did not live or work there. Comments from people included, "It's a very safe place to live. It's secure, you can't get access without someone knowing you are in the building, and they look after you very well. I know if I fall or need something there is always someone to respond." And, "Yes I do feel safe here, I feel safe in my apartment and with the carers, they are all lovely."

People knew who to speak with if they did not feel safe; they told us, "I would speak to any of the carers or [registered manager]," and, "I would talk to [registered manager] or the duty manager, if I didn't feel safe." Relatives told us the support provided gave them peace of mind knowing their family member was safe. For example, one relative said, "They have taken all the pressure off me, [relative] is now very safe and looked after well."

There were enough staff to keep people safe and to deliver the care and support people needed. People we spoke with said staff arrived on time and stayed long enough to do everything required. One person told us, "Yes they arrive about the same time and will let you know if there is any change to the time." Staff told us they worked flexibly as a team, including the registered manager and duty managers, to ensure staffing levels were sufficient to meet people's needs and keep people safe. Staff told us they always had enough time to deliver the care and support people needed. They said, "I have plenty of time allocated for each call," and, "No-one is ever rushed. We always stay and do everything we have to before we leave." Staff rotas confirmed there was enough staff to provide the calls people required.

People had personal alarm pendants they could press to alert staff if they needed help in an emergency situation. One person told us, "Staff come as quickly as they can if you press your alarm." This made sure people could contact staff outside their call times when required.

Recruitment procedures ensured, as far as possible staff were safe to work with people who used the service. Disclosure and Barring Service (DBS) checks, employment references and other checks were made to make sure staff were of suitable character to deliver care and support, before they started working at the service. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The provider had a safeguarding policy and procedure to protect people from harm. This included safeguarding training for staff so they knew how to protect people from abuse. Staff had a good understanding of what constituted abuse and their responsibility to report this to the registered manager to keep people safe. A staff member told us, "I know about the different types of abuse, including physical, emotional, financial, neglect, and sexual and what to do if you suspect anything. Any concerns I would report it to the manager." Another said, "I have no concerns about any of the people here but I would report it to the manager if I did." Staff were confident if they raised any concerns these would be acted on by the

registered manager. The registered manager understood their responsibility for reporting any concerns they had to the local authority and to us.

The provider had a whistleblowing policy and procedure which meant staff knew they could share concerns, in confidence, about other staff's practice or about their work place that could cause harm.

People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. This included people's needs and abilities and the environment in each person's home. People's care plans included the actions staff should take to minimise the identified risks. For example, assessments were completed where people were at risk of falls and to manage people's medicines safely.

Care staff confirmed they referred to the information in care records to manage risks to people. One staff member told us, "Home owners have risk assessments in their folders that tell us about any risks. If they need assistance with personal care, it will tell you what to do."

Where people were at risk of skin damage due to poor mobility, care plans instructed staff to check people's skin for changes during personal care routines. People confirmed this happened. One person told us, "Staff check when they help me to wash, and say, everything is okay, no red areas." Staff spoken with knew what changes to look for and to report any concerns to the managers, who would then contact the persons' GP or the district nurse. Completed records of calls showed staff carried out checks as advised.

Three people told us they had experienced falls in their apartments. They told us staff had arrived quickly when they had pressed their alarms and called the paramedics to assist them to get up. One person told us, "[Relative] tripped and fell during the night, the bell was responded to very quickly, the duty manager called the paramedics to get [relative] up as staff are not allowed to lift people off the floor. There was no injury so no need to go to hospital." At the time of this inspection no-one using the service required staff to use equipment such as a hoist, to help them move around.

Accidents and incidents had been recorded and actions had been taken where necessary to reduce risks of the event happening again. For example risk assessments had been revised and actions staff should take to minimise the risks had been recorded.

There was a procedure for supporting people to take their medicines safely. Where people required assistance with medicines, how this should be provided was clearly recorded in their care plan. Staff told us, and records confirmed they had received training to administer medicines safely which included checks on their competence to ensure they continued to do this in a safe way.

Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed medication records we looked at showed people had been given their medicines as prescribed. Checks were made to ensure staff had administered medicines correctly and medicine records were audited regularly to make sure there were no mistakes. These procedures made sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

We asked people if staff had the skills and knowledge to meet their needs. People told us staff knew how to provide the care and support they needed. Comments included, "Oh yes, they know how to look after me. My mobility isn't that good and I need help to get up, I'm alright when I'm up, I can use my frame to walk. They know how to help me get up out of bed, and when they help me shower they always check to make sure my skin isn't sore." Another said, "They seem very competent. They know how to give me my tablets and they check that I've taken them before they sign the sheet."

Two relatives told us they thought staff understood how to support their family member who was living with dementia. They told us, "They do understand [relative's] dementia. They know how she ticks and can get her to do things without any problem." Another said, "Staff do understand dementia and how it effects [relative]. They are very proactive in trying to help [relative] communicate, they set up a board with the day and date and any appointments to remind her."

Staff told us they had completed an induction when they first started working for the provider which prepared them for their role before working unsupervised. One staff member told us they received all the training needed to support people's individual needs, "I had a thorough induction and training when I started and we have regular updates to keep our skills up to date." The registered manager told us since they arrived no new staff had been recruited but they were currently recruiting to a vacant post. They went on to say that new staff would complete the provider's induction programme which was linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to provide high quality care and support.

A training programme was in place that included courses that were relevant to the needs of people using the service. The provider considered some training as mandatory for staff working in care. This included moving and handling people, safeguarding adults from abuse, basic first aid and medication management. The registered manager maintained a record of staff training that confirmed staff completed training and had their training refreshed to keep their skills up to date.

Care staff told us their knowledge and learning was monitored through supervision meetings with the manager and 'spot checks' on their practice. The registered manager told us during spot checks they looked to see if care staff worked to procedures and training. They checked to see if staff were dressed appropriately, read care plans and made sure staff recorded what they had done accurately. They said during observations they talked to the person about the care they received and asked them if they were satisfied with how the care was provided. Records confirmed care staff were observed working in people's homes to ensure they put their learning into practice.

We checked whether the service was working within the principles of the MCA. 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. Where people lack mental capacity to take particular

decisions, any decisions made must be in their best interests and in the least restrictive way possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager understood their responsibilities under the Act and told us there were people using the service who needed assistance to make decisions. The registered manager worked with people's representatives and health professionals to make decisions in their 'best interests'. Where people required family members to support their decision making, copies of the authorisation for them to do this was available on people's files. Records showed where one person required staff assistance to take their medicines, because they lacked capacity to continue doing this for themselves, a best interest meeting had been held to agree this.

Staff had completed training in MCA and knew they could only provide care and support to people who had given their consent. One staff member told us, "You should always assume people have capacity. Everyone here has capacity to make everyday decisions." Another said, "People here can make their own daily decisions. We do have some people here with dementia so they may need a little more support to make decisions, but they can all do this themselves." We asked people if staff asked for their consent before they provided care, people said they did. Comments from people included, "Yes, they ask if it's alright before they help me have a shower," and, "Yes they ask me and they tell me what they are doing."

The registered manager told us in the Provider Information Return (PIR) how they protected people from the risks associated with nutrition and hydration. "Wilton Court has a restaurant where people may choose to buy a reasonably priced three course lunch. Suppers are also provided. In addition, people may choose to purchase a support package to help them prepare their own meals."

Some people we spoke with had staff support to prepare some of their food and drink. People told us staff offered them choice from the food they had available and made them regular drinks. People said staff made sure they left them with a drink before leaving. There were procedures in place to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were being met. For example one person had been prescribed fortified drinks to supplement their calorie intake. The persons' relative, and completed records, confirmed these drinks were given as prescribed.

