Shaw Healthcare (Specialist Services) Limited

Urmston House

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

We undertook an unannounced inspection of Urmston House on 19 January 2016. When the service was last inspected in April 2014 no breaches of the legal requirements were identified.

Urmston House provides accommodation for people with learning difficulties, sensory impairment and autism who require personal care to a maximum of six people. Urmston House is a purpose built care home. People have their own self-contained flat on the ground floor of the home. The flats include en-suite and kitchen facilities. At the time of our inspection there were six people living at the home. Five people lived there permanently and one person was receiving respite care.

A registered manager was 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.

We have made a recommendation about ensuring that staff are deployed in a consistent way in line with the home's assessed requirements.

People's medicines were managed and administered safely by trained and competent staff. Regular checks and audits of medicines were completed by senior staff. The home ensured the appropriate pre-employment checks were completed before staff began working. Staff had been trained and demonstrated good knowledge of safeguarding vulnerable adults. Staff knew how to respond to concerns of suspected or actual abuse.

Systems were in place to review and monitor reported accident and incidents. Changes were made to reduce and prevent reoccurrences. Risk assessments were in place for people which promoted independence whilst keeping people safe. Suitable health and safety audits were completed on equipment and the environment.

The registered manager had ensured the Deprivation of Liberty Safeguards (DoLS) had been applied for when appropriate. DoLS is a legal framework to lawfully deprive a person of their liberty when they lack the capacity to make certain decisions in regards to their care and treatment. When a person lacked capacity to make a particular decision a process was followed in line with the Mental Capacity Act 2005 (MCA). Staff showed good understanding of the principles of the MCA and gave examples of how they applied this in their work.

There was clear documentation when a best interests decisions was made and what the outcome was. These were made with the involvement of family, staff, other health and social care professionals and advocates.

People were supported with their nutrition and hydration needs. People had access to healthcare professionals when needed and the home had a good relationship with the local GP. Care records contained guidance on how to support people who may not be able to communicate their healthcare needs.

People received support from staff who showed kindness and respect. Relatives were welcome at any time and people had access to an independent advocate. Care plans showed how people's dignity and privacy was maintained. They also showed people's personal preferences and how people would communicate these.

Care records contained personalised information which ensured the home was responsive to people's needs. Staff were knowledgeable about what was important to individuals. People and relatives had access to the complaints procedure in a format they could understand.

The home was well led and run. The registered manager communicated effectively with staff and relatives. The registered manager had systems in place to regularly assess and monitor the quality of the service provided to people.

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 safe although there had been occasions when the staffing arrangements were not consistent with the home's assessed staffing requirements.

Staff knew how to identify and report safeguarding concerns.

Safe recruitment procedures were followed.

Positive risk assessments were in place to keep people safe whilst promoting independence.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective. People's care and support needs were met.

Staff received appropriate induction and training. Staff had regular supervision and were supported in their work.

The requirements of the Deprivation of Liberty Safeguards were being met.

People's healthcare needs were met by working in partnership with the GP and other health care professionals.

People were supported with their nutrition and hydration.

Is the service caring?

Good

The service was caring. People received support that was kind and caring.

Staff spoke to people with kindness and respect.

Staff were aware of people's personal preferences and how they communicated these.

People were supported to access an independent advocate.

People's visitors were welcomed at the home and feedback was encouraged.

Is the service responsive?

Good

The service was responsive. Care and support was person centred.

Care records detailed people's preferences and staff were knowledgeable of these.

Activities were provided for people in the home and community.

People and relatives had access to the home's complaint procedure and knew how to raise a complaint if necessary.

Is the service well-led?

Good

The service was well-led and managed.

Relatives and staff spoke highly of the registered manager.

The registered manager engaged positively and communicated well with staff. Staff felt supported and valued in their role.

There were systems in place to monitor the quality of care and support provided to people.

Urmston House

Detailed findings

Background to this inspection

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

The inspection was carried out by one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and information we had about the service including statutory notifications. Notifications are information that the service is legally required to send us.

