Sun Care Homes Limited

Ty Gwyn Residential Care Home

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 21 September 2016 and the visit was unannounced.

Ty Gwyn Residential Care Home provides care and support for up to twelve people with learning disabilities or autism. At the time of our inspection seven people were using the service. The accommodation was offered over two floors accessible by stairs and a stair lift. There were two communal lounges and dining areas. There was a large well-maintained accessible garden for people to use should they wish to.

There was a registered manager in place. It is a requirement that the service has 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.

People felt safe with the support offered. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. The provider had a system to manage accidents and incidents appropriately. Risks to people's health and well-being had been regularly assessed. For example, where a person had risks to the health of their skin, staff followed guidance that had been made available to them.

The provider had a suitable recruitment process in place for prospective staff including undertaking relevant checks. People and staff were satisfied with the number of staff available to offer them care and support. We found that staffing numbers were suitable to help people to remain safe.

People received their prescribed medicines in a safe way. Staff received regular guidance and understood their responsibilities to handle people's medicines safely. Medicines were stored appropriately and guidance was available and followed by staff about how people preferred to take them.

People received care and support from staff with the appropriate knowledge and skills. Staff had received regular training in topic areas such as epilepsy and fire safety. New staff received an induction when they started to work for the provider. They had regular meetings with the registered manager so they could receive feedback and guidance on their work.

People were supported in line with the Mental Capacity Act 2005. People were supported to make their own decisions and the provider had documented their capacity to make decisions where this was necessary. Staff understood their responsibilities under the Act. The registered manager had made an application to the appropriate body where they had sought to deprive a person of their liberties.

People chose what they ate and drank and were satisfied with what was offered to them. People had access to healthcare services such as to their doctor or dentist. Staff had guidance on people's health conditions so

they knew how to provide effective support.

People received support from staff who showed kindness and compassion. Staff protected their dignity but people's care records were sometimes written in ways that could be seen as lacking respect for them. The registered manager told us they would remind staff about the use of professional language when writing in people's care records. The provider had arrangements for storing people's care records safely and discussions about their care needs occurred in private.

People were supported to be as independent as they wanted to be in order to retain their skills. People were, where they could, involved in decisions about their care including how they chose to spend their time. The registered manager considered involving advocacy services where people may have required additional support to speak up.

People had contributed to the planning of their care where they were able to. People had care plans that were regularly reviewed and were centred on them as individuals. Some people's care plans lacked specific details about their care requirements. The deputy manager told us they would review the information to make sure it was detailed so that staff had all of the information they required to provide responsive care. Staff knew about the people they supported and offered their assistance in line with people's preferences and routines that were important to them. People took part in activities and interests that they enjoyed when they chose to including cooking and arts and crafts.

People knew how to make a complaint. The provider had a complaints policy in place that outlined what they would do should they receive a complaint.

Staff felt supported and knew their responsibilities as the provider had arrangements in place for them to receive regular guidance and support. Staff knew how to report the inappropriate or unsafe practice of their colleagues should they have needed to.

People and others involved in their care had opportunities to give feedback to the provider. The registered manager was aware of their responsibilities and had arranged for quality checks of the service to take place to make sure that it was of a high standard. For example, checks on the cleanliness of the home and on people's medicines routinely occurred.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm by staff who knew about their responsibilities to support them to keep safe.

The provider had a suitable recruitment process including checks on the suitability of prospective staff.

People received their prescribed medicines 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 were supported in line with the Mental Capacity Act 2005. People were asked for their consent to the care offered. Staff knew their responsibilities under the Act.

People were satisfied with the food offered to them and had access to healthcare services.

Is the service caring?

Good

The service was caring.

Staff showed kindness and compassion towards people.

People's independence was encouraged where this was important to them and their preferences were known by staff.

People were involved in making decisions about their care and support where they could.

Is the service responsive?

Good

The service was responsive.

People, where they could, had contributed to the planning of their support. They received care based on their preferences from staff who knew them well.

People undertook activities based on their interests and hobbies.

People knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

There were opportunities for people, relatives and staff to give suggestions about how the service could improve.

The registered manager supported staff to understand their responsibilities.