People we spoke with managed their own health care appointments, or had relatives who made appointments for them. People told us staff helped them to arrange health appointments if they asked them to. One person told us, "Yes they will do this for me, they would phone the doctor if I need them." Relatives confirmed staff informed them about concerns relating to people's health. One relative told us, "Yesterday they phoned to say [family member] was not too well, I appreciate this so I can visit and see if [relative] needs the doctor. If I couldn't make it they would call the doctor for me." Records confirmed the service involved health professionals with people's care when required including district nurses and GPs. People were supported to manage their health conditions where needed and had access to health professionals when required.

Is the service caring?

Our findings

People said they received care and support from staff they knew. One person told us, "Yes, the carers are all people we know well, there is a regular team, they don't change around much." A staff member told us, "We are a small team of carers, so we get to know home owners and they get to know us."

People received continuity of care from staff who knew about their needs and abilities. During our discussions, care staff confirmed they visited the same people regularly and understood the importance of developing positive relationships with people and their families. A member of staff told us, "We all get on well, staff and homeowners, it's like a family." Another said, "I love my job, and the people I support. I go home knowing I have helped someone and that is so satisfying."

The PIR completed by the registered manager told us, "Because we are an on-site service with a small staff team, people have continuity of workers which is very important to them. We believe the most important factor in care provision is having a good staff team who understand that people should be treated with kindness and compassion. This is down to recruiting and retaining the correct people."

People told us staff were kind, caring and treated them with dignity and respect. Comments included, "All the staff are very supportive I couldn't ask for better care," and, "The staff are nice and friendly, no miseries. We have a laugh and a joke." People told us care staff had time to sit and talk to them.

We asked staff how they ensured people were treated well. One staff member said, "I treat people how I would want to be treated myself and we listen to people so we know what they want." The registered manager told us staff practice was observed regularly to make sure staff treated people with kindness and maintained the standards expected.

Relatives told us they were kept informed of anything relating to their family member's care. One relative commented, "[Registered manager] will keep me informed about anything no matter how small. He will always phone and ask if it's okay before they do anything different. [Registered manager] is lovely, very caring." Relatives also said the registered manager and staff, cared about them as well as their family member.

People told us their privacy was maintained and care was provided in a way they liked. Comments included, "They help me wash and dress, and shower if I want one. They are very considerate of my feelings and my privacy, at first stripping off was a bit embarrassing but they never made me feel awkward and I'm okay about it now." The registered manager told us they regularly observed staff while they were working to make sure they upheld people's privacy. None of the people we spoke with had any concerns about how staff treated them.

Care staff told us they understood the importance of closing curtains and doors and protecting people's dignity by wrapping them in a towel or bathrobe while washing their upper body. Records showed that staff's behaviour and the way they interacted with people, was regularly observed and monitored by the

management team to ensure people were treated with dignity and respect.

People lived in their own apartments so we were unable to observe care directly. People we spoke with confirmed staff knocked on the door and waited for a response before entering their homes. Some people said they had given consent for staff to let themselves into their apartments with a key. One person told us, "I can't get around very well so I have told them [staff] to let themselves in. They always ring the bell as well as using the key so I know they are coming in." We observed staff ring bells and announce themselves before entering people's homes during our visit.

People were encouraged to maintain their independence and continue to do things themselves. People confirmed they were supported to maintain their independence. One person told us, "I like to do as much as I can for myself. I was totally independent before I had a fall, I'm improving, but it did knock my confidence. Staff have been great; they do what I can't but I can now do most things myself again." Staff told us, "We do promote independence and where possible we support homeowners to do as much as possible themselves. At the moment we only support a few people with personal care. Most people here are totally independent but they know we are here if they need us. "

People and relatives told us they had been involved in planning their care and that their views about their care had been taken into consideration and included in their care plans.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started. They said that family members, or people who were important to them, were involved in planning their care if they wanted them to be.