The people at the home had complex support needs and were not always able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home, such as undertaking observations. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with the registered manager and with four staff members who included a senior staff member and the chef. We spoke with three relatives of people that lived at the home. We looked at three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and records of induction.

Requires Improvement

Is the service safe?

Our findings

Relatives told us that Urmston House was a "fantastic" home. One relative told us "the home is always clean and tidy, staff are attentive and everyone is happy." We viewed the previous eight weeks rotas prior to our inspection to assess the staffing levels. We found the number of staff during the day and at night were in line with the home's risk assessment on staffing. The home was currently recruiting for a night team leader and a full time staff member and we viewed documentation of the recruitment process in progress. However, we found there were 18 occasions from 30/11/15-03/01/16 where there was not a team leader or acting team leader on duty overnight in line with the home's staffing risk assessment . Since January 2016 a staff member had been acting up as the night time team leader until this vacancy was filled.

We recommend the provider reviews their procedures to ensure the service operates consistently in accordance with the assessed staffing requirements.

The provider had policies in place for safeguarding vulnerable adults and staff told us they received regular training. This was supported in the training records that we viewed. Staff demonstrated good knowledge of safeguarding, especially in recognising signs of abuse. This was important as the people they supported may not be able to communicate any issues. Staff said they would report any concerns to their team leader or the registered manager. One staff member told us, "I would notify my manager of any concerns." Safeguarding was an item on the monthly team meeting agenda to ensure any current concerns were addressed. When necessary, the registered manager had reported concerns to the local safeguarding team and we viewed records of this. People and relatives were informed and included in this process.

The home had systems in place to monitor accidents, near misses or incidents. We viewed records which contained details of incidents such as falls and situations that could have resulted in harm to a person. Staff we spoke with knew the procedure for reporting and recording such occurrences. The registered manager showed us the noticeboard in the office which displayed a 'how to guide' on completing an accident/incident form. This was so they were completed consistently with detailed information. A monthly summary was produced, analysing incidents for the level of severity and harm. The summary detailed the preventative action taken following such an incident. For example, one person had become unsteady on their feet whilst out on a day trip and had seen the GP afterwards to assess reasons for this. The registered manager told us these summaries were discussed at senior meetings in case further actions such as a change of policy or extra resources were required to prevent future risk. Records showed that the registered manager or team leaders contacted relevant people such as relatives or an advocate to inform them of any adverse incident. Relatives confirmed they were kept informed.

People's medicines were stored, administered and disposed of safely. Only team leaders and the registered manager administered medicines to ensure clear accountability. Team leaders had received training and we viewed records of the annual competency assessment they undertook. This was to ensure they had the necessary skills to administer medicines. Medicines were stored safely in a lockable cabinet in people's rooms. The temperature of people's rooms and the separate medicines refrigerator were taken twice a day to assure medicines were stored correctly. The home used computerised Medication Administration

Records (MAR) but had a paper back up system in case technical issues should ever arise. Medicines that required storage in accordance with legal requirements were stored appropriately and checked daily. Registers of these medicines matched the stock numbers held. Team leaders had regular auditing systems in place to check medicines stocks and the registered manager did regular spot checks in addition to this.

A medical profile was kept in people's rooms, except one person who did not like it in their room and chose to have this stored elsewhere. The medical profile detailed necessary information about the person, including a photograph and the medication they took. It gave staff guidance on how to support people in receiving their medication. For example, one person had chosen and it had been agreed with the GP that their medicines were taken with food. There was guidance for staff in the protocols for as needed medications and also for when people's behaviour may result in their medications not being taken.

The provider had safe recruitment processes in place before new staff began working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Maintenance of the premises and equipment was undertaken by external contractors. Documentation showed that the water temperatures and systems and electrical equipment had been tested and maintained. The home had a computerised system to log any maintenance requirements needed.

The home had appropriate fire risk assessments and procedures. People had a personal emergency evacuation plan in their care record to detail their likely response and the support they would require to be safe. We viewed records of regular testing of fire equipment and emergency lighting.

