United Response

United Response - 17 Ella Bank Road

Inspection report

17 Ella Bank Road
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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 6 October 2016. The inspection was announced 48 hours before we visited to see if people living at the service would be available to talk with us.

United Response - 17 Ella Bank Road is a registered home which provides accommodation and personal care to a maximum of three people with learning disabilities or autistic spectrum disorder.. There were two people who used the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager who had been at the service three years. The registered manager's office was situated at another of the provider's services.

Relatives told us they felt people were safe at the home. The registered manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. Staff had a good understanding of risks associated with people's care needs and how to support them.

Recruitment procedures made sure staff were of a suitable character to care for people at the home.

At times there were not enough staff to support people's needs. People were supported, on week days, by one member of staff and the registered manager acknowledged that the morning period was busy and had contributed to numerous medicine recording issues. The provider addressed this following our inspection and extra staff were allocated to provide additional support in the morning.

Medicines were stored and administered safely, and people received their medicines as prescribed however staff were not consistently recording when they had been given. This was being addressed by the registered manager. Audits were carried out of medicines to ensure they were managed in line with good practice guidelines and issues.

People were supported to attend health care appointments when they needed to maintain their health and wellbeing. People were supported to have a nutritious diet.

Staff were kind and supportive to people's needs and people's privacy and dignity was respected. People were encouraged to be independent and assisted with tasks around the home and shopping.

The management and staff teams understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence.

Where people were not able to make decisions, relatives, social workers and healthcare professionals were consulted for their advice and input.

People were supported to pursue their hobbies and interests both within and outside the home. Activities were arranged according to people's individual preferences, needs and abilities. People who lived at the service were encouraged to maintain links with their families.
Relatives knew how to make a formal complaint and were able to discuss any concerns they had with staff. At the time of our inspection no complaints had been received.

Staff felt the management team were supportive and promoted an open culture within the home. Staff were able to discuss their own development and best practice in supervision and during regular team meetings. A programme of training and induction provided staff with the skills and knowledge to meet people's needs.

The registered manager felt well supported by the provider who visited the home regularly. Their views and ideas about improving the service were encouraged.

The provider carried out audits to check the quality of care people received. Audits by the registered manager and team leader were conducted regularly to continually monitor and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were stored safely, and people received their medicines as prescribed. However medicines were not always recorded correctly and the provider increased staffing levels in the morning to address this. Relatives told us people were safe because they received support from staff that understood the risks relating to people's care and supported people safely. Staff knew how to safeguard people from harm and there were sufficient staff to keep people safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received appropriate training to help them undertake their work effectively including a comprehensive induction for new staff. People were supported to access a variety of healthcare services to maintain their health and wellbeing. Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to have a nutritious diet.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring and there was a happy and positive atmosphere within the home. Staff ensured people were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Is the service responsive?

Good

The service was responsive.

People were given support to access interests and hobbies that met their preferences and the provider was planning to improve the range of activities offered. People, where possible, and their

relatives were involved in decisions about their lives and how they wanted to be supported. Relatives knew how to make a complaint although none had been received.

Is the service well-led?

Good

The service was well led.

The provider and registered manager supported staff to provide a person centred service which focused on the needs of the individual. The provider conducted audits to measure and improve the quality of the service. People's relatives were happy with the service provided within the home. Staff monitored people's well-being to identify if they were unhappy with the service. The registered manager and team leader were both a visible and known presence to staff, people and relatives. The registered manager promoted an open culture in the home.

United Response - 17 Ella Bank Road

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 visit took place on 6 October 2016 and was carried out by one inspector. The inspection was announced 48 hours before we visited to establish if people living at the service would be available to talk with us and discuss how they may respond to our presence at the home.

We observed the care and support provided to people who lived at United Response-17 Ella Bank Road. People had limited verbal communication and were unable to tell us in any detail about the service they received. We spent time talking with staff and observing how they interacted with people. We also spoke to relatives to get their views on the care given to their family members and professionals who were involved with the service.

We spoke with the registered manager, a team leader, two members of support staff and one relative. We also spoke with a social worker who supported both people who used the service and we had contact with an advocacy service professional. We looked at the records of the two people who used the service and two staff records. We also reviewed quality monitoring records.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service.

