

# New Directions (Rugby) Limited

## Vicarage Road

### Inspection report

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Date of inspection visit:  
20 June 2017

Date of publication:  
09 August 2017

### 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?	Outstanding ☆

# Summary of findings

## Overall summary

The inspection took place on 20 June 2017 and was unannounced.

Vicarage Road provides accommodation and personal care, for up to six adults. They specialise in care for adults who may have learning disabilities or autistic spectrum disorder, dementia, physical disabilities or sensory impairments. Six people were living at the home at the time of our inspection. At the last inspection, the service was rated Good overall. At this inspection we found the quality of service had improved even further and was now Outstanding in the well-led key question.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The providers' values were person-centred and made sure people were at the heart of the service. Staff shared this view and had a common vision to provide an environment where people were enabled to live their lives as they chose, pursue their interests and maintain their independence. Staff demonstrated they cared through their attitude and engagement with people. People were valued and staff understood the need to respect their individual wishes and values. Staff knew people well and they respected people's privacy and dignity and encouraged people to maintain their independence.

People were encouraged to plan ahead, set personal goals and maintain their interests. They were supported to take part in social activities which were meaningful to them, in a group or on a one-to-one basis and these improved the quality of people's lives.

The provider was innovative and demonstrated sustained improvement to the quality of care they delivered. They worked in partnership with other organisations to make sure they followed current best practice and provided a high quality service. They had developed systems which ensured excellent standards of care were maintained for people.

The registered manager and deputy manager were dedicated to providing quality care to people. They valued staff and promoted their development. There was an open culture at the home where staff felt well supported, able to raise any concerns and put forward suggestions for improvements. The provider encouraged people to provide feedback on how things were managed and to share their experiences of the service in creative ways which suited their needs.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks, while promoting people's independence. People and their families were included in planning how they were cared for and supported. The registered manager regularly checked that the premises and equipment were safe for people to use.

Staff understood their responsibilities to protect people from the risk of abuse. The registered manager checked staff's suitability for their role before they started working at the home and made sure there were enough staff to support people safely. Medicines were administered and managed safely.

People were cared for and supported by staff who had the skills and training to meet their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a healthy diet that met their preferences and were referred to healthcare services when their health needs changed.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service was caring.

The providers' values were person-centred and made sure people were at the heart of the service. There was a welcoming, friendly atmosphere in the home and staff provided a level of care that ensured people had an excellent quality of life. Staff shared a common vision to provide an environment where people were enabled to live their lives, pursue their interests and maintain their independence. Staff demonstrated they cared through their attitude and engagement with people. People were valued and staff understood the need to respect their individual wishes and values. Staff knew people well and they respected people's privacy and dignity and encouraged people to maintain their independence.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Outstanding ☆

The service was very well-led.

People were very happy with the service. The provider was innovative and demonstrated sustained improvement to the quality of care they delivered. They worked in partnership with other organisations to make sure they followed current practice. They had developed systems which ensured excellent standards of care were maintained for people. The registered manager and deputy manager were dedicated to providing quality care to people. They valued staff and promoted their development. There was an open culture at the home where staff felt well supported and felt able to raise any concerns. The provider encouraged people to provide feedback on how things were

managed and to share their experiences of the service in creative ways which suited their needs.

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# Vicarage 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 checked 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 took place on 20 June 2017 and was conducted by one inspector. It was a comprehensive, unannounced inspection.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

During the inspection visit we spoke with five people who lived at the home. We spoke with the registered manager, the deputy manager, the team leader, a visiting healthcare professional and two care staff. Healthcare professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors. Following our inspection visit we spoke with two relatives.

Many of the people who lived at the home were happy to talk with us about their daily lives, but they were not able to tell us in detail about their support plans because of their complex needs. However, we observed how care and support were delivered in the communal areas and reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe at the home. People told us who they would go to if they felt worried about something. We saw people were relaxed with staff and approached them with confidence, which showed they trusted them. Two members of staff told us, "We respect people and make sure they're safe" and "We sit down and have a chat with people to talk about if they feel safe and ask them if they have any worries...we reassure them." The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior person. A member of staff told us, "If I had a concern I would report it to the team leader and record the information." Records showed concerns had been appropriately recorded and reported and action was taken by the registered manager to keep people safe.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. People were encouraged to maintain as much independence as possible. The deputy manager explained how they assessed risks to people by monitoring any incidents which took place and reviewing the information to identify any patterns.

