Rushcliffe Care Limited

Hayes Close

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 23 March 2016 and the visit was unannounced.

Hayes Close provides accommodation for up to seven people who have a learning disability. At the time of our inspection seven people were living at the home. The service is on two floors accessible by stairs. There is a communal lounge as well as two separate dining areas for people to use. All of the bedrooms are single occupancy. There is also access to a garden area for people to use should they choose to.

It is a requirement that the home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 had a registered manager in place at the time of our inspection.

People did not have concerns about their safety and staff knew how to protect them from abuse and avoidable harm. The registered manager had investigated accidents and incidents to look at ways to prevent them from reoccurring. Risks that people were vulnerable to had been assessed and there were regular checks on the equipment and the premises. There were plans in place that were available to staff to support people to keep safe during emergencies.

People and their relatives were satisfied with the amount of staff available. The provider's recruitment process was robust and included checking prospective staff before they started to work at the home. This helped the provider to make safer recruitment decisions.

People received their medicines as prescribed. The registered manager had made arrangements for the safe storage and handling of medicines. Only staff that were trained handled medicines. Where people may have needed medicines to help them to reduce their anxieties, this was only offered when other strategies had been tried first.

People received support from staff who had the appropriate skills and knowledge to support people with learning disabilities. Staff had received regular training in areas relevant for the people they supported.

People were being supported by staff that knew about their roles and responsibilities. Staff received an induction when they had started in their role and on-going support from the registered manager.

Staff understood the requirements of the Mental Capacity Act (2005) and understood how to obtain people's consent before they offered care and support. Staff knew how to support people to make decisions for themselves. Where people may have lacked the capacity to make their own decisions, the provider had followed the requirements of the Act.

People enjoyed the food that was offered to them and were supported to maintain a healthy diet. They could choose what they ate and their preferences and requirements were known by staff.

People had access to healthcare professionals to maintain good health. They were supported to contribute to monitoring their own health and well-being where they could.

People were being supported by staff who cared. They had built relationships with staff that were friendly and warm. Relationships that were important to people had been maintained. People's dignity and privacy was being upheld by staff and their personal information was being kept secure.

People's preferences, backgrounds and things that were important to them were known by the staff team. Their care and support was based on these and staff were flexible where people had made specific requests. People enjoyed a full range of activities and interests that they had chosen to be part of.

Where people could, they had been involved in and had contributed to the planning and reviewing of their care and support. Where this had not been possible, relatives had been included. People's support plans were individual to them and written in detail so that staff would know how to offer care and support. People were being encouraged to retain and learn new skills and to be as independent as possible.

People had independent advocacy services information available to them to help them to speak up if they had required this support. People and their relatives knew how to make a complaint. There was a complaints procedure in an easy to read format to support people to be able to understand it. Feedback about the quality of the service had been sought.

There were clear aims and objectives that the staff knew and worked towards to deliver a quality service. The registered manager was described as approachable and supportive. The provider had supported the registered manager to look at ways to improve the outcomes for people who used the service.

Staff were clear about their roles and responsibilities. They knew how to raise concerns if they had needed to about the practice of a colleague. Staff were able to make suggestions for how the service could improve.

The registered manager understood the requirements of their role. They had carried out quality checks to monitor and improve what the service was offering 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?

Good

The service was safe.

People felt safe and staff knew how to protect people from abuse and avoidable harm.

There were sufficient staff to keep people safe who had been checked prior to working for the provider.

People received the medicines that they required in a safe way.

Is the service effective?

Good

The service was effective.

People received support from staff who had received regular training and guidance.

People's consent to care had been obtained where possible and the requirements under the MCA were being followed.

People were satisfied with the food available and had access to healthcare services to support them to maintain their health.

Is the service caring?

Good

The service was caring.

People were receiving support by staff who cared and who were aware of their preferences and what was important to them.

People's dignity and privacy was being protected.

People were involved in choices about their care and support and had opportunities to speak up.

Is the service responsive?

Good

The service was responsive.

People's assessment and review of their needs occurred regularly and included people important in their care and

support.

People's support and their plans focused on them as individuals in line with their preferences.