Prior to our inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information supplied reflected the service we saw.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. The registered manager was open and transparent in the provider information return (PIR) that the service had on going issues with staff not consistently recording when medicines had been administered. They told us in the last year there had been a high number of medicine recording omissions where staff had not signed the Medicine Administration Records (MAR) charts and this had been an issue over the last two years. During our inspection we saw one person's MAR chart had not been signed following the administration of their morning medicines, but the person had received them.

The registered manager told us there had been an improvement in the number of omissions in medicine recording, and since May 2016 to the date of our inspection there had been four errors. They acknowledged this was still not acceptable and action was being taken. They told us some of the omissions related to staff who no longer worked at the service. In addition, it was identified that errors occurred in the morning when only one member of staff was on duty. This was identified as a 'pinch' period for staff who were busy trying to support people to get ready for the day service they attended. Following our inspection we were informed one extra staff member would be on duty in the morning to assist with medicines.

The registered manager told us to make MAR charts easier for staff to read, they had been changed from monthly to weekly MAR charts. All staff were now undertaking 'face to face' medicine training in addition to e-learning training (on a computer). Staff responsible for administering medicines were having their competency re-assessed and where necessary disciplinary action was being taken. Medicine audits had been carried out monthly, but this was being changed to weekly so the team leader could ensure medicines were being correctly recorded.

Medicines were stored and disposed of correctly. Some people required medicines 'as required'. There were protocols for the administration of these medicines to make sure they were given safely and consistently, for example medicines for epilepsy and pain relief. We asked how staff would identify when this type of medicine would be required, for example if a person was in pain. A staff member told us, "[Person] cries and I would then ask them if they were in pain. Sometimes their tone of voice changes and that tells me they may be in pain." Other staff told us they would observe a person's body language and behavioural changes which may indicate they were in pain and then ask the person. However we saw records did not contain sufficient information regarding one person who had received medicine for pain and why this had been necessary. The registered manager told us they would address this with the relevant staff member.

Relatives told us they felt people were safe at United Response-17 Ella Bank Road. One relative we spoke with told us, "I think they look after [person] safely, I am very happy."

Staff knew the risks associated with people's care and how to manage and minimise risks. Some people had behaviours that could place themselves or others at risk if they became anxious or upset. Staff knew how to manage the risk. They had been trained to 'de - escalate' situations and help people remain calm. There was clear information in people's support plans for staff to follow to manage behaviours to minimise the impact.

One staff member told us; "We know people so well."

During our inspection staff gave us clear and consistent information about recognising changes in body language and vocal sounds that could indicate a change in people's behaviour. One person became upset that we were in their home. Staff quickly identified this and took appropriate action to keep the person and others safe. We saw they used soothing tones and reassurance and gently guided the person to another room. On another occasion staff asked us to move to different areas of the home so that people living there did not feel concerned by our presence.

Risk assessments identified risks to people health and wellbeing both inside the home and when taking part in activities outside the home. Risk management plans provided staff with guidance on how to manage identified risks so people were kept safe. However we saw some risk assessments were grouped together in the care plan and difficult to read. The registered manager told us these were being reviewed and new systems of care plans were being introduced by the provider to make information easier to read.

Staff had completed training in safeguarding people and knew what action they would take if they had any concerns. All the staff we spoke with had a good understanding of abuse and how to keep people safe. They knew the process to follow to report any safeguarding concerns and there were policies to give guidance to staff. One of these was a whistle blowing policy that informed staff how they could anonymously report any concerns they had about the service. One staff member told us, "I would record and report any concerns and the manager tells the social workers. I know I can whistle blow and can report concerns anonymously." Another told us, "I have had safeguarding training and I am confident to challenge if I saw bad practice, we have a whistle blowing policy as well."

During each week, both people who lived at the home attended a local day centre and there was one member of staff on duty to support them in the morning and evening. At night time a member of staff slept on the premises. At weekends and other times there were two members of staff on duty to support people to go out into their local community and take part in activities.

During our inspection we saw there were sufficient numbers of staff to keep people safe, however staff we spoke with told us mornings were a busy period assisting people with personal care and administering medicines. The service had to reduce staff numbers as a previous resident had moved into alternative accommodation.
The registered manager acknowledged that additional staff were required on the morning shift to ensure people were supported and staff correctly completed medication charts. They told us "I feel we have enough staff to keep people safe but I agree we need to look at the morning period." Following our inspection the registered manager confirmed this had been arranged. In addition the registered manager was hoping to be able to arrange for some additional staff hours.

Relatives we spoke with told us, "I don't think there is any issue with there being enough staff."