People told us there were enough staff because they received support when they needed it. The deputy manager used people's care plans and knowledge of their dependencies, to make sure there were enough skilled and experienced staff on duty to support people safely. The deputy manager told us they were currently recruiting to fill one vacancy and used a small team of 'bank' staff to ensure shifts were covered. The team leader told us, "We are a good team. It is better for residents to keep consistent staff and it is important for people living here to know who's coming in." A visiting healthcare professional told us, "Continuity of care is excellent because they have a low turnover of staff."

The provider had processes to manage environmental risks, this included regular risk assessments and testing and servicing of the premises and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. The registered manager had identified the support that individual people would need to exit the premises promptly in the event of an emergency.

Medicines were managed and administered safely. People told us they had their medicines when they needed them. Only trained and competent staff administered medicines. Records showed the deputy manager or team leader regularly checked medicines were administered in accordance with people's prescriptions and care plans. They regularly checked the amount of medicines recorded as 'administered'

and the amount remaining matched the amount in stock.

We checked how medicines were stored and found the temperature of the locked cabinet where most medicines were stored, was 28°C. This was over the manufacturers recommended temperature for some of the medicines and meant they may become ineffective. We discussed this issue with the registered manager and acknowledged on the day of our visit the environmental temperature was very high. The registered manager took action straight away to reduce the temperature of the storage cabinet. Following our visit they took further advice from a pharmacy for ways to help maintain appropriate temperature levels.



# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People received the care and support they needed to maintain their health and wellbeing. Staff told us they felt confident in their skills because they had time to get to know people well and had training that was relevant to people's needs. Different methods of training were provided which suited different ways of learning. Bank staff were included in all staff training opportunities, which meant they had exactly the same skills as permanent staff. Staff were positive about training and told us, "Training is really good, we have a test at the end to see how we are going to use the information in our daily activities...we also share our experiences and our ideas."

Staff had regular opportunities to discuss and reflect on their practice to improve the quality of care people received. All staff told us they had regular supervision meetings. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. A member of bank staff told us they found supervision useful and they were asked for suggestions about how the service could be improved and their suggestions were acted on. The deputy manager told us how they used supervision to focus on staff development and review their competencies. They told us, "We look if anything needs to be improved upon...and put things in place to help people achieve this."

Staff told us they felt supported by the provider and the registered manager to develop their skills to help them provide more effective care to people. Staff were encouraged to develop within their roles and study for nationally recognised care qualifications. For example, the team leader was studying for a level 5 diploma in leadership and management in social health care to support them in their role and to help ensure people received effective care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff and registered manager understood their responsibilities under the Act.

We checked whether the provider was working within the principles of the MCA. The registered manager told us no one currently had an approved DoLS order. However, they had made an application to the supervisory body for one person, because their care plans included restrictions to their liberty. The supervisory body were assessing the application. The registered manager told us they reviewed people's care plans regularly to identify if they had potential restrictions on their liberty.

The registered manager had made assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. People's care plans gave clear guidance to staff about what support

people required to make decisions. The registered manager told us most people who lived at the home had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances. Staff told us and records showed people's representatives and healthcare professionals were involved in making best interest decisions on people's behalf. We found where people had no legal representatives, staff supported people to make decisions in their best interests. We discussed with the registered manager the importance of ensuring people had access to support, to ensure important decisions made in their best interests, were independently reviewed.

Care staff we spoke with understood the requirements of the MCA. During our inspection visit, we observed staff asked for people's permission before supporting them. For example, a member of staff who supported one person to take their medicine, asked the person if they were happy for the CQC inspector to observe them before proceeding.