The registered manager regularly checked the quality of the service and was aware of their responsibilities and registration requirements with Care Quality Commission.

Ty Gwyn Residential Care Home

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 21 September 2016 and was unannounced. The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We also contacted Healthwatch (the consumer champion for health and social care) and the local authority who has funding responsibility for some people living at the home to ask them for their feedback about the service.

We spoke with four people who used the service and two support staff. The registered manager was not available when we visited so we spoke with the deputy manager. We observed staff offering their support to people throughout our visit so that we could understand people's experiences of care.

We looked at the care records of two people who used the service. We also looked at records in relation to health and safety, people's medicines as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the registered manager had undertaken. We also looked at three staff files to look at how the provider had recruited and how they supported their employees.

After our visit, we spoke with the registered manager to discuss our findings and to request further evidence.

They submitted this to us in the timescale agreed.

Good

Is the service safe?

Our findings

Staff knew how to protect people from abuse and avoidable harm. This was because the provider had made available to staff a procedure to follow should they have concerns about the safety or well-being of people. Staff were able to describe the action they would take if they had concerns. One staff member told us, "I would know if someone's mood changed, if there were marks I would report it." Staff could describe the different types of abuse and the indicators that a person might be at risk of harm. We saw that staff had received regular training on how to protect people from abuse and avoidable harm. This meant that staff knew how to deal with actual or suspected abuse.

People felt safe with the support they received from staff. One person told us, "I am safe, nobody comes in [that should not]." Another person said, "Yes, I feel very safe here" and added, "I know who is who." Staff supported people to remain safe and provided support in ways that were supportive of people's freedoms. One staff member told us, "It comes natural to us as we do it all the time". The staff member gave an example that although people were always accompanied by a staff member when accessing the local area, they educated them about keeping themselves safe such as when crossing roads.

Risks to people's health and well-being were regularly assessed. We saw that the provider had risk assessments in place in areas such as assisting people with their equipment and where people's skin was at risk of damage. Staff had written guidance about how to reduce such risks and we saw them following this guidance when we visited. One person required support to change position throughout the day and staff were observed to be carrying this out. Staff regularly discussed with each other the risks to people's health and well-being including updating one another on how a person's skin was to make sure it continued to remain healthy through the application of cream. This meant that risks associated to people's support were managed to help them to remain safe.

Some people displayed behaviour that presented a risk to themselves and others. Staff members knew how to safely support people when they became anxious. Staff described how they undertook this successfully due to their knowledge of people and their likes and dislikes. We saw that people were supported to make positive behaviour choices such as engaging in hobbies they were interested in when they became anxious. Staff also described how they had guidelines in place within people's care records to assist them to offer safe support. One staff member described such guidelines and told us, "If they are anxious we use distraction. Something I know they are interested in. I'd call for assistance if required but this has not been necessary." We saw that people had written guidelines within their care records for staff to follow and training had been attended by staff so that they could provide safe support to people where this had been required. This meant people received the required support to maintain their well-being.

The provider had a system in place to safely manage accidents and incidents. Where these had occurred, the registered manager took the required action. We saw that they had sought support from healthcare professionals where necessary and took action to reduce the likelihood of a reoccurrence. One person was provided with equipment where this had been subsequently assessed as required. We discussed with the registered manager that one accident record lacked detail. They told us that this had been addressed with

the staff member concerned at the time and additional guidance had been given to them on the importance of fully completing people's care records.

The provider had regularly checked the environment and equipment to make sure that potential risks to people's health and well-being were minimised wherever possible. We saw that the fire alarm system and people's equipment was regularly checked and serviced in line with manufacturing guidelines. We also saw that the safety of the gas, electric and water within the home were routinely tested. At our last inspection we were concerned that there was a leak in one bedroom. We saw this had been fixed.

The provider had plans in place for staff to follow in the event of an emergency situation such as a fire. People had individual plans to vacate the home in an emergency. We found these to be detailed and focused on each person's individual needs. The provider also had plans for alternative accommodation and to obtain additional staffing and resources in the event of an emergency. This meant that the provider had considered people's safety should a significant incident occur.