Staff told us they visited the same people regularly so they got to know how they liked their care provided. They said from information in care plans, the daily records and from speaking with people, they understood people's needs, abilities and preferences for care. One staff member told us, "I know all the homeowners I visit really well, I know their preferences and how they want me to do things." Relatives also thought staff knew their family members well. A relative told us, "The atmosphere at Wilton Court is so different since [registered manager] came. Everything is much more personalised and about the individual. It's so nice to know all the staff know who people are."

Staff had a handover meeting at the start of their shift which updated them about people's care needs and any changes since they were last on shift. A record was kept of the meeting to remind staff of updated information and referred them to more detailed information if needed. Staff told us this supported them to provide appropriate care for people.

People told us they had an assessment completed before staff started to provide personal care and that this was updated if there were any changes. For example one person said, "I had a fall a few weeks ago and had to go into hospital for a night. No broken bones, but I was badly shaken. When I came out the manager came and assessed what I needed. I am much better now but still lack confidence so I prefer the carers to call and check I'm okay."

The PIR completed by the registered manager told us, "Our care planning process ensures a consistent approach to the provision of care services to all. Most importantly it enables the service to be tailored to the individual's needs and preferences.

We reviewed the care records of three people who received a personal care service. Care plans provided staff with information about the person's abilities and dependencies for personal care, medication, nutrition and mobility. Plans were person centred and contained information from the person's perspective about how they wanted to be supported. Plans gave care workers instructions about what to do on each visit and showed people had been involved in developing and regularly reviewing their care plans.

Care staff told us care plans in people's homes were up to date and accurately described people's needs, abilities and preferences. They told us care plans also informed them what to do on each call. Care plans we viewed in people's apartments, with their consent, were consistent with the care plans viewed in the office. Plans provided up to date information for care staff and had been regularly reviewed and updated if needed. People told us they had regular reviews of their care to make sure it continued to meet their needs. Comments included, "Yes, we have one every month or so to see how things are going," and "Yes, the last one was a couple of weeks ago."

We looked at how calls were scheduled for the people whose care we reviewed. We saw people were allocated regular care workers and calls had been scheduled in line with people's care plan requirements. People told us staff completed everything needed within the time allocated without having to rush. One person said, "I have 45 minutes each morning, which is plenty of time; they don't rush me at all."

People told us although they had prearranged times to receive their care they could contact staff at any time if they needed additional help or support. People had access to a call system, and some people had personal alarms that staff responded to in-between scheduled call times. One person told us, "I call them if I need them. They respond really quickly. They can talk to you through their phone system so you know they are coming to you." This meant the service was responsive to people's needs and people could get assistance from staff if they needed.

We asked the provider in the PIR "How do people receive personalised care that is responsive to their needs?" The registered manager told us, 'People can choose what time they wish to receive their visits and how long they wish those visits to be. We can provide regular services and also, one-off, short term packages. For example, if someone comes out of hospital and needs support for a short period of time, or needs an increase in services for a short time. As the service is on-site, we are able to respond quickly to setting up new care packages and making changes to existing packages.' We found this information was accurate, for example one person we spoke with had short term care arranged following a fall.

We looked at how complaints were managed by the provider. People and relatives told us they had no complaints. They knew how to make a complaint and would be confident to raise any concerns with the management team, or care staff if they needed to. One person told us, "I have information about making a complaint and I would speak to the manager, duty manager or area manager if I had concerns. All managers are accessible." Another told us, "I have no complaints at all about this place, I don't think I would be as happy anywhere else." A relative told us, "[Family member] would tell me if they were unhappy or concerned about anything, but they have never had to."

The registered manager confirmed the service had not received any formal complaints about the care provided in the last twelve months. They told us any complaints received would be managed in line with the provider's policy and procedures.

Is the service well-led?

Our findings

We asked people and relatives if they thought the service was well managed. All the people we spoke with thought it was. One person told us "Oh yes it's very well managed. They couldn't do any better." A relative said, "Yes it is, [family member] has been here three years, it's a pretty professional set up." Staff also thought the service was well managed. A staff member told us, "[Registered manager] is really approachable and knowledgeable, you can ask him anything."

