Jaffray Care Society

Rivendell and Lorien (Marsh Lane)

Inspection report

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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

This inspection took place on 18 August 2016. This was an unannounced inspection.

At the time of our last inspection in August 2013, Rivendell and Lorien was found to be meeting all of the essential standards relating to the quality and safety of care.

Rivendell and Lorien provides accommodation and personal care for up to 10 people who require specialist support relating to their learning and physical disabilities. The location comprises of two separate bungalows which sit side by side. Each bungalow has the capacity to accommodate five people. At the time of our inspection, both bungalows were fully occupied meaning there were 10 people living at the home.

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.

The service was not always safe because staff had not always recognised the need to raise a safeguarding alert with the local authority, to ensure that people were protected from the risk of abuse and avoidable harm.

People were supported by enough members of staff who had been safely recruited and received adequate training to ensure they had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, where possible and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted. They were also supported by staff who protected their privacy and dignity.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary. People received their prescribed medicines as required.

People were supported by staff that were very kind and caring and that were dedicated and committed to getting to know people well, to ensure they received the care they wanted based on their personal preferences, likes and dislikes.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

The service was very responsive because people and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were encouraged to engage in activities that they enjoyed and were supported to maintain positive relationships with their friends and relatives.

The service was very well led because the provider had clear visions and values that promoted a positive, person-centred culture within the home. Staff felt supported and appreciated in their work and reported the provider to have an open and honest leadership culture.

Relatives and staff reported the registered manager to be dedicated and committed to providing a high quality service.

The management team endeavoured to improve and develop the service and therefore had systems in place to assess and constantly monitor the quality of the service. People were encouraged to offer feedback on the quality of the service and knew how to complain.

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 was not always safe.

People were not always protected from the risk of abuse and avoidable harm because staff had not always recognised the need to raise a safeguarding alert with the local authority, to ensure that people were protected from the risk of abuse and avoidable harm.

People were supported by enough members of staff to meet their needs.

People received their prescribed medicines as required.

Is the service effective?

Good

The service was effective

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, where possible and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with their diet and fluids and they had food they enjoyed.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People received the care they wanted based on their personal

preferences and dislikes because staff were dedicated and committed to getting to know people.

People were cared for by staff who protected their privacy and dignity

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People had engaged in activities that they enjoyed because staff actively encouraged and supported them to follow their hobbies and interests.

People were supported to maintain positive relationships with their friends and relatives.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Good

The service was well led.

The provider had clear visions and values that promoted a positive, person-centred culture within the home.

Relatives and staff reported the registered manager to be committed and dedicated to providing a high quality service.

Staff felt supported and appreciated in their work and reported the home to have an open and honest leadership culture.

The management team endeavoured to improve and develop the service and had systems in place to assess and constantly monitor the quality of the service.

Rivendell and Lorien (Marsh Lane)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 18 August 2016. The inspection was conducted by one inspector.

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 any improvements they plan to make.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also requested feedback from the local authority with their views about the service provided to people at Rivendell and Lorien.

During our inspection, we spoke or spent time with six people who lived at the home, two relatives and eight members of staff including the registered manager, a deputy manager, a senior carer and three care support workers, a member of the maintenance team and a member of the community transport team. Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of two people, to see how their care was planned and looked at the medicine administration records as well as observed a medication administration round. We looked at training records for staff and at two staff files to look at recruitment and supervision processes. We also looked at

records which supported the provider to monitor the quality and management of the service, including health and safety audits, medication administration audits, accidents and incident records and compliments and complaints.

Requires Improvement

Is the service safe?

Our findings

The registered manager told us and information we hold about the service showed that there had been one safeguarding concern raised with the local authority since their last inspection. However, during our inspection, we found that another potential safeguarding alert should have been raised with the local authority. We saw a person had bruising to their face which the registered manager told us was the result of a recent epileptic seizure. Records we looked at showed that staff had recorded the physical bruises on the person's face but the cause of the bruising was reported to be 'un-witnessed'. The deputy manager told us that they suspected the bruising may have occurred as a result of a seizure, but they, "Could not be sure as it was un-witnessed". We discussed this with the registered manager. They agreed that although they did not feel that anything untoward had occurred, it should have been raised with the appropriate investigating authorities because the origin of the bruising was undetermined. The registered manager assured us that any future incidents will be reported as required.