People were satisfied with the number of staff available to support them to remain safe. One person told us, "They (staff) will sit and chat to me." Staff members also felt staffing numbers were suitable. One staff member said, "There's the right amount of numbers of people and staff." We saw that staff were able to spend time with people and to offer the support as documented as required in people's care plans. We found that staffing numbers were suitable and people's requests for support were answered without undue delay during our visit.

The provider had suitable recruitment procedures in place for checking the suitability of prospective staff members. We saw that the policy included the provider obtaining two references for each prospective employee and a Disclosure and Barring Service (DBS) check. The DBS check helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We found documents within staff records that confirmed these checks had consistently taken place. This meant that people were supported by staff who were appropriately verified.

People received their prescribed medicines safely. People told us they always received their medicines when they needed them. One person told us, "I get my tablets every day." We saw two staff members offering medicines to people. Both staff members completed the process together and checked with each other that the correct medicine was offered to the right person. We also saw staff gain the consent of the person to administer their medicines. We observed the staff members following national guidance when handling medicines such as making sure it was secured and making sure the recording of administration took place. We looked at five people's medicine records and found these to be completed accurately and fully. In these ways people received their prescribed medicines safely.

Staff had guidance available to them about people's preferences and requirements for their medicines. We saw that regularly reviewed protocols were in place as agreed by healthcare professionals to guide staff on when people could be offered medicines for their anxieties. Staff knew about these and could details the occasion where such medicine may be offered to people. People's care records detailed how people preferred take their medicines and we observed staff following this guidance when assisting people with their medicines. We also saw that the provider had made available to staff a medicines policy which gave them guidance on the safe handling, storage and disposal of people's medicines. Staff also received training in handling medicines and their competency was regularly checked. In these ways people received their medicines according to their preferences and staff knew their responsibilities.

Good

Is the service effective?

Our findings

People received support from staff with the necessary skills and knowledge. New staff received an induction when they started working for the provider. We saw that this included people's support requirements and the home's procedures. We also saw that there were on-going training opportunities available to staff in order to provide effective care and support. One staff member told us, "The training is fine. It's regular enough." Another said, "The training is alright. It's mainly e-learning with some limits but it's okay." We saw that training had been undertaken by staff in topic areas such as epilepsy, fire safety and moving and assistance. A staff member told us that two of their colleagues were due to access a specialist dementia training session that specifically looked at nutrition due to receiving a referral for a person with such needs. We saw that the registered manager maintained a spreadsheet so that they could see when training was due again for each staff member. This meant that staff received up to date guidance on best practice when offering care and support to people.

Staff members received regular guidance from the registered manager. One staff member told us, "Supervision is approximately every six weeks. It happens consistently. It's good to check things out including the training I need." Supervision is a process whereby staff have the opportunity to meet with the registered manager to receive guidance and feedback on their work. We saw that staff received regular supervision in line with the provider's policy either individually or in groups such as during team meetings. We also saw that the registered manager had arranged for all staff to have further supervision meetings in the coming two months. This meant that staff received regular guidance and support on how to provide effective support 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 the provider was working within the principles of the MCA and found that it was.

People were consistently asked by staff members for their consent when support was offered. Staff did this in ways that empowered people to make choices for themselves such as how they wanted to spend their time. Where there were concerns about people's ability to consent to their care and support, the registered manager had documented this in people's care records. For one person we read, 'Can make simple choices, and state likes and dislikes'. We also read that if complex health decisions were required for this person such decisions would be made in their best interest by all of those involved in their care coming together to make the decision. We saw that some people had legally appointed representatives to make decisions on their behalf and this had been suitably recorded in their care records.

Staff understood the requirements of the MCA. One staff member told us, "It's making sure I give choice. I need to consider if they have capacity. If not I could consider an advocate where necessary." Another said, "If they don't have capacity there's an assessment to decide if they lack capacity. We may get an advocate

involved and work together." We saw that staff received training in the MCA so that they understood their responsibilities.

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 one application to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. Staff members could describe where a DoLS application would be required. One staff member told us, "We have to make sure we're not stopping people from doing things without the proper agreements."