People told us the food was very good and they enjoyed it. One person told us their favourite meal was on the menu. A member of staff told us, "We have a meeting every week and ask people what they'd like....We try to give them a balanced diet." They explained that people chose their menu together and then the shopping was ordered so staff could support people with their chosen meals. We saw people eating their evening meal and saw staff encouraged and assisted them to enjoy their food and drinks. People chose to eat together in the communal dining room and chose what they wanted to eat. We saw people were supported by staff according to their needs. For example, one person used an adapted plate to help them eat independently. Staff monitored people's appetites and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. For example, staff told us about one person who had received advice from the Speech and Language Therapist [SALT] and had a special diet to ensure they could enjoy their food and eat safely. Staff explained how they obtained support from SALT to put together a menu board which showed pictures of each day's menu choices to help people's understanding. People's care plans included a list of their needs and allergies and any cultural or religious preferences for food.

Staff were knowledgeable about people's individual medical conditions and were observant for changes in people's behaviours. Staff made sure people were supported to maintain their health through regular appointments with healthcare professionals. A visiting healthcare professional gave us positive feedback. They said, "They [staff] have established links with health professionals which are very successful....Staff are very knowledgeable and they know people inside out." Important information about people's health was easily accessible if people needed to attend an emergency health appointment.

# Is the service caring?

## Our findings

At this inspection, we found staff provided a standard of care which had a positive effect on peoples' well-being and had improved their quality of life. The rating continues to be Good.

A relative told us, "[Name] has been there a long time and staff support them to do things they like to do. [Name] is very happy there." A member of staff described peoples' relationships with one another in the home. They said, "They [people who lived in the home] help each other so much, they are just like one big family...they have concern for each other."

The registered manager and the deputy manager told us person centred care meant, "Treating people how you would want to be treated yourself. Care is tailor made to meet the person's needs and we always have their best interest at heart." A visiting healthcare professional told us, "Care is very individualised. They [staff] have time to look at the ways they do things with people."

Staff shared the registered manager's caring ethos and were supported by the provider to give people care in a way that had a positive impact on them. The provider had signed up to the social care commitment in August 2016, which meant they supported staff through their supervision process in raising social care standards. Staff displayed an exceptional set of skills which enabled them to support people who lived at the home who had different and complex needs. The team leader gave an example of one person who developed a physical health condition. The person had limited capacity to understand the treatment options, so they were supported by staff and healthcare professionals to make a decision in their best interests to receive hospital treatment. The team leader explained how staff supported the person through the treatment, by explaining what would happen using easy read information leaflets and pictures. This helped the person to understand the process and reduced their anxiety. The person continued to be monitored closely once they had been discharged from hospital and returned to the home. They received aftercare from a healthcare professional. The team leader explained how staff worked closely with the person to ensure their relationship with the healthcare professional was successful and helped them to regain their physical health. The team leader told us, "Following the treatment, we built up their confidence and made sure they maintained their skills." This level of support had a positive effect on the person's well-being and greatly improved their quality of life.

A visiting healthcare professional spoke enthusiastically about how the service met people's changing needs in a caring way. They said, "People are aging with the service and developing dementia. The organisation has adapted to meet their needs." Staff knew people so well, they were observant to the smallest changes to people's needs and abilities. A member of staff gave an example where one person's mental health was declining. They noticed over time the person no longer understood some everyday words and told us staff now explained things in more detail to help the person understand. The person's quality of life and sense of wellbeing was maintained despite a decline in their abilities.

Staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate.

Staff knew people well and we saw they shared jokes with people and enjoyed each other's company. Staff always made eye contact when they spoke with people, to check people understood their words. People asked for support when they wanted it in a causal, familiar way, which showed they were confident staff were there for them.

Staff's role was to develop friendship with people on an individual basis. Staff shared people's interests, so understood their enthusiasm for particular activities and events. Staff told us they liked working at the home. Many of them had worked at the home for several years and had developed strong relationships with people who lived there. A member of staff explained people had key workers who they knew well and who they could discuss issues with on an individual basis and in a way they could understand. A key worker is a member of staff who is allocated to support a person on an individual basis. People were supported to express their views by their keyworkers, who they knew well and who understood them. A relative told us, "[Name] knows they can speak with their key worker if they have any problems."