We found that staff had received training on what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We have safeguarding training; it's compulsory". Another member of staff said, "The training tells us what the different types of abuse are, like physical, financial abuse, neglect and what signs or symptoms to look out for such as bruises or if they [people] don't seem themselves or withdrawn". They said, "We go straight to a senior, line manager or [registered manager's name] and they would take it further". This meant that staff had the knowledge and the skills they required to identify the potential risk of abuse and knew what action to take, but this had not always been implemented in practice.

Everyone we spoke with told us that they were happy with the care people received at the home and that they were satisfied that people were safe. One person said, "It's ok here, I am safe". A relative we spoke with told us, "We have never had any concerns, I would know if anything was amiss… but I am confident he is safe". Another relative we spoke with said, "I know it is their priority to look after him and keep him safe, they go above and beyond to make sure he is safe". Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff.

Staff we spoke with knew how to protect people from risks associated with their health conditions and were aware of what action they needed to take in an emergency. One member of staff told us, "Some people have seizures; we know what is 'normal' for people and when we need to get medical assistance". Another member of staff said, "We know people so well, we know when something is not quite right with them physically, like when to call for a doctor or an ambulance even". During our inspection, we saw one member of staff sitting with a person during a meal time. The member of staff told us, "[person's name] is at high risk of choking so we have to support and monitor him when he is eating to make sure he is safe". Relatives we spoke with were confident that the staff knew their loved ones well and that staff knew how to support them with regards to any health related risks. One relative said, "They know him [person] so well and they are so quick to notice when something's not quite right; they are not medically trained but I think they could be! They certainly see the early warning signs and get him checked out to make sure he is safe and well".

Records we looked at showed that people had detailed risk assessments in their care files which were specific to their care needs, such as the risks relating to their physical health conditions and learning disabilities. These included moving and handling, medication and nutritional risks as well as more individualised risk assessments such as choking, drowning and bodily temperature regulation. The risk assessments detailed what actions staff needed to take in order to reduce any potential risks and how to respond when required. For example, we saw that one person was at risk of drowning because they had an attraction to water. Another person had a physical health condition that meant they were unable to regulate their own bodily temperature and therefore staff needed to be mindful in extreme weather conditions. Staff we spoken with told us that these documents were useful and were regularly updated in accordance with any changing needs. One member of staff said, "We get to know people really well and we always hand over any changes to ensure that their risk assessments and care plans can be updated because these are really important documents to us as a point of reference and especially for new members of staff".

Everyone we spoke with told us they thought there was always enough staff available to meet people's needs. One person said, "Staff are here". A relative told us, "There always seems to be plenty of staff around". We saw staff were available for people at all times throughout the day and no one had to wait for their care and support to be provided. Staff we spoke with did not raise any concerns about the staffing levels at the home. One member of staff told us, "We are never short of staff; we cross cover the bungalows and people will always offer to cover shifts or come in at short-notice if we need them to". Another member of staff said, "We have good staffing levels here, we are very lucky".

We were told that all of the people living at Rivendell and Lorien required support to take their medication and that only senior staff administered medicines, including deputy managers and senior carers. We observed a medication round during our inspection. We saw both a deputy manager and a senior carer administering medicines to people safely. We saw that medications were stored appropriately and staff were aware of the disposal policy for unwanted or refused medication. Processes were in place to identify missed medication early and staff we spoke with told us they had a good rapport between the provider, GP and local pharmacy to ensure people received their medication as prescribed.

We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Staff we spoke with told us they had completed a range of pre-employment checks before working unsupervised. The registered manager told us, "There is a probation period for all new starters, we can extend this if we need to, to make sure they are safe and get the support they need because sometimes you don't always know how people are from the interview until they start work". This corroborates the information they shared with us in the Provider Information Return (PIR) form.

Good

Is the service effective?