Risk assessments and associated management guidance were in place for people. These assessments included people's risk associated with accessing the community, falls and, where relevant, behaviour that may be challenging. Risk assessments considered if the activity was an acceptable risk to take. For example using a kettle to make a cup of tea and what support could be put in place to make this activity safe. This showed that people's independence was promoted by positive risk taking whilst considering how to keep risks at a minimum. People who were at risk of skin damage had appropriate assessments and management plans in place.

Good

Is the service effective?

Our findings

We observed effective care at Urmston House. Relatives spoke of positive changes that people had made since living at the home. One person spoke of their relative saying, "he has grown and developed. He is confident in doing things." Another person described how their relative had achieved things such as being able to hold a cup and the benefits this brought to the person.

New staff completed an induction programme when they began working at the home. Staff completed a two week shadowing period where they were allocated to an experienced member of staff. This allowed new staff to observe care and support and be trained how to implement people's support plans. It ensured new staff were skilled and knowledgeable in how people liked their care and support to be delivered. Staff told us how beneficial this was as they had learnt how people liked to express themselves. A new member of staff spoke positively about the shadowing experience and how they had felt confident at the end of the process. The induction also included a corporate day, the Care Certificate and orientation of the house. A recent new starter's induction had been disrupted and components had not been completed before they started their first shift. The registered manager said this would be rectified to ensure this does not happen again.

The registered manager facilitated regular supervision and an annual appraisal for staff. This was confirmed by staff and we viewed records which supported this. Staff said they felt that supervision was positive and supportive. We were told that supervision included reflective practice and feedback on performance. Staff gave examples of when supervision had identified personal development needs and how these needs were met.

Staff spoke positively about the training they received to enable them to provide effective care. One person said, "the training is fantastic, it is really good. It is inspiring." All staff received mandatory training in areas such as manual handling, first aid and infection control. The registered manager had completed an analysis to identify the training needs of staff beyond the mandatory requirements. The registered manager explained that it was to focus on what staff needed, for example person centred care and dignity in care. The provider also supported staff and team leaders to pursue further nationally recognised qualifications in care. All but one member of staff had completed or was in the process of working towards their Qualification and Credit Framework (QCF) level two or three. At the time of our inspection we saw one person working with their assessor. The registered manager had also completed their level 5 qualification in leadership and management. Staff told us this high regard for training had motivated them and benefited people they supported.

The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. The registered manager had made appropriate applications for all the people living at the home. At the time of our inspection there were two people being lawfully deprived of their liberty. The process was awaiting completion by the local authority for the remaining four people. The registered manager had clear records of the dates and actions

taken in respect to the DoLS.

When people lacked the capacity to make a certain decision, records detailed clearly how this had been established. When a best interest decision was needed documentation showed who had been involved in making the decision. This included other health and social care professionals, family and advocates where appropriate. One relative told us, "I have been involved in making best interest decisions for [name of person]." The agreed decision was clear on why this was in the person's best interest and the positive benefits to the person. Guidance was in place for staff on how to support people in line with the agreed decision in the way the person preferred. We viewed details on people's capacity in regards to their medication needs and where necessary a best interest decision had been made. Descriptions were given of how people indicated their consent for example one person opened their mouth when offered their medication to show they are happy to take it.

Staff told us they had received training in the Mental Capacity Act 2005 (MCA) and DoLS and training records supported this. Staff were knowledgeable in the principles of the MCA and could explain how they put the principles into practice. For example by offering choice. One person said, "I go through different breakfast options and when [the person] hears the one he wants he indicates this to me." People's care records detailed how staff could enable people to make choices. For example one person with visual impairment if given clothes of different materials could choose what they wish to wear. Notices were displayed in the staff room of the principles of the MCA.

Mealtimes at the home were flexible and people could choose where they wished to eat. People were encouraged to participate in preparing their breakfast. The chef displayed detailed knowledge of people's nutritional needs and preferences. The chef was mindful of food textures being important due to sensory impairments. We observed people receiving the support they required over lunchtime as recorded in their care plan for eating and drinking. People's weights were recorded regularly and where necessary there was a nutritional risk assessment in place to ensure people's assessed needs were met. Where people were assessed as needing a meal of a modified consistency to aid swallowing and reduce the risk of choking, specialist professionals had been involved in their support plan and risk management. People were not able to tell us what they thought of the food. One person after their lunch rubbed their stomach and smiled, indicating they had enjoyed their meal. Staff told us that if people showed they had not liked a meal then feedback would be given to the chef for future considerations. People's care records detailed the food they liked and disliked. If people did not want the meal provided, staff and the chef told us an alternative was prepared.