People and their relatives knew how to make a complaint if they had wanted to and could give feedback to the provider.

Is the service well-led?

Good

The service was well led.

Staff understood their roles and responsibilities and were supported by the registered manager. They knew how to whistleblow on their colleagues if they needed to and could give suggestions for improvements to the service.

The registered manager was aware of their responsibilities and had carried out regular quality checks of the service.

Hayes Close

Detailed findings

Background to this inspection

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

The inspection took place on 23 March 2016 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has had personal experience of either using services or caring for someone in this type of care service.

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, to detail what the service does well and improvements they plan to make. We also reviewed information that we held about the service to inform and plan our inspection. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify us of.

We spoke with two people who used the service. The other people living at the home were unable to speak with us due to their communication difficulties. We also spoke with the registered manager and three support staff. During our visit we observed the care and support people received. We also looked at the care records of two people who used the service and other documentation to see how the service was managed. This included medicines management, quality checks that the registered manager had undertaken and policies and procedures. We also viewed three staff files to check recruitment processes and the arrangements for staff to receive support. After the visit we telephoned three relatives of people who were using the service to gain their feedback.

We asked the registered manager to submit documentation to us after the inspection. This included information about the training that staff had received and certificates showing that the safety of the premises had been recently checked. The registered manager submitted these in the timescales agreed.

Good

Is the service safe?

Our findings

People told us that they felt safe and if they had any concerns then they would contact the registered manager. One person said, "Everything is ok, I am happy here. Yes I am safe. Lesley (the registered manager) will help me if I need her". Relatives felt that their family members were being supported in a safe way. One relative told us, "I have no concerns whatsoever about the safety in the home".

People were being protected from abuse and avoidable harm by staff who knew their responsibilities to deal with this in line with the provider's policy and procedures. One staff member told us, "If I saw anything I thought was wrong I'd report it to the manager. I'd also fill in an incident report. We have safeguarding training every year so we know what to do". Staff could describe the different types of abuse and the agencies that they could approach to raise any concerns. Records confirmed that all staff had received training in safeguarding adults. In these ways people were being protected.

Risks that people were exposed to were being assessed and recorded by the staff team. For example, there was an assessment in place for one person as they were at risk of falling. This included the need for staff to supervise them with walking to offer assistance where necessary. On the day of our visit we saw this happening. We also saw that there were other risk assessments in place that were known by staff members. These included evacuating the building in an emergency and to manage finances independently. In these ways the provider had assessed risks to people and put measures in place to reduce them where possible.

Some people who lived at the home displayed behaviour that challenged. For example, one person would sometimes hit themselves when they had become anxious. The staff we spoke with were able to tell us how they kept people safe when this had occurred. One staff member told us, "We have strategies we have to follow when it happens. We can offer them some quiet time or divert their attention onto something else". We saw that there were behaviour management plans in place for staff to follow to support people appropriately. This meant that the provider had made arrangements to keep people safe when they were experiencing anxiety which was in line with best practice.

There was a plan available for staff to follow for a range of emergency situations that could have occurred. For example, a fire or the loss of gas or electricity. We saw that regular checks were being undertaken to make sure that staff knew what to do in an emergency. This had included regular fire drills. In these ways staff knew how to keep people safe if an emergency had occurred.

People could be sure that accidents and incidents were being handled well. This was because staff members had received training in first aid and told us about how they had recorded any accidents or incidents so that there was a record of what had happened. We saw that there had been very few accidents and incidents in the last 12 months. Those that had occurred had been investigated by the registered manager with a view to reduce the amount wherever possible.

People were living in a home where the equipment and environment had been regularly checked. For example, electrical equipment and the safety of the water had recently been tested. We also saw that

although equipment to help people move and transfer from one place to another was not currently needed, it was being regularly serviced. In this way the provider had taken steps to ensure the safety of the home as well as making sure that people had access to safe equipment should they need it in the future.

Relatives told us that the staffing levels at the home were appropriate. One told us, "I suppose there is. Perhaps there could be a couple more but everything does get done it seems". On the day of our visit there were enough staff to keep people safe. We looked at the staff rota and this corresponded to the staff on duty during our visit. We asked staff how they knew who was on call should they need help or support when the registered manager was not available. They told us that this would be highlighted on the rota but we did not see this to be the case. The registered manager showed us previous weeks where this had been documented and they told us that they would amend the current week.