Staff encouraged people to develop and maintain relationships with people who were important to them. People's visitors were welcomed into the home and could visit when they wished. One person's relatives lived some distance away and had difficulties visiting. Staff understood how important it was to the person to enjoy time with their family and how this had a positive impact on their life. They person's relative explained, They [staff] arrange for a carer to bring [Name] to stay nearby and this means we can maintain contact with [Name] and they can visit the rest of the family. They are sensitive and caring and arrange holidays and visits for her."

Staff explained how they helped people to understand information in different formats to suit their needs. They used pictorial information to assist people's understanding. For example, there was a staff timetable with photos of staff who worked on each shift. There was large print, pictorial information available in communal areas, including the complaints policy, information about the Mental Capacity Act 2005 and keeping safe in the community. We saw people looked at the information and staff supported them to ensure they understood what was displayed. For example, we saw people used the pictorial weekly planner of household tasks to find out when it was their turn to do a task. If they were unsure, a member of staff helped them to understand the planner. A member of staff told us, "People are very organised and know what their jobs are. They are in control and they tell the staff what to do." Staff used objects of reference to help people's understanding when they made choices. For example, before the evening meal, a member of staff talked to people individually about what they wanted to eat and supported some people to understand the choice better by showing them what was available.

Staff listened to people and involved them in making decisions and planning their own care. The deputy manager told us, "People sit with staff and do their care plans and risk assessments with them." A member of staff said, "We sit down and talk to individuals. We get to know individuals and explain things if they don't understand." Relatives told us communication was very good between them and staff and they felt involved in reviewing care. Staff showed us a new initiative called the 'outcome tree'. People in the home had been supported to make a collage of a tree to record their achievements. People had discussed with their key worker what their goals were and each step towards achieving their goal was recorded on the tree in pictures, to help people understand their journey. For example, one person's goal was to make their own packed lunch every day and staff were supporting them to do this. This was a significant achievement because of the person's complex needs.

People's care plans recorded how they would like to be cared for and supported. Staff told us they read people's care plans and had worked with people for a long time so they knew about people's preferences and were able to support people in the way they preferred. Care plans had a life history section called 'About

me', which included information about people's religion, culture, family and significant events. A member of staff told us they asked people what they would like to be included and the information was, "Continually updated."

Staff told us they were confident they could support people to maintain their individual cultural or religious traditions. One member of staff told us, "It's about promoting choice and not discriminating." They told us about one person's religious beliefs and how they talked to them about going to a church service in the community. They said the person chose not to attend a service but, "They have the choice to change their mind." Staff understood that some people might need particular support to make them feel equally confident to express themselves. There was a 'Custom calendar' in a communal area, with pictures of different activities people could choose to take part in. The deputy manager explained they had talked with people about what they wished to do with their free time and created the calendar from people's responses. They told us, "The calendar reflects what people want to do and reflects their different cultural backgrounds. For example, we are starting cinema nights and inviting people's friends from the provider's other services."

Staff understood the importance of treating people with dignity and respect. A relative told us, "They maintain [Name]'s privacy. They have time in their room and they can do what they want when they're in the house." A member of staff told us, "We look after people very well and we always respect their dignity. We always knock and ask if it's alright to come into their bedroom." A member of staff explained how one person liked to spend time in their room alone, due to their health needs. We saw staff enabled the person to do this and this helped maintain their wellbeing.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People told us they were happy with the care and support staff provided. A relative told us, "Where there are issues, they keep us informed." A visiting health professional told us staff were exceptionally responsive and said, "Staff are extremely reliable and pick up on any changes [in peoples' needs] and alert me. They put things in place straight away following our discussions."

Care plans were personalised, easy to understand and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. We saw there was clear guidance for staff about how to support people with their identified needs. A member of staff told us, "We promote peoples' choices. We use pictures [to help them understand] and record their preferences in their care plans." They explained one person was asked if they would like a cleaning job because they really enjoy cleaning, but they declined as they wanted to keep their 'day off.'