We asked how staff vacancies for leave or sickness were covered. The registered manager told us they rarely used agency staff as most of the staff vacancies were filled, however there had been a period last year when some staff had left the service because the provider had looked to move the service into a supported living bungalow, however the property was not deemed suitable.

The team leader told us they were responsible for organising the staff rota, "We try to make sure we have the same staff supporting people in the home." This ensured people received care from staff who knew them well. A social worker we spoke with told us, "They always try to maintain staff continuity."

People were protected by the provider's recruitment practices. These included obtaining two references and checking staff's identities with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. Staff only started to work in the home when all the required recruitment safety checks had been completed. We looked at two staff files and they confirmed all the security checks had been carried out.

The provider had procedures and policies in place to ensure the safety of the environment. Safety checks were completed by the housing association who owned the property for gas, electricity, equipment and fire safety.

We saw that there was an emergency folder containing all relevant information that would be required in an emergency situation such as a fire. However we could not see it documented people's individual care and support needs, so they could be assisted safely. We discussed this with the support staff on duty, who told us they would address this immediately.

Good

Is the service effective?

Our findings

Relatives we spoke with thought staff had the skills and knowledge to care for their family members. They told us, "They are very well trained to me."

Staff new to the home told us they completed an induction programme and 'shadowed' (worked alongside) an experienced member of staff for a six week period before they supported people independently. The team leader told us new staff were enrolled on the Care Certificate course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people. One staff member told us, "I learnt a lot when I was shadowing, by watching other staff." A social worker we spoke with confirmed that new staff had a period of 'shadowing' more experienced staff.

Staff received training suitable to support people with their health and social care needs. Staff told us they felt confident and had been trained to effectively support people. This included training about challenging behaviour so staff could support people who had behaviours that could place themselves or others at risk of harm. One member of staff told us, "It's really good training and it supports me to do my job. I have had training in epilepsy and challenging behaviour." Where a need was identified, staff received further training to support their work practice. For example, we were told some staff were having additional training on medicine administration on the day of our inspection. The local authority had also introduced a new programme of training that the provider was expected to meet as part of their contract. This meant staff received more frequent training in essential areas to support people effectively such as epilepsy awareness.

Staff often worked alone and used a communication book to pass information to the next member of staff on shift if they were unable to provide a verbal handover, for example if there was a gap between shift change over when people were at the daycentre. Staff also read a 'daily diary' completed for each person which gave detailed information about how they had been during the shift. One member of staff told us, "I read the diaries and go back to my last shift so I keep updated." The registered manager told us they regularly monitored these to ensure information recorded was accurate and clear.

Staff felt supported by the management team with regular individual meetings (supervisions). This provided them with the opportunity to discuss their work performance and learning and development needs. One staff member told us, "I have supervision sessions and its good, it's a two way process. I can discuss anything." Another told us they enjoyed their supervision session and commented, "They are useful and there is always something to improve on."

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive

care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff understood the principles of the Mental Capacity Act and why DoLS authorisations were in place for people. The provider had submitted applications to the local authority but these were still waiting to be processed. The registered manager showed us evidence that that the applications had been received by the local authority.

Staff told us they had received training about the MCA. They understood the importance of gaining consent from people before undertaking any support or care on the person's behalf. They also understood when people did not have capacity to make informed decisions they had to make decisions based on the person's best interest. They told us, "People can say no to things, it's their choice. However some major decisions we have to make with best interest meetings with the family and managers and sometimes an IMCA."

The home had access to an independent mental capacity assessor (IMCA). An IMCA is a legal representative for people who lack the capacity to make specific important decisions: including making decisions about where they live and about medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of the service such as a family member or friend, who is able to represent the person. We received information from an IMCA who confirmed they had been supporting people at the service. They told us staff had a good understanding of people's needs.

A relative told us they had been involved in best interest meetings in relation to medical treatment one person required. A social worker we spoke with told us, "I have been involved in best interest meetings and the staff have a lot of input to make sure the persons best interests are met."

People who lived at the home required the support of staff with choosing their own meals. The registered manager told us as staff had good knowledge of the people they supported and were able to put menus together based on people's likes and dislikes. Menu options were discussed at team meetings so staff could share information about people's preferences. Staff told us if a person did not want what was on the menu alternative choices would be offered. We saw on people care plans there were lists of foods that they enjoyed and disliked. The registered manager told us, "It's about trying to find a balance; [person] likes to eat crisps a lot so we have to look at supporting their choice and maintaining their health and well-being."