People were being supported by a staff team whose suitability had been checked by the provider before they had started working with the service. We saw that the provider had sought at least two references and a criminal records check for each new employee. The details of these checks had been stored in staff files. In these ways the provider was able to make safer recruitment decisions.

People received their medicines as prescribed. On person told us, "I have my tablets downstairs, they help me every day". Staff had information available to them and could tell us about how each person preferred to take their medicines. The provider's medicines policy and procedure was available to staff to follow. This covered the safe handling of medicines as well as guidance on what to do should staff have made an error. Staff could describe how to deal with medicine errors. One staff member told us, "I would phone the manager and the GP for advice if I gave someone the wrong tablet". Medicines were being stored safely and were only administered by trained staff who had been checked every six months to make sure that they had remained competent. We saw that some people had medicine to help them to reduce their anxieties. There were clear procedures for when these medicines could be given that had been authorised by a healthcare professional. These medicines had only been given as a last resort after other methods, such as calming techniques, had been tried by staff. In these ways people received medicines in a safe way in line with best practice.

Good

Is the service effective?

Our findings

People were being supported by staff that had the right skills and knowledge. One relative told us, "They're all fine. They know what they're doing. None of them knew about diabetes when [person's name] moved in but they went and did the training as soon as they could".

Staff told us, and records confirmed, that they had undertaken relevant and regular training. Staff described the training as helpful in order to provide good support to people. We saw that here had been recent training in epilepsy awareness, the safe moving and handling of people and how to support behaviour that challenged. The registered manager told us that basic life support training was currently being booked with staff as this was something that needed to be refreshed. We saw records confirming this. In this way staff members had received information on best practice to help them to support people effectively.

People were being supported by staff who knew their responsibilities. The registered manager had made arrangements for all new staff to complete an induction. One staff member told us, "I had an induction lasting four days that covered lots of training. I also had an induction about the house such as fire alarm training, it was very thorough". We saw that new staff were being supported to undertake the Care Certificate. This is an award that helps new staff to gain knowledge about how to support people effectively.

Staff told us that they had met with the registered manager regularly. One staff member said, "The manager has been really helpful. I meet with her about six times a year. They observe my practice and we have meetings. She makes sure I know what I'm doing". Records confirmed that meetings between the registered manager and individual staff members were regular and staff had been encouraged to reflect on their practice. During our visit we saw that the registered manager was available to staff and gave advice and support about people's care and support needs. In these ways staff received support that enabled them to enhance the support they offered to 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. We checked whether staff were working within the principles of the MCA and we found that they were.

Some people were able to make decisions for themselves. One person told us, "I don't like going out sometimes and they listen to me". Staff were able to tell us how to obtain someone's consent before they carried out care or support. One staff member told us, "People can make choices for themselves, I don't do anything without asking the person. People can refuse if they want to". Staff understood and had received training in the MCA. One staff member told us, "We make information easy for people so that they can make decisions, we consider if people can retain the information to make a clear decision". We saw records that indicated that people were being involved in making decisions. One person's support plan detailed that, '[Person's name] is keen to pick her own clothes and is able to choose'. People's mental capacity had been

assessed for specific decisions. For example, one person's capacity had been assessed to see if they understood the importance of their medicines as they had sometimes refused them. A best interests decision had been made with the person's GP as it was determined that the person had lacked capacity in this area. In these ways the provider was meeting the requirements of the MCA and protecting people's human rights.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. Staff understood when a DoLS application might be needed. For example, they were able to describe that an application might be needed to be made if restraint was used to keep people safe.

People were satisfied with the quality and amount of food they had been offered. One person told us, "It's nice food, I like spaghetti bolognaise and they make it. I can have something else if I don't like what's there". Another person said, "It's lovely food. There is a menu downstairs and I can choose". We observed people eating their breakfast and lunch and received support from staff that were relaxed and gave them the time they needed. People had drinks and snacks available throughout the day and we saw a staff member offer people fruit during our visit. We saw that the menu was written using pictures to support people to understand it. There were healthy options detailed on the menu including food that people told us they liked. Staff recorded daily what food people had eaten and where there were concerns about this, appropriate action was being taken. For example, specialist advice had been sought by the registered manager to support a person with diabetes to eat well.