Our findings

Everyone we spoke with, observations we made and records we looked at showed us that the staff had the knowledge and skills they required to do their jobs safely and effectively. One relative told us, "The staff are excellent, they go above and beyond". Another relative said, "They [staff] are very good, they know their jobs very well and I can compare that to [person's name] previous home". One member of staff we spoke with said, "We do a lot of training that's compulsory; it's very good; and anything else we need, we just ask". The registered manager told us, "All staff attend annual refresher training every year, our training months are July or September where half of the staffing group attend each month. New starters are added to the next available date across the organisation after they start and then join our nominated months the following year". We saw that the provider kept a record of staff training which meant that the provider knew when staff were due any refresher or additional training and ensured that this was facilitated.

We were told and records showed us that the provider offered regular team meetings and supervision to staff and they felt supported in their jobs. One member of staff told us, "It is a great team, we are very supported and we all work together". Another member of staff said, "We have all of the support we need, we have supervision, staff meetings and there is always someone around to talk to if you need to speak to anyone". A third member of staff told us, "We have team meetings regularly, they are useful, we talk about anything new, any changes or updates we need to be aware of, reflect on the residents' [people] care… it's very good and an opportunity for us to raise anything, we are definitely listened to and they [management] act on what we say if needed". This corroborated the information that was provided in the PIR.

It was evident when speaking to the registered manager and the staff they had an understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 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. Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "We know our residents [people] and their communication needs very well, which means we can ask them and get them involved as much as possible, we also get on well with their relatives who are involved in their care or some people may need an advocate to act on their behalf". Another member of staff said, "We can see what people like or dislike or what they want and need from the way they communicate with us, such as the actions they take or their facial expressions, for example [person's name] puts his arm up for 'yes' and down for 'no'". They said, "Just because people can't vocalise what they want, doesn't mean they can't make decisions and communicate in other ways".

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprivation of a person's of their liberty in order to keep them safe, for

example. The provider was able to articulate their understanding of DoLS and was aware of their responsibilities. We saw that where DoLS applications had been submitted, a comprehensive capacity assessment had been conducted and appropriate best interest processes had been followed. Copies of the forms were included in people's care files with a care plan detailing why the person needed this protection and to ensure staff continued to encourage people to make everyday decisions. This ensured that any decisions made on behalf of people were made in their best interest and was done so lawfully.

Everyone we spoke with were complimentary about the food. One person we spoke with told us, "The food is nice, I am having burgers tonight". They told us that they have a choice of food and that this can be flexible. They said, "Everyone else is having sausage, but I had sausage at day centre, so I am having burgers instead". Staff we spoke with told us that they prepared all the meals on site and they offered people the food and drinks that they enjoyed. One member of staff told us, "We [staff] all take turns to cook, we all have different skills, so it offers variety to people, like I can cook Caribbean food, [staff member's name] can cook Indian food, [staff member's name] does Polish dishes… it's good, but we always offer choice, like [person's name] likes traditional English food, so we always make sure he is catered for, he might try a bit of the other dishes but he has a choice". We saw that people were supported to be as independent as possible in the kitchen and some people assisted staff with the preparation of meals, where possible. We also saw that staff offered snacks and drinks throughout the day to people who were unable to help themselves.

Staff we spoke with told us that there were no set meal times at the home and that meal times were based on individual people's daily routines. We observed a meal time in one of the bungalow's where three people ate together. We saw that people's individual needs were catered for at meal times. For example, we saw staff had prepared food in accordance to special dietary requirements, such as soft diets or puree's meals and people were given adapted cutlery and crockery to enable them to maintain their independence. Staff offered assistance to people who needed it and staff were observed to be patient with people and did not rush them to finish their meals; staff did all they could to encourage people to eat with meaningful interactions throughout.

We saw that nutritional assessments and care plans were in place for people. These detailed people's specific needs and risks in relation to their diet. We saw that where people were at high risk associated with their diet or fluids they were referred to the appropriate medical professionals. Staff we spoke with told us, "Some people have special dietary requirements; three people have dysphagia [a medical term used for a condition whereby people have difficulty swallowing], so they are at high risk of chocking or aspirating [sucking food in to the airway] which means they are prescribed a special diet, a soft or pureed diet, so we have to blend their food".