One person required their food and fluid intake to be carefully monitored in order to maintain their health and well-being and we saw staff recorded this. Staff had a good understanding of how to support the person, for example one staff member told us, "I eat my dinner with [person] to encourage them and we play games to encourage them to drink more fluids."

We asked relatives if their family members were seen by healthcare professionals when they needed it. They told us, "Staff are good and will take [person] to the doctor or dentist when they need to go." A social worker we spoke with told us, "They are very quick to sort out any healthcare needs and in having follow up appointments."

Each person had a support plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people saw the relevant health and social care professionals. Staff told us, "We will organise for people to see the doctor, dentist and optician." Staff also supported people to attend hospital appointments.

Records showed people were supported to attend health appointments and received care and treatment

from health care professionals when required, such as clinical psychologists and epilepsy nurse specialists.

Good

Is the service caring?

Our findings

We asked relatives if they felt staff were caring, they told us; "The staff are very caring towards [person], they are very good." A social worker we spoke with told us, "I think they do a really good job, people living there have high dependency needs."

We spent time observing the interactions between staff and people. There was a calm, relaxed atmosphere at the home and we saw people were comfortable approaching and engaging with staff. When we first arrived at the home we saw one person hugging the staff members.

We heard staff speak kindly to people and heard one member of staff ask a person who seemed upset at our arrival to, "Come and sit with me." We saw one person holding the hand of a member of staff and the person clearly enjoyed the contact.

Staff were highly motivated to provide good care and support to people. They told us, "I really enjoy this job; you learn something new every shift and I have the independence to support people with their care. I love caring for people and I learn from them every day." Another said, "The best things about my job is the people I support, they make me really happy."

The registered manager told us, "All I want is to see is that people are getting good support and the staff are happy."

People received care from staff that knew and understood their likes, dislikes and personal support needs. They were able to spend their time as they chose. Staff understood people's communication skills and communicated effectively with people who had limited verbal communication with the aid of signs and gestures.
Staff were knowledgeable about people and could identify moods through watching people's body language and listening to them. Staff asked us, when we spoke with one person to ensure we used a low tone so as not to unsettle them. During our visit staff explained to us how to approach people and which areas of the home we could use, so we did not cause any disruption to people's well-being or routine.

We observed that staff quickly identified when people wanted something or if they appeared unhappy. A social worker we spoke with told us, "They do a really good job at understanding people and their changes in behaviours."

A relative told us how staff had worked with their family member to get an understanding of their needs. They told us, "[Person] has calmed down a lot over the years, the staff know when [they] are upset because they can read [person] so well." They went on to tell us that some staff had known their family member for several years and had developed a positive relationship with them.

Staff supported people to maintain their independence by helping people to do things for themselves. The registered manager told us, "We encourage independence, [person] will help with the laundry and put the

ironing away and [person] will put washing in the machine, we may need to prompt. We prepare the meals but [person] likes to help stir and mix food." A staff member said, "We will encourage people to do things and will assist, such as using a hand over hand support." This meant staff would guide the person's hand, for example when stirring hot food, to keep them safe.

The registered manager told us they actively promoted independence at every opportunity. They gave an example when they had supported one person to attend a hospital appointment. They had deliberately stepped back to ensure the healthcare professional addressed the person rather than them. They told us, "That happens sometimes and I wanted them to ask [person] questions and permission, not me."

Staff had a good understanding of the importance of respecting people's privacy and dignity. We saw one person wanted to go to their room after returning from the day centre. The member of staff told us the person needed quiet time and had closed their room door. They asked us to respect the person's wishes and not disturb them.

People's rooms provided them with their own private space, and where possible they had been supported to choose how their rooms were decorated and furnished. The home was owned by a housing association which limited how much the provider could change, however the registered manager told us once a new premises was sourced there would be more freedom and choice for people and staff to choose the décor.

There was a small communal lounge that people could use and during our visit we saw people coming and going as they wanted to around the home. There were also areas that were set aside for people when they wanted time on their own. We were told one person liked to sit in the 'sensory room' and lay down on the couch when they returned from the day centre and we observed this during our visit. A sensory room is a special room designed to develop a person's sense, usually through special lighting, music, and objects.