People were being encouraged to maintain their health and to access healthcare services when they needed to. One person told us, "They help me do my teeth and check them". Another person said, "I go to see the nurse. I tell her what I eat and she will tell me if I need to adjust anything. It's the diabetic nurse". We saw that people were being supported to visit specialists when they experienced poor health. For example, staff had helped to support a person to recover from a life threatening illness. The registered manager had provided detailed information to staff on how to support the person's recovery as well as highlighting what staff should do if they were concerned about their health. People had been involved in regularly monitoring their health. Each person had a health booklet that they took with them when they went to see, for example, their optician, dentist or GP. These were used to record the outcome of the appointment and people were involved, where possible, in understanding the actions identified. In these ways the provider had made sure that people were being supported to understand and be part of maintaining their health.

Good

Is the service caring?

Our findings

People were being treated with kindness by the staff who supported them. One person told us, "They are nice to me". A relative said, "They've been a big, big help. We've had a family bereavement and they've been great". We saw that staff spoke with people in a kind and gentle way. Staff had built good relationships with the people they supported and we saw that they were laughing and joking with each other. Staff told us about their caring approach. One said, "It's about being a home and part of the family. We all know each other so well. People are happy to see us and it's a family home, it's cosy".

People could be sure that staff would understand their communication requirements. This was because people had clear information about this in their support plans for staff to follow. Where people had difficulties communicating verbally, we saw that staff gave them extra time and space to make their views known.

People's dignity and privacy was being respected. We saw that staff knocked on people's bedroom doors before they entered and asked people how they wanted their care and support to be provided. For example, we saw a staff member asking people what they wanted for their evening meal and when they wanted it. We also saw staff enquiring with people throughout the day how they were and what they had been doing. Staff had guidance on how to involve people in making choices as detailed in their support plans. We saw that one support plan read, 'Not to overload with too much information' when supporting a person to make their own choices. In these ways staff showed a caring approach by being both interested in the people they were supporting and respecting them as individuals.

People's preferences and histories been recorded in their support plans and were known by staff. These had helped staff to offer their support to people in ways that were important to them. One staff member told us, "We didn't know much about [person's name] when she moved in. She likes her food and we have been finding out about her. She likes to have her tactile objects that are important to her". We saw that a person's support plan contained information on their preference for tactile activities. Staff were able to describe how they could spend time with the person using their sensory box. This showed that staff cared about things that were important to people.

When people had become distressed, staff dealt with this in a caring way. For example, one person's family member had recently died and we saw staff taking time to acknowledge and support the person when they were upset. We saw that staff were patient and offered gentle reassurances which helped the person to relax. People's support plans detailed how to support people's emotional needs. For one person there was information for staff to follow for when they self-injured. In these ways staff could support people in kind and compassionate ways when they were distressed.

People's had chosen the decoration of their bedrooms and they spoke warmly about this. One person told us about their personal belongings which they were able to bring with them when they moved into the home. Another person told us, "I've got photos of my family". A person showed us their room and took pride in showing us their CDs and personal belongings. In this way people were made to feel that they were at

home.

People had information on advocacy services available to them. The information used pictures to support people to understand the services that could help them if needed. Information on advocacy was also available to staff so that they knew of organisations that could support people independently of the service. In these ways the provider had considered support that was available to people should they want independent guidance to help them to speak up.

People were being encouraged to be as independent as possible. One staff member told us, "We are helping [person's name] with her mobility as she is not as mobile as she used to be. We encourage her to do arm exercises that the physio set for her and do it together as it encourages her". A relative commented, "They got her back to showering every day, they got her confidence back up". People's support plans detailed how to encourage them to retain or learn new skills. For example, we read that, 'Staff need to promote [person's name] dignity and independence by allowing her to complete any tasks that she can by herself'. In these ways staff knew and had information on how to support people's independence.