We found that people had access to doctors and other health and social care professionals. One person told us they see a chiropodist on a Monday and that staff support them to go to hospital appointments. A relative we spoke with told us, "They [staff] are really good at meeting people's health needs. [Person's name] has really complex needs and they have taken every challenge head on, we work through it together, they [staff] get the doctors in and go to appointments with us, even when I go with him, they also come to support me and to offer additional information to the professionals". Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments they were sent, including an annual health check which has been developed specifically for people with a learning disability, as reported in the PIR. We also saw that any health care concerns were followed up in a timely manner with referrals to the relevant services including specialist learning disability services as required. One member of staff we spoke with said, "We know people so well, we can see when something is not quite right, like for one person, we noticed some physical changes so we spoke with their relative and arranged to have blood tests taken".

Good

Is the service caring?

Our findings

Everyone we spoke with were complimentary about the quality and standard of care people received at the home. One person smiled when we asked about the staff and they gave a member of staff a hug in response. A relative we spoke with told us, "It's above and beyond, I couldn't wish for anything more, it is like an extended family". Another relative said, "It's brilliant, especially when I compare it to the previous home he [person] was in, the staff here are very kind and very caring".

During our inspection we observed staff interacting with people with warmth and compassion. We saw that staff adapted their communication and interaction skills in accordance to the needs of individual people. We saw staff used touch effectively to engage with people, to help reassure them and to offer comfort. For example, one person pulled a member of staff's hand to their head and the member of staff instinctively began to stroke their head for comfort and reassurance. Staff we spoke with were also aware when people did not respond well to unfamiliar people or physical contact and made visitors, including us, aware of this.

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. Records we looked at showed that people had personal profiles and that these were updated when new information about a person or their preferences changed. One member of staff told us, "The pen profiles are really good, quick references for us, especially for new members of staff". We saw that these 'pen profiles' were then expanded on, to produce detailed, person-centred care plans.

We found that staff communicated with people in ways that they could understand and in accordance with their individual needs, as documented in their care plans. One member of staff said, "People all communicate differently and when you get to know them, you know exactly what they are trying to tell you". Another member of staff told us, "Some people use sign language which we are trained in, but even then, they will have their own unique signs for different things, but we learn them as we go along and by speaking to family and friends, and each other [staff] because sometime if you have been on holiday, they [people] may have started using a new sign or sound, so we communicate amongst ourselves [staff]".

Relatives told us and care files we looked at showed that staff ensured people were involved in making choices and decisions about their care as much as reasonably possible, and where possible, care was provided to people with their consent. One relative told us, "They are great at involving people as much as they can and they keep relatives informed and involved too".

During our inspection, we saw staff offering choices to people in a way they would understand and in doing so promoted their independence. For example, we saw one member of staff asked a person to come in to the kitchen to choose what they wanted for lunch. A staff member we spoke with said, "We want to encourage people to do as much as they can for themselves". Another member of staff told us, "I think it is important that they feel involved, even though they need full care, I wouldn't like it if someone made decisions for me all of the time, so we treat people as we would want to be treated, it keeps their individuality doesn't it?" This was also reflected in people's care files. We saw people had a 'needs

assessment' which identified peoples abilities and areas that they required support, which was then used to inform their care plans. For example, one care plan we looked at informed staff of how important it was to promote a person's independence and it gave ways they could do this during meal times. For example it read, "[person's name] can hold a fork to eat but requires support from staff to load the fork".

We saw staff treated people with dignity and respect. One person used the toilet independently, but had difficulty re-dressing; staff identified this quickly and assisted the person to re-dress in a way that promoted their privacy and dignity within the home. A member of staff we spoke with told us, "We are very cautious of protecting people's privacy, during personal care, we will always close the doors and curtains, we always knock before we enter a room and some people have monitors in their room because of the risk of seizures, so during personal care, we make sure that it is turned off so people can't hear in the communal rooms". Another member of staff said, "We respect people as individuals, we keep their information private, we close doors and knock before entering at other times… we are good at maintaining privacy and dignity". This corroborated the information that had been shared with us in the PIR.