People were able to make choices about how they spent their day. For example we saw people got up and had their breakfast when they wanted. Staff told us, "People will choose if they want to have a bath or shower. [Person] will take you to the bathroom to show you." They went on to tell us this person would sometimes frequently change their mind and the staff respected their decisions. Staff told us they supported people to be ready on the mornings they were attending the day centre to ensure they were available for their transport.

People were supported to maintain relationships with those who were important to them. A relative told us staff supported their family member to visit them on alternate weekends.

Good

Is the service responsive?

Our findings

People who lived at United Response 17 Ella Bank Road had a consistent staff member who they built a relationship with known as a 'keyworker.' The keyworker who got to know the person's likes and dislikes. However, the team leader told us it was important that all staff developed positive relationships with people and had a good understanding of them. One relative we spoke with told us, "I have a good relationship with the staff, they talk to me about [persons] care and keep me informed."

Each person had a detailed support plan so staff could read and understand each person's individual preferences. Staff told us, "The care plans gives us lots of information about people such as their behaviours and how they communicate." Another member of staff told us, "New staff always sit and read the care plans to find out about people."

We looked at two people's care records. Support plans contained up to date and detailed information for staff to provide appropriate levels of care and support to people, this included activities outside the home. Plans were individualised and informed staff what people liked and how people wanted their support delivered. Plans contained a section called 'What people admire about me'. This was completed by everyone involved in supporting the person. One person's records said people admired their sense of humour, their smile and their determination. The registered manager told us this was used as an opportunity to build confidence and promote people's sense of self. Support plans also contained information about what was important to people. For example one person's plan informed staff to be patient with them and give them time to communicate. It also reminded staff, "Don't underestimate my ability."

The support plans were 'person centred' which meant they were based on each person's individual needs and the support they required. However due to their size they were difficult to follow. Staff told us they found them too large and confusing when they tried to find information. The registered manager acknowledged this and told us the provider was in the process of introducing new streamlined plans. They told us this would mean information would be separated out into individual sections and would be easier to read.

Care plans were reviewed regularly and the registered manager told us all of the team were involved in this at planned meetings. They commented, "We have meetings to review the care plans with all staff involved so we can discuss how we support people. It's about making a difference and bringing fulfilment to their lives." They went on to say by identifying what has gone well, or what has not, for a person gave staff a good starting point to enable people to be successful in each part of their life.

People had communication or 'hospital passports'. This information advised hospital staff how to communicate effectively with people and help them to support people's needs.

A relative we spoke with told us staff would discuss their family members care with them and they were updated regularly on how the person had been since they last visited. They told us, "They keep me informed

how [person] is and how she has been."

We saw that staff were knowledgeable about the people they supported. Each person had their own diary in which staff entered information about how a person's day had been and activities they had been involved in.

The provider was in the process of finding an appropriate new bungalow for the people who lived at the service. The registered manger told us as people were getting older their mobility was declining and a bungalow was more suitable to meet their changing needs. This was important as the garden at the service was steep and overgrown which meant people could not easily use it. The staff were looking for a gardener to tidy the back garden and make it more accessible for people to enjoy.

The home had one vacancy and we asked the team leader why this had not been filled. They told us, "We have to make sure that anyone new would be a good match for the people living here."

People were supported to pursue their individual hobbies and interests and both regularly attended local day services and went to these on the day we visited. One person had a car which staff drove for them, which enabled them to go into the local community. A relative told us, "[Person] is always going out, here, there and everywhere, they like to go shopping. They are not stuck in the house all the time."

Each person required the support of a member of staff when outside of the home. Additional staff were on duty at weekends and one day in the week to support this and people were supported on another night to attend a local disco. People could choose how they wanted to spend their day. Additional staff were on duty at weekends and one day in the week to support this and people were supported another night to attend a local disco. Staff told us, "It depends on what people want to do, for example [person] loves shopping. [Person] loves their sensory room." We saw the sensory room which contained fibre optic lights and a bubble tube along with a vibrating massage sofa and projector. During our visit we saw the person enjoyed using the room and had some 'quiet' time. Staff had a good understanding of the people they supported and the activities they enjoyed.

We looked at how complaints were managed. There were no recorded complaints. A relative we spoke with told us they had not made any formal complaints but felt confident in raising any concerns they had directly with the management team and staff.

We asked the registered manager how they would identify if people who lived at the home were unhappy. They told us staff had good knowledge of the people they supported and would be able to identify changes in behaviour and mood.