People were supported by staff to maintain relationships that were important to them. One person told us, "I'm going to see my mum this weekend, I go every weekend". We saw in one person's support plan that having family contact made them feel happy. The person told us how they had visited their family members recently with support from the provider. The registered manager told us that transport is provided to the person's family and that staff help to facilitate any visits. A relative confirmed that they could visit without undue restriction. One said, "I can just turn up when I want, it's not a problem".

People's personal and sensitive information was being kept secure. There were confidentiality and data protection procedures in place which were known by staff. We saw that people's support plans and written information relating to them was being kept safe and there were lockable facilities to safeguard this. In these ways the provider had made arrangements to protect peoples' privacy and to only allow access to those entitled to the information.

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to moving into the home. This process included looking at, for example, people's medicines, their safety and communication needs. This helped the registered manager to understand the needs of people and to make sure that the service could meet these. The registered manager explained that every person had a review after moving into the home to check with them, their family and social care professionals that they were happy to stay at the home.

People had support plans that were focused on them as individuals. They were written in such a way that staff would know how to support people in line with their preferences. For example, there was information on how some people communicated using objects. These helped people to understand what was going to happen and to make a choice. We saw staff putting this into practice by showing people different fruit to help them to make a choice. We found that people's support plans included information about their likes and dislikes as well as their life histories and daily routines. The registered manager and staff told us that this information was gained from people where they could contribute or from their relatives. We also saw information available for healthcare professionals if people had required a hospital admission. This information included how a person liked to be supported, how to communicate with them and their likes and dislikes. In these ways those offering support to people knew what was important to them.

Staff could describe how they had learnt about people's needs. One said, "It's the support of staff and reading people's support plans that tells me how to support people". We saw that there was a communication book in place for all staff to read when they had started their shift. This had key pieces of information about people's daily well-being and if there had been any changes to their support needs. In these ways staff had information available to them to offer the right support to people based on their current or changing needs.

Relatives had mixed views on how often their family members' needs had been reviewed. One told us, "I've met with the manager, social worker and health professionals recently to discuss the care plan. [Person's name] is always invited to all of the reviews but often chooses not to participate". Another said, "We have been in the past to reviews but they have not had so much time recently to do one. A while ago, a few years perhaps, but if we need anything we can talk to them". We saw that the registered manager and staff had reviewed people's care plans and risk assessments monthly. It had been documented that people were not part of this due to their understanding of the process. In these ways people's needs were being regularly reviewed, the views of others could be given to the service and staff had up to date information to follow to support people appropriately.

People were being supported to undertake hobbies and interests that were important to them. One person told us, "I go out sometimes to the pub for a pint. We go everywhere". Another person said, "She [staff member] does my nails for me". This person also described a range of activities that they enjoyed including shopping and going to a disco. A relative was complimentary about the activities on offer to people and told us, "They're wonderful. They take them to Morrison's, Fosse Park, everywhere. I don't know how they do it!". We saw that people's support plans reflected the interests that people told us about. People had been

supported to go on regular holidays that they had enjoyed. One person told us, "I love it when we go on holiday". Staff also told us how they were responsive to requests for activities that people had mentioned. One staff member said, "If [person's name] wants to go and watch the football he will ask us and we can do it, no problem". We saw that there was a minibus at the home that was taking people to different activities throughout the day of our visit. We also saw an activities timetable on display with pictures so that people could point to things of interest that they wanted to do. Activities that people had taken part in had been documented by staff in their daily notes and they had noted how people had responded to them. In these ways people were undertaking activities and interests that they enjoyed by staff who were flexible to people's requests.

People and their relatives knew how to make a complaint should they have needed to. One person told us, "If I'm not happy I'd tell the staff". A relative said, "I've not needed to complain but I know how to. Lesley is very approachable". Staff could describe how they would observe for changes in people's behaviour and mood which might have indicated if a person was not happy with something. This was because most of the people at the service would not be able to talk or write about a complaint. We saw that there was a service user guide that was available to people that had the complaints procedure detailed in it. The provider had made this accessible for people by using pictures. There was also a complaints procedure available for family members and visitors which detailed the procedure that the provider would take in the event of receiving a complaint. We saw that no complaints had been made to the provider in the last 12 months.