People were satisfied with the food offered to them. One person told us, "Nice food." Another said, "It's good food I like it." People told us that the menu was chosen at monthly residents meetings. We saw that picture cards were displayed to enable people to make choices about their meals. There were two choices available every day to people and staff confirmed that other options were always available. One staff member told us, "We cater for everyone!" Another staff member described how they encouraged food themed days, "We get residents tasting food which they may not have come across before." They described how people had enjoyed this. We observed people having a meal. We saw that people enjoyed their food and the occasion was calm and unhurried. Staff took time to offer their assistance and to make the mealtime a sociable experience for people. We also saw that drinks and healthy snacks were available to people throughout the day.

Staff knew about the food and drink that people liked and we saw that these were recorded in their care records. Where there were concerns about people's eating and drinking, specialist support had been obtained. One person required specialist equipment in order to eat and drink. We saw that up to date guidance from a healthcare professional was available for staff to follow so that the person was supported in line with their support requirements. We saw staff following this guidance when we visited. This meant that people's nutritional needs, based on their preferences and support requirements, were met.

People were supported to maintain their health. People told us that their health needs were met and that if they were unwell they would be able to inform a staff member and, if necessary, the doctor or dentist would be called. We saw that people's care records detailed their health conditions with guidance available for staff to follow to support them to remain well. Where people had attended a health appointment such as to see a nurse, the outcomes were recorded in their care records so that staff had up to date information about their conditions. We also saw that people had emergency grab sheets in place. These are documents that detail people's health and social care requirements for those who may not know their needs should a hospital admission or visit be required. In these ways people's healthcare needs were met.

Good

Is the service caring?

Our findings

Staff offered their support in kind and considerate ways. One person told us, "They are very nice, they help me." Another said, "They listen to me, never shout at me." We saw that when staff members spoke with people they did so in a caring manner asking them if they required support and asked after their general well-being throughout our visit. One person was supported to make decisions about how they were going to spend their day as well as receiving support to remain settled when they became anxious. We saw staff members sitting with people and offering reassurances. Where a person was cared for in bed, staff regularly checked how they were and spent time speaking with them to make sure they were comfortable. We also saw staff members laughing and joking with the people they supported. People received this warmly and we could see that good relationships had been made.

People were not always treated with respect. We saw that staff showed respect to people by the way they spoke with them and responded in a timely way. However, we read some language in people's care records that could have been perceived as lacking respect for people. For example, we read how one person had displayed, 'Their usual protests'. We spoke with the registered manager about this who told us they would remind staff about the need to write professionally in people's care records. In other people's care records we read information that staff had recorded about people that showed warmth and respect for them such as how they were offered choices about their meals and activities.

Staff protected people's dignity. One staff member described how they closed curtains and doors when supporting people with personal care. We saw staff knocking on people's doors before they entered. We also saw that staff members asked people throughout our visit for how they wanted their care to be carried out and listened to and acted upon the responses they received.

Staff understood how to maintain people's sensitive and private information because the provider had made available to them policies on confidentiality and data protection. We heard discussions about people's care needs that took place discreetly and in private. People's care records were stored securely in the registered manager's office.

Staff members had an in-depth knowledge about the people they supported. They were able to describe people's likes and dislikes. One staff member said, "I see people every day. I've worked here so long I know them so well. It's the little things that are important. I know that [person's name] likes shopping and what items they like." Staff members had guidance in people's care records about their life histories, preferences and communication requirements that they could describe. Staff told us about one person enjoying relaxation activities to support them with their anxieties. We saw that an area within the home had been made into a sensory area that had specialist lighting, cushions and tactile objects. Staff explained how they supported the person to access this when they were anxious which showed that they knew about the people they supported.

People were involved in decisions about their care and support wherever possible. Staff told us that people were supported to change the daily information board. This had photographs of activities on offer. People

told us that they chose the activities they wanted to participate in. We also saw that there was a keyworker system in place. A keyworker is a staff member who supports a particular person to make sure that they have the things that they need and to work closely with them to make sure they are satisfied with the service offered. Staff told us that people were involved in their care plan where they wanted to be and we saw that this had been documented in their care records. One person had given the provider information on their preferences for any future health support that they may require and this had been suitably recorded within their care records. We also saw staff members offering choices to people throughout our visit and they respected those made. This meant that where possible, people were involved in making decisions about their lives.