We saw that people were supported to express their individuality and staff were aware of how they could promote equality and diversity within the home. For example, we saw that people's bedrooms were decorated to their preference. One person told us how much they loved horses and showed us their bedroom; we saw it had pictures of horses, a horse shoe and different memorabilia of their horse-riding hobby. Another person had their bedroom decorated in the colours of their favourite football club and in contrast, staff we spoke with told us how one person 'hated clutter' and 'did not like anything in his room', and we saw that this persons room had minimal furniture or decoration, in accordance with their preference. A relative we spoke with told us, "They know him very well…no one person looks the same, they are all very individual."

Good

Is the service responsive?

Our findings

We found that people received personalised care that met their individual needs because they and/or their representatives were involved in the planning of their care; this ensured that people received the care they needed in the way they wanted it. One relative we spoke with said, "They talk to me about everything, they know exactly what he [person] needs and likes". Another relative told us, "I can't fault them, I know he gets all the help he needs and gets to do the things he likes; they call me if they need to and involve me as much as they need to, but I know he is getting what he needs there, I have no concerns at all".

We saw that staff had spoken to people and/or their representatives about what they wanted and needed from their care and what they liked and disliked. For example, in one person's care plan we saw that they liked to spend time outside and liked to go to the park when the weather was warm. It also said that they disliked having their hair or nails cut and therefore his mother would continue to do this for him. We saw that care plans were regularly reviewed and people and those who are important to them were supported to be involved in these reviews. Staff we spoke with told us how important it was to get to know people and the things they liked and disliked to ensure they were providing 'person-centred care'. One member of staff said, "When people first come to the home, we get a lot of information from people who know them well, like their relatives, but as people settle in, we get to know them even better and sometimes will try new things with them and find out new information, hobbies and interests, so we keep updating their files all the time".

On the day of our inspection we saw staff interacting with people throughout the day with activities that they enjoyed. For example, we saw one person helping a member of staff to do the polishing; another person was collecting the mail and told us he was the 'post man'. A member of staff we spoke with said, "People have their own roles and routines here, like [person's name] is our post man, so he collects all the internal post and takes it around all the different homes with the driver to deliver it". We also saw that people were actively encouraged to follow their own interests independently. We saw one person went horse riding and was pleased to show us his new riding hat. We also found that staff would strive to keep people engaged with others outside of the home and people had regular access to the community. For example, we were told that one person used to attend a day centre in Coventry before moving to Rivendell and Lorien and in order to maintain this social network and the friendships he had made, the staff supported him to continue to attend, despite them having a day centre on site.

A relative we spoke with told us, "They [people] are always out and about; going places and doing different things; it's very good". Another relative said, "We [relatives] are always welcome and never have to make an appointment or anything to visit". They said, "They [staff] are very good at supporting family life too, they will send me cards and flowers on special occasions". We saw that the staff kept a special occasion's diary and that they supported people to send cards and presents to their friends and relatives on their birthdays, at Christmas and on other significant days of the year such as Mother's Day.

Relatives and staff we spoke with and records showed that the provider often asked for feedback on the quality of the service and everyone was given the opportunity to suggest improvements. One relative told us, "They always ask for feedback and involve me in reviews where I can raise anything if I need to; they are very

responsive even to minor things". Staff we spoke with told us, "We have meetings where we can offer any suggestions for improvements".

Everyone we spoke with knew how to complain. One relative said, "I have never had to complain, but I know if I did, things would get sorted straight away because they react quickly to even minor things so I know they would deal with complaints seriously and properly". Another relative told us, "We have never had any concerns at all, but they [staff] are very good, I could speak to them or call [registered manager's name] if I needed to". The registered manager told us and records we looked at showed that there were no outstanding complaints within the service. We saw that a complaints policy and procedure was in place which was accessible to people living at the home and to those that were important to them, as well as to anyone else visiting or in contact with the service. This corroborated the information shared with us in the PIR.