There was a registered manager for the service who understood their responsibilities and the requirements of their registration. For example, they knew which statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR), as required by the Regulations. We found the information in the PIR reflected how the service operated.

The registered manager told us there was an open door policy where people who used the service and their relatives could come to them anytime if they wanted to discuss anything. People we spoke with confirmed they could visit the office when they wished to speak with the registered manager or duty managers.

People told us they had homeowner meetings where they could share their views and opinions about the service. All the people we spoke with knew of the meetings but some said they didn't attend. One person told us, "I used to go but I don't hear so well, but I don't miss anything as they send a copy of the minutes that keeps me informed about what was discussed."

We asked the registered manager what they were proud of about the service provided by YourLife Kenilworth. They told us, "I am proud of all the staff and how well we work together." They went on to say, "I am primarily a carer and I truly believe if I give good support to staff they can then provide good care to people." The registered manager also told us they had implemented a more 'person centred' culture and care plan process.

People, relatives and staff spoke positively about the registered manager with several saying how the atmosphere of the service had improved since he had started at the service. A relative told us, "Since [registered manager] has been here the atmosphere has improved greatly, there is now a caring feeling." Another said, "[Registered manager] is a very responsive, caring manager who is totally committed to providing quality care."

Care staff also spoke positively about the registered manager. One told us, "[Registered manager] is great, and has a good understanding of the job and the support we need, as they used to be a carer." Others said, "[Registered manager] is really supportive of staff whether it's a work problem or something personal. He has really changed the atmosphere of the service." And, "It's a lovely place to work now. [Registered Manger] will help out at any time, he will provide care and I've seen him do the cleaning and last week I saw him ironing."

Staff felt supported by each other, they said they trusted each other and worked well as a team. Comments

from staff included, "I would trust the staff here to look after my own mother," and, "I have never worked with such a trustworthy team of carers, they have integrity and they care."

All the staff we spoke with said they felt valued and were supported to do their job. They told us, "It's a good place to work; we all work well together." Staff told us they received good support from both the registered manager and duty managers.

The registered manager said they supported staff by encouraging them to develop their learning and monitoring their practice. They told us all staff had individual meetings and observations of practice. We were told each month the registered manager chose 'a policy of the month.' A copy of the chosen policy was displayed on the staff notice board and staff were expected to read this and sign to say they had understood it. This supported staff to put the provider's policies into practice. The registered manager also identified a 'topic of the month' for staff to discuss to increase staff awareness and understanding. For example the last two themes included; dementia awareness and medication.

Care staff confirmed there were opportunities to share their views and opinions about the service provided at regular staff meetings and individual meetings with the registered manager or duty manager. A staff member said, "We are always being reminded about our practice and we are encouraged to discuss a theme of the month which supports our learning. Last month it was medication and it reminds you about good practice." Another told us they regularly met with the registered manager to talk about their own practice and professional development. They said, "I have regular supervision meetings. We discuss my personal development and sometimes reflect on my practice. I think the meetings and the training we have supports good practice." Records confirmed meetings were regularly held.

We asked people and staff if there was anything the provider could improve about the service. No one could think of any improvements that could be made. Comments from people included, "There is nothing I can think of, everything is very good." And, "They [staff] do their best to make it nice here. At Halloween staff dressed up and they decorated the dining room, it was lovely."

The provider's quality assurance process included formal and informal opportunities for people to give their views of the service. People were asked about the service they received during reviews of their care, 'spot checks' of staff practice, home owner meetings and the registered managers visits to people.

The registered manager said they felt well supported by the provider and had regular meetings and visits from the area manager. The provider and registered manager undertook regular checks of the quality of the service. When people's daily records were returned to the office, they checked the records matched the care plans and that people's medicines administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. The registered manager told us when errors or omissions were found in the records, care staff were reminded of the importance of accurate recording. The registered manager and the provider monitored incidents and complaints on a monthly basis for trends and patterns.