Where people required additional support to make decisions and be involved in the planning of their care, the registered manager told us that a referral to an advocate would be made on their behalf. This was because people would not be able to arrange this for themselves. An advocate is a trained professional who can support people to speak up for themselves. The registered manager told us how in residents meetings, people were encouraged to speak up about things that may have been worrying them and that advocacy services would be, and had been, accessed where required.

People were supported to be as independent as they wanted to be. One staff member told us, "We try to encourage independence. For example, choosing their own bedding. People also choose their own clothes, food and the menu." We saw staff asking people to make their own decisions in relation to activities and food when we visited. We also saw in people's care records that staff were guided to support people's independence. We read how one person required support to bathe but still preferred to wash their own legs. This meant that people were supported to retain their skills and level of independence.

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual needs, routines and preferences. People described how they received the support they needed without having to wait unduly and described how they were supported in ways of their choosing. One person told us they could go to bed and rise in the morning when it suited them and that staff were available to offer any support required when it was needed. One staff member told us, "I see people day-to-day. They tell me how they want to spend their day. We have pictures and discuss things with them. With it being a small home we know each other well and can offer person-centred support."

The registered manager carried out pre-admission assessments before people moved into the service. This was important so that the provider could be sure that it could meet people's individual needs. Following this assessment, care plans were devised with information to guide staff about the support people required. We saw for one person that they were at a risk of falling and their care plan described the support to be offered in line with advice from a healthcare professional. We saw staff following this guidance when we visited.

People had, where they could, contributed to the planning of their support. People had signed their care plans to document their contribution. People confirmed that staff offered them regular choices and asked them how they wanted their care to be carried out. A staff member confirmed this and told us, "The residents tell me what they want and I simply oblige where it is safe to do so. We all [staff members] bring something different to the home and can use our skills to offer the care people want."

People's care records contained information that was focused on them as individuals. We saw 'Getting to know you' documents which described people's life histories and things that were important to them such as specific morning routines. We also saw information on people's support requirements including their preferences and their likes and dislikes. However, we found that some areas of people's care plans lacked specific details. For one person information on their cultural needs was not completed and how they could display behaviour that could challenge others only contained brief details. We spoke with the deputy manager about the recording of people's needs and they told us they would review their information to make sure it was comprehensive. We found that staff had a depth of knowledge about people's support requirements which enabled them to offer responsive care. We read that one person liked regular reassurance about what was going to happen next and we saw that staff offered this when we visited. They did this routinely and this enabled the person to remain settled. This meant that people received support based on their preferences and in a person-centred way.

Where people could, they reviewed their own care requirements with staff every month or when changes arose. A staff member told us, "Most people are keen to go through their care plans monthly. Sometimes it's more of a friendly chat so people take part. If there are any changes we discuss these together." We saw that people's care records were updated monthly and any changes noted. In these ways staff had up to date information and guidance about how to provide responsive support to people.

People were supported to follow their interests and hobbies. One staff member told us, "They have access to

a lot of things, but it has to be appropriate and suit what they want to do." One person proudly showed us an activity they were interested in. This resulted in a project, supported by staff, that involved a performance of a show to relatives. Where people did not want to take part in activities this was respected. One person told us, "I don't like going out now. They don't make me go out if I don't want to." We saw that there were many activities and opportunities for people to be involved in should they have chosen to. We saw photographs of people taking part in day trips, cooking and arts and crafts. There was a sensory area with gentle music and lighting available to people when they wanted to relax. Staff told us that some people had recently shown an interest in attending Sunday worship at the local church. Initial contact had been made with the church to enquire. This meant that the provider had made available opportunities to people to undertake if they so wished.