There were arrangements for people and relatives to provide feedback to the service. We saw that there were suggestions boxes in place. The registered manager told us that as the home is quite small, people or their relatives would give verbal feedback to her on a daily basis. Relatives confirmed this. We saw that some people were part of staff meetings that had regularly occurred. Discussions had included ideas for fundraising to buy sensory equipment for the home. In these ways, where people could, they had the opportunity to speak up and to contribute.

Good

Is the service well-led?

Our findings

People, their relatives and staff members spoke positively about the registered manager and how they were approachable and easily contactable. A staff member told us, "I can't fault Lesley. She pushes me. I have got NVQs and if it wasn't for her I'd have none! She supports me very well". People we spoke with could tell us who the registered manager was and how they were friendly and always helped them. We saw that compliments had been received praising the registered manager and the staff team.

There was a statement of purpose about what people could expect from the provider. This included details about how the provider would assess people's needs, the complaints procedure and facilities provided by the home. The registered manager and staff were able to describe this as well as the mission statement of the provider. This included the aim of delivering 'Exceptional quality standards of care'. In this way the staff team understood and worked towards shared goals.

Staff knew about their responsibilities as the registered manager had documented these. There were daily task lists for all staff that outlined their roles and duties such as completing the communication book, checking the menu and a range of kitchen duties. There was also a provider's staff handbook that was given to staff during their induction that included topics such as confidentiality and equal opportunities. Staff also knew how to report poor practice of their colleagues should they have needed to. One staff member told us, "I'd follow the whistleblowing procedure. If there were issues with the manager I can contact the director of Rushcliffe in Loughborough". We saw that the provider had made available a whistleblowing policy and procedure for staff to follow with details of other organisations staff could report concerns to if they had needed to. In this way staff knew what to do to where they had concerns about poor practice.

Staff had opportunities to give their suggestions about how to improve the service. For example, there were regular staff meetings that had included discussions about how to raise money to buy equipment for its sensory cabin, the use of medical booklets for people to improve their experiences of health care services and the discussion of policies and procedures. When we spoke to staff about making suggestions they could not give examples of when they had done this but were sure their ideas or suggestions would be listened to.

Feedback about the service had been sought by the provider. The registered manager told us that questionnaires had been sent in the last 12 months to people's relatives about the quality of care offered to people but none had been returned. A relative told us, "I had one in 2014. Nothing since but I can give my opinions whenever I want". Another relative told us, "I've had questionnaires in the past but not had the results of them or what they found". The registered manager confirmed that the results had not been shared formally with people or their relatives but that they would consider this for the future. We found that the comments received during 2014 had been analysed by the provider and saw that they were all positive.

People were being supported by staff that were monitored regularly by the registered manager. Staff told us that the registered manager would turn up at the home unannounced. The registered manager told us that they did this to make sure that staff were working in positive ways with people. We saw that the registered manager had a timetable of tasks to be undertaken where they would check the suitability of the care and

support offered by staff. For example, regular meetings occurred with individual staff members to talk about their care and support that they had offered. We saw that the registered manager took staff through the provider's disciplinary procedure as and when necessary. In these ways the registered manager was aware of the culture of the staff team and dealt with any negative practice accordingly.

The registered manager was aware of their responsibilities. They could describe the need to alert the relevant organisations of significant incidents that had occurred. We saw that the registered manager was being supported by the wider organisation to deliver the care and support as detailed in the provider's mission statement and statement of purpose. For example, the provider had carried out an internal inspection of the service in February 2016. This had checked that the registered manager had appropriate arrangements in place to deliver the service effectively. We saw that training, care plans and recruitment had all been audited. Actions had been identified and we saw that the registered manager was addressing these. In these ways the provider and registered manager were showing effective leadership.

The registered manager had carried out regular audits to monitor the quality of the service being delivered. We saw that these had been carried out in areas such as people's care files, medicines, equipment and the general environment. We found that these were effective in highlighting ways to improve the service. For example, the environment audit had documented the need for a new radiator cover to protect people from burns as one was damaged. We saw that quotes had been requested for a replacement. In this way, the registered manager was monitoring the provision of care and the premises to improve, where necessary, people's experiences of care.