Good

Is the service well-led?

Our findings

During our inspection, we saw that there was a clear leadership structure within the service which had developed and sustained a positive, person-centred culture within the home. The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. Everyone we spoke with spoke highly of the registered manager and told us they were dedicated and committed to providing a high quality service. One relative we spoke with said, "[registered manager's name] is excellent, she is always around or if she isn't here, we have her mobile number or email and she will always make time for us, she is very committed to making sure people are well cared for; she will always 'check in' with me and give me updates". Another relative told us, "I have never had a problem and I am confidence [registered manager's name] would deal with anything if I had".

Staff we spoke with told us that they felt supported by the management team at the home. One member of staff said, "It's brilliant, I love working here, [registered manager's name] is great!". Another member of staff said, "We [staff] are all very supported, it is such a lovely place to work, the atmosphere is friendly and supportive and [registered manager's name] is very supportive; it is the best place I have ever worked, we feel appreciated, she [registered manager] or the deputy's or seniors will always say 'thank you' at the end of a shift to acknowledge our efforts, it's just nice to feel appreciated and it is relaxed, it doesn't feel like work, its lovely".

We saw that the registered manager had consistently recognised the achievements and good practice of the staffing team and that there was a strong sense of appreciation for all of the staff who worked at the home. The registered manager told us, "This is people's homes, it should be relaxed and sociable, we are like an extended family; they [staff] all do such a great job!" It was evident that this was underpinned by the provider's clear values throughout the organisation. We were told how people are encouraged to develop and progress in to senior positions throughout the organisation. One member of staff told us that they had progressed from being a care assistant up to a deputy manager and that this was because the provider had recognised the lack of opportunity for staff some years ago and created the 'senior care position' to allow for staff progression. Information in the PIR and staff we spoke with told us that they were supported to enhance their learning and development through accessing additional training courses. For example, deputy managers were encouraged to enrol on the 'Lead to Succeed' courses and the care managers were being encouraged to undertake the new level 7 Diploma in Management. This shows the providers dedication to promoting and sustaining a workforce that upholds their high quality standards of care. This also extended to the links the provider had with the local job centres and recruitment agencies that support people to gain experience and begin their careers in the social care sector. The registered manager told us, "It is a great opportunity for people to see what care is like and a great opportunity for us to recruit people who really want to work in care; it's like a practical, on-the-job interview; we get to see their skills in the home and how they interact with people. I have offered every one of my placement workers a job at the end of it".

Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The provider had ensured that information that they were legally obliged to tell us had

been passed on including the detailed completion of the PIR. The information provided within the PIR was corroborated throughout the inspection by the observations we made and by what people told us. It was evident that the provider was aware of their strengths and was also mindful of areas for development. For example, they acknowledged that some information that should have been shared with the local authority, such as potential safeguarding alerts, had not been raised because they had failed to recognise it as a potential safeguarding concern. The registered manager and the deputy manager assured us that this would be taken as a learning point and shared with the staffing team to ensure that all information that needs to be shared is passed on in the future. The registered manager was also able to tell us about the other ways in which the provider planned to develop the service further, such as the re-launch of the 'Staff Consultative Group'. This is a forum where staff representatives from all areas are able to bring concerns, complaints and ideas to improve the services across the provider organisation.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were actively encouraged to raise any concerns. They told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to. One member of staff told us, "We have a whistle-blowing police, but it is very open and honest here anyway, I would feel comfortable speaking with [registered manager's name] directly, but I know who to call if I need to". Information we hold about the service showed that no whistle-blowing concerns had been raised.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice.

We saw that there were both internal and external systems in place to monitor the quality and safety of the service and that these were used effectively including staff recruitment process, quality assurance feedback forums and quality monitoring audits. Examples of these we saw were fire safety monitoring audits, dignity in care audits and infection prevention and control audits which had been completed internally, as well as a health and safety audit which had been completed by an external organisation. We also found that the management and staffing team worked proactively with other organisations including charities, health and social care organisations to ensure they were following best practice, such as Advocacy Matters, The Salvation Army and local specialist NHS services for people with learning disabilities.