Relatives told us that people's health needs were met. Relatives explained that staff had a good understanding and knowledge of people and they recognised if further healthcare was required. Care records described the signs that people may be unwell or in pain, for example a change in particular behaviours. One relative told us, "[name of person] receives good healthcare. They always let me know if anything changes." The registered manager said they had a very good relationship with the local GP and the GP knew people well. This was important to people as they may be unable to communicate their own health needs.

People had a disability distress assessment tool (DisDAT). This was a document which described signs, behaviours and mannerisms when content or distressed. The document was in place to accompany people to hospital or out in the community. It enabled other health and social care professionals to support and communicate with people. People also had a summary of their healthcare information and support needs which could be taken alongside the DisDAT.

Good

Is the service caring?

Our findings

People received care that was supportive, respectful and positive. Relatives spoke extremely highly about the consistent quality of care and support given by staff. We were told that staff were person centred and caring. One relative said, "The staff are fantastic. I cannot praise them enough." Another person told us, "The staff are outstanding. Absolutely fantastic. They have very good relationships with people at Urmston House."

People could not tell us about their care and support. During our observations we saw positive interactions between people and staff. Staff were enthusiastic and friendly. We observed staff suggest things people could do like make themselves a drink or do a puzzle. We saw staff support people to do activities they had chosen. We observed staff respect people's choices. For example one person indicated they did not wish to participate in a game by returning it to staff. We observed staff ask people's consent. For example one member of staff asked if it was OK if that sat down beside someone. Staff supported people on an individual basis. This ensured people could keep their attention on the task or activity they were engaged with. Staff spoke to people in a relaxed and positive way. We saw staff give people encouraging feedback. A member of a staff said, "Well done, it's coming together nicely. You are doing so well." We observed people being comfortable and relaxed with staff and laughing with them.

The registered manager told us they used the services of an independent advocate. The advocate visited Urmston House and spent time with people. The advocate engaged with people and viewed the care and support they received. The advocate was impartial to the home and ensured that people were supported to have their preferences and rights expressed and upheld.

The registered manager and staff promoted privacy and dignity in the care and support given to people. Each flat had its own doorbell which we observed staff always used before they entered. Staff told us that most people were unable to answer to invite staff in, but by using this system it forewarned people that a member of staff was entering. Staff said if people then indicated they did not wish staff to be present they would respect this and leave their flat. Care records detailed how people's privacy was maintained during personal care and other support tasks according to individual preferences.

People were encouraged and supported to make decisions about their care and daily lives as much as possible. Care records documented the activities and tasks people could do for themselves and ways to empower people to be as independent as possible. For example how people communicated they would like a hot drink, by taking someone to their kettle. Care records detailed steps within the process that people could do independently and where support was required. The thorough details in the care records ensured there was consistency between different staff. We observed staff giving people choice in what they wanted to do with their time, for example if they wished to go out.

People had a communication passport which gave information and guidance on how they communicated. This detailed the signs, sounds, behaviours and ways people informed others of their choices and feelings. In our conversations with staff they showed they knew this information well. For example the signs

someone would give that meant yes.

The registered manager encouraged visitors to leave feedback when visiting the home. In the entrance they had a comment book, information about reviewing the home on a national website and their own surveys. Urmston House celebrated being established 15 years in October 2015. In the comment book we viewed many positive statements from people who had attended the celebrations. These included, "As always such a great place to be, lovely to see so many happy faces. "What a lovely atmosphere." "Excellent caring staff."

We reviewed the compliments records and saw that the home had received three compliments since September 2015. One comment read, "I am always impressed by the good order together with homeliness that I experience at Urmston House. Urmston provides outstanding care, kindness and respect is shown." Another comment said, "Urmston House is a lovely home."