Although people did not have meetings to discuss menus and activities, visual aids and staff knowledge were used to obtain their views and support them to make choices. Views of their family members were also taken into consideration.

Good

Is the service well-led?

Our findings

Relatives told us they were happy with the service provided within the home. One relative commented, "I am quite satisfied, they do very well."

The management team consisted of the registered manager and the team leader who were both a visible and known presence to staff, people and relatives. They knew people well and had an in-depth understanding of people's medical and emotional needs. We saw that all the staff and management team we spoke with were committed to providing a high quality service.

Relatives spoke highly of the registered manager, "[Registered manager] is good, I think the best they have ever had." They went on to say the registered manager and staff were accessible if they had any concerns. "I can speak to them if I have a problem…I have a good relationship." A social worker we spoke with told us, "It's good; I get lots of feedback from the registered manager about people."

There was a good atmosphere in the home and people were confident to approach the registered manager and team leader. The team leader told us whilst people had limited verbal communication they could identify when people were unhappy about the service. For example, they told us a person was unhappy with our presence because they had their arms folded.

A relative told us they were asked for their opinions about the service provided and an annual quality assurance questionnaire had been sent by the provider, but they preferred to speak directly to staff and the management team about their views.

We asked the registered manager about the move to the potential new property and how they would ensure a smooth transition for people. They told us they had already liaised extensively with relatives, and relevant professionals involved in supporting people, to discuss the proposed move. A social worker we spoke with confirmed they had been involved in meetings and reviews.

The team leader told us people living at the service were actively involved in the proposed move, they told us, "We will take photos first of the property to show them and put a book together. We will then take them for a visit. The last bungalow we saw we also took [persons'] relative." We spoke to the relative concerned and they confirmed they had been to see a recent property and were fully involved in the process. This showed the management team were open and transparent with people and their families and included them in important decisions.

Staff were happy working at the home and felt supported. They told us they received guidance and advice when they needed it. One staff member explained, "The managers call me every week to see how I am and it's good to talk. I can't fault them, I get lots of support." Another said, "[Registered manager] is fantastic. She is very approachable and very supportive but she is stretched."

The registered manager was also responsible for seven of the providers other locations and acknowledged

at times they felt pulled in different directions and could not always spend as much time at the service as they would have liked. However following our visit they informed us, following a provider meeting that they would now be managing fewer services. They told us, "I try to speak to my staff as much as possible…I like to visit twice a week but that's not always possible, normally its once every other week."

They went on to tell us they promoted an open door policy, and wanted staff to feel they could approach them with any concerns. In addition, as part of the management team, staff were supported by the team leader who visited the home regularly.

We asked the registered manager if they felt well supported by the provider and they told us, "My manager is very supportive and I have monthly supervision meetings."

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. Staff told us they had supervision sessions to discuss their performance and training needs. The team leader carried out observations of staff working to identify any areas of good practice or the need for additional training and support.

All staff we spoke with felt able to share their views and thoughts about the service and that the managers listened to them. Staff told us there was an open culture and they could approach the management team if they had any issues or concerns. One staff member told us this allowed them to be creative in ideas for improvements in the home and in supporting people. Staff told us there was a 24 hour on call support should they need to speak to a manager.

We saw that regular team meetings were held. Minutes of recent meetings highlighted the importance of staff ensuring their training had been completed and consistency in managing people's behaviours. Following our visit we were shown minutes from a team meeting which had been held a few days after our visit, this was called to discuss our inspection findings and how best to reduce the number of medicine recording issues.

The provider had carried out a range of checks to ensure the quality of service provision. The audit was carried out by another service manager as a 'peer review' to ensure the audit was independent of the registered manager and staff. A copy was sent to the area manager for review and the provider's quality management co-coordinator. The registered manager told us any issues identified in audits would be highlighted and an action plan put in place for them to resolve the concerns. We saw the last two recent provider audits and noted that the only medication checks were around stock levels and had not identified the recording errors.

We asked the registered manager given the on-going issues around recording issues why these were not being addressed on the provider's audit. They acknowledged this needed to be changed and they informed us they would discuss this with the area manager. However, the registered manager conducted regular audits and we saw in September 2016 they had identified a recording error and were addressing this directly with the staff member and also the staff team at the next planned staff meeting.

The provider and registered manager monitored accidents and incidents in the home and looked to see how improvements could be made to reduce any reoccurrence.

The provider was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home.

They had completed the provider information return (PIR) which is required by law. We found the information reflected the service well.