People knew how to complain. One person told us, "I'd tell them [staff] if I wasn't happy." All of the people we spoke with said they were able to raise comments or make a complaint if they needed to. We read a thank you card form a relative that said, 'Staff take on any comments and general concerns and deal with them swiftly and appropriately.' We saw that there was a complaints procedure that was displayed in a format that was easier to read with pictures to aid people's understanding. This detailed the process the provider would follow should a complaint be received and included other agencies people or their relatives could contact should they have wished to. The deputy manager told us that they had not received any complaints in the last 12 months and explained that if they did they would look at it with the registered manager and address it as quickly as possible.

Good

Is the service well-led?

Our findings

The provider had sought feedback from people, their relatives and social and healthcare professionals about the quality of the service. The deputy manager told us the provider undertook this at a minimum of every 12 months to look at ways they could improve the service. They told us, "We've worked quite hard since the last Care Quality Commission (CQC) visit. We want to continue to improve." We saw that questionnaires were issued to people and others involved in their care in the last two months and the responses received were complimentary of the provider. People told us, and we saw, that they attended regular residents meetings. Feedback to the provider included suggestions for food options and activities and the registered manager checked that people knew how to raise a concern. The provider displayed regular newsletters for people and their visitors that gave feedback on any comments received as well as detailing upcoming activities and improvements within the home such as redecoration. In these ways the provider had enabled feedback to be received about the quality of the service and kept people up to date with developments within the service.

Staff received suitable support from the registered manager. One staff member told us, "You can go to the manager and make suggestions. She is supportive." Another said, "There is always someone available. The manager is firm but approachable". Staff told us that they attended regular staff meetings where the expectations of them were discussed. One staff member described how during staff meetings they had, "Mini refreshers" in areas such as good practice in fire safety and how to safely assist people to move. Staff members found these meetings to be useful and the provider sought their views. One staff member told us, "They are two way and we are welcome to bring our own agenda items." We saw that the meetings were used by the registered manager to give staff ideas for how they could improve the service offered to people and thanked them for their hard work. This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

Staff were aware of their responsibilities. There were tasks lists for staff to follow as well as a notice board for staff giving them up to date information on their roles and responsibilities. The provider had also made a range of policies and procedures available to staff which they knew about. This included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff could describe the action they would take should they have concerns. One staff member told us, "I would go straight to the person in charge and tell them what was happening. I would speak to the owners or CQC if necessary. If the concern was extreme, I'd call the police." We found that the provider's whistleblowing policy had alternative contact details available for staff to use where they could raise their concerns should they have needed to, such as the local authority. This meant that the provider was open to receiving and dealing with poor practice should it have occurred.

The provider had clear aims and objectives for what the service strove to achieve displayed for people and their relatives. One staff member told us, "To provide the best care, to make sure people are happy and healthy. I feel that the home is meeting them. There's always a lot going on." This was in line with the specified aims. We read that the service sought to promote people's independence and to deliver flexible care. When we visited we saw staff adhering to these principles. This meant that staff knew about the aims

and objectives of the service and offered support in line with these. We found that the provider's statements of purpose which set out the services offered to people required an update. This was because some services were no longer offered to people. The registered manager sent us an updated statement of purpose after our visit to demonstrate that it had been reviewed.

The registered manager understood their responsibilities and the conditions of registration with CQC were met. This included the submission of statutory notifications by the registered manager to CQC for significant incidents that they are required to send us by law. We had received notifications where a person had sustained a significant injury and when a person had died. Both detailed follow-on action by the registered manager which meant they dealt with incidents suitably. We saw that our previous inspection report was on display in the home for people and their visitors to read our judgements when we last visited the service. This showed that the registered manager demonstrated effective leadership.

The registered manager carried out regular checks on the quality of the service. We saw that checks on people's medicines, the cleanliness of the home and equipment were routinely carried out. The deputy manager told us that when action was needed to make improvements, the staff team completed them. We also saw that there was a maintenance and improvements programme in place documenting plans to upgrade some floor coverings and windows. This meant that the delivery of the support people received was regularly reviewed.

We saw that the registered manager signed to say when checks had been carried out. We discussed with them that actions plans were not in place where areas required improvement. We saw that following a fire service visit the required actions had not been recorded as completed. The registered manager told us, and we saw, that they had been but their records did not reflect this. The registered manager told us that they would improve their quality check records to include any actions required and when they were completed.