Relatives and staff told us that family and friends could visit the home at any time. The registered manager told us they encouraged relatives to visit whenever they wished. One relative said 'I visit at random times, there are no restrictions. I just turn up. The home is always fresh and clean and staff are always welcoming." Another person told us, "Staff said call in anytime. They are always so welcoming when I visit."

Good

Is the service responsive?

Our findings

We observed care and support which was responsive to people's needs and delivered in a person centred way. We received positive feedback from relatives who spoke of individualised care that met people's needs. One relative told us, "They [Urmston House] have taken on board absolutely everything we have said, big and small." They spoke about how important this was for their relative as it ensured their needs were met. Another relative told us, "I have total trust in what they do".

Before people came to Urmston House a detailed assessment was conducted by the registered manager to ensure the home could meet their needs. A relative told us, "the assessment took place at the day centre." This was beneficial to the person as the home had considered a location where they would feel comfortable and relaxed. They went on to say, "They took time to explain things to her, in a way that she could understand."

People had an allocated key team which consisted of a team leader and other nominated staff. The key team had different roles and responsibilities to ensure that outcomes in the support plan were enabled and care needs were met.

People had an individualised service user guide. This document explained what was offered to people at the home, for example in terms of facilities and activities. It also explained what to do if people were unhappy in any way or wished to make a complaint. This was in an easy read format and contained pictures. Records showed that a member of people's key team had gone through this document with them on an annual basis.

Care records contained information about people's history and backgrounds. This included people's preferences for example enjoying going out in the car but a dislike of waiting for food. Care records described topics of conversation that people enjoy so staff can positively engage with people. People's care plans stated whether they had preferences for male or female carers and the level of support they required for different tasks. The care plans in each section explained how to involve people in their care, how independence is enabled and how choice is offered, for example with preparing a snack or getting dressed. They gave guidance on how people give consent and communicate their wishes. The emphasis was on positive behaviour management and putting people in control of their own care. Care records were regularly updated and relatives told us they were invited to attend reviews.

The registered manager recognised the importance for consistency and how changes could unsettle people. People had sensory impairments and therefore it was important that the layout or objects within the home were in the correct place that people were familiar with. This promoted independence as people were safe moving around the home. We read in one person's care record that items must not be moved around within their flat as this would disorientate them. One relative told us, "The consistency of staff has really helped." This helped people to feel safe and settled as staff knew their routines and preferences well.

A monthly review of people's care and support was undertaken. This detailed recent health appointments,

changes in health and well-being and participation in activities. This enabled staff to be aware of changes, to monitor outcomes and update risk assessments as required.

People's care records detailed the activities which people enjoyed and the support they needed. A timetable in the office showed what each person was doing that week. We saw that people had access to a wide variety of activities such as swimming, cinema, eating out, walks and arts and crafts. The home made use of what the local area offered in terms of public transport, parks and leisure facilities.

People's flats had been decorated to their own taste and personalised with furniture and belongings. Their accommodation had been organised how they wished. People had access to a secure garden from their flats. The area outside people's flats reflected their individual preferences. For example one person had planted flowers and plants with their family and enjoyed tending to this. Another person had a bench under their window and the registered manager told us they enjoyed sitting outside when it was warm. Another person who had a sensory impairment had mirrors and ornaments that reflected the light in their area.

The home had not received any complaints. All the relatives we spoke with told us they had been given a copy of the complaints procedure and were aware of how to make a complaint if necessary. Relatives said they would feel comfortable to raise a complaint. One person said, "I'm confident they would listen."

Relatives and staff told us they had received surveys from the organisation asking for their feedback. One person told us, "Yes I had a survey and I sent it back." The surveys were well designed around the provider's values of wellness, happiness and kindness. They included pictures and were easy to complete. The information from these surveys was collated centrally to shape future decisions and improvements.

The registered manager told us they had good relationships with relatives and promoted open and honest communication. Relatives told us, "the home is very open." Relatives spoke of being kept well informed by senior staff who telephoned them. One relative told us, "staff ring and give me updates. It gives me peace of mind." One person told us about how the staff had sent a family member photos and letters of their relative when they were not able to visit due to their own circumstances and how much this had meant to the person to be kept informed. Another relative said "it is a two way relationship. They ring me to let me know any changes."

Good

Is the service well-led?

Our findings

People at Urmston House benefited from a well-led home which focused on personalised care ensuring that individual needs were met. Relatives told us that people received high quality care and spoke positively about the registered manager and team leaders. One relative said, "the senior people are very approachable and on the ball."

The registered manager was described by relatives and staff as being "available" and "open". One relative said, "I am happy to contact the registered manager if I need to." One member of staff described the registered manager as "professional and listens to staff." Staff we spoke with said the registered manager was visible within the home and was "hands on". Staff felt that Urmston House was a positive place to work and told us they felt supported and valued in their roles. One staff member said, "It is a good place to work. Urmston House has a good atmosphere. It has good values of person centred care."

The registered manager said they were continually striving to improve the service. The registered manager aimed to fulfil the mission statement of 'providing high quality care with committed and well trained staff in a homely setting'. The registered manager explained how the analysis conducted had identified widening the range of training for staff. This was to ensure they were motivated, understanding and well trained for supporting people with complex needs. On arrival at Urmston House there is an ornamental sign saying 'home' in the window and in the communal area a decorative piece of writing on the wall reads 'a house is made of bricks and beams a home is made of love and dreams.' One relative told us that Urmston House was "very homely".

People received effective, consistent care as staff were kept up to date with changes and were well informed. Messages and important information was communicated through two books one for team leaders and one for staff. Methods of staff communication included records of appointments such as with the aromatherapist or the arrangements for a person attending their day centre. The team leaders' book contained messages about people's medication and training. Staff also had a fifteen minute verbal handover in the morning and evening so staff coming on duty were given relevant information.

Staff meetings were held monthly. They were well attended and provided another forum for communication. People who used the service attended a part of the meeting. The registered manager explained that whilst people may find it difficult to verbally contribute, it was positive to include people in issues relating to the home. The meetings followed a format which covered key areas such as people's care, health and safety and staffing. Minutes showed that information was communicated effectively to staff. For example, a change had been made to the first aid policy; staff were advised of the change and directed to the updated policy. Staff spoke positively about staff meetings saying they were useful, kept them up to date and they could raise topics for discussion. In addition, team leaders had separate meetings to discuss matters relating to their roles. The registered manager and staff told us that each staff member received a copy of the meeting minutes which they had to sign for to ensure staff had the necessary information if they had been unable to attend the meeting.

People who lived at Urmston House were not always able to give their feedback verbally. A quality of life survey had been conducted independently to review what the service was like from the point of view of people who lived there. Staff all told us they had completed a questionnaire which sought their feedback.

The registered manager had systems in place to monitor the quality of the service. These included quarterly audits in areas such as medication, health and safety and catering. Improvement areas were identified and clearly actioned. The registered manager had a detailed business plan in place of how improvements to the service would be made. These focused on areas such as quality of care, staff development and the environment. The registered manager had received funding to make identified improvements to parts of the garden.

The registered manager said they were well supported by the area manager. They met twice a month for a review and business meeting. The area manager conducted a comprehensive quality audit of the service to monitor standards. This was supported by reviews by other departments such as training and human resource. The home had been visited by the chief executive in August 2015 and a positive report with recommendations had been produced. This was part of a wider engagement process involving senior staff and board members.

Urmston House had won the Shaw Award for the best dressed home in December 2015 for its Christmas decorations. The registered manager explained how special thought had gone into the colours and material of decorations and aromas used for those with sensory impairments. The registered manager promoted the recognition of staff and the home through the Shaw National Care Awards where the home had been shortlisted for best practice.

The registered manager was aware of their legal responsibility in relation to submitting notifications to the Commission. A notification is information about important events which affect people or the home. In the previous 12 months three notifications had been sent in. The registered manager had completed and returned the PIR within the timeframe allocated and had explained thoroughly what the home was doing well and the areas it planned to improve upon.