People led fulfilling lives because they were engaged in activities that were meaningful to them. Each person spent one day a week supported by staff on a one to one basis and were able to choose how they spent their time. People were supported to take part in their hobbies. For example, one person told us, "Sometimes I do computers and arts and crafts and colouring." Another person told us, "I have been horse-riding today, I love it. I go swimming every week." People told us how much they enjoyed playing bingo and winning prizes. Staff explained this activity had recently stopped at the day service people attended, so they had started playing it at the home instead because people enjoyed it so much. The team leader explained they had recently decorated the garden area with a seaside theme. They showed photos of people enjoying paddling in a pool in the hot weather. People told us they enjoyed playing with the beach ball in the pool. People took pride in their outside area. They showed us photos taken of them when they had won a prize from the provider last year for how well the garden was looked after.

The home was actively involved in building links with the local community and people were supported in individual ways that suited their needs, to attend events outside the home. For example one person attended a local sports centre and another person used the local library. Other people were supported to go to local cafes and shops and to attend health appointments outside the home.

People and their relatives said they would raise any concerns with staff. Relatives told us they had never made a complaint, but if they did they felt they would be listened to and their concerns would be acted on. Staff understood the complaints process and knew how to support people if they had a concern. The provider's complaints policy was easy to read with pictures to help people's understanding and it was accessible to people in a communal area. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. The registered manager confirmed there had been no complaints in the last 12 months. They explained how a manager from one of the provider's other services would respond to a complaint if one was received, to ensure any concerns were dealt with in

an objective way. The registered manager explained how they would also record any comments made by people, to help them identify where improvements could be made to the service.

## Is the service well-led?

### Our findings

At this inspection, we found the provider's values were extremely person-centred and made sure people were always at the heart of the service. They had developed systems, which took taking into account people's views, and ensured the highest standards of care were maintained for people. The rating for well-led has improved from Good to Outstanding.

People were very happy with the quality of the service. A relative told us, "It is an extremely positive and forward thinking organisation." A member of staff told us, "I'm really impressed. They listen to people....The management are honest and supportive....It is a transparent organisation....The care is very good." There was evidence of compliments about the standard of care provided by the service. A healthcare professional had described the service as, 'Lovely and homely and it was clear how well looked after service users were.'

The provider had developed a positive culture at Vicarage Road. Their values were imaginative and person-centred and made sure people were at the heart of the service. One member of staff told us, "This company is spot on and puts the residents first." Another member of staff said, "They [people who lived in the home] are leading and we are following. They are in their home and they have things how they want them." All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by their manager's leadership. Staff told us the provider encouraged them to share information about the service so they could continually identify ways to improve the quality of care for people. The team leader told us they used regular staff meetings for, "Catch up and support and to encourage problem solving. We can look at ways of improving things." They gave an example where a new rota was devised to ensure there was always a team leader available on shift in one of the provider's services, so staff could contact them if they had a query. This had been implemented following a suggestion at a meeting and had improved the quality of care provided to people because staff felt more supported. This showed the provider valued staff's opinions and used them to develop and review practices.

Staff felt valued by the provider and told us they received recognition for good practice and feedback to help them improve. The provider operated a 'star of the month' award where one staff member was nominated for doing something outstanding and this was shared with people in the provider's newsletter. The deputy manager explained how staff gained confidence from sharing good practice. For example, one member of staff had undertaken additional training to improve their skills to manage the new electronic records system which was being introduced across the provider's services. This was a personal achievement for them and they had shared their learning with other staff to improve the effectiveness of the new system. The provider had attained a silver award from the 'International Investors in People' accreditation scheme, for their staff management achievements. This was confirmed by staff's high opinion of the leadership of the organisation.

The provider was innovative and demonstrated sustained improvement to the quality of care they delivered. They worked in partnership with other organisations to make sure they followed current practice and provided a high quality service. For example, they were members of an organisation who provided advice on employment law which helped to protect and promote staff's rights in the workplace. The provider had



signed up to the social care commitment in August 2016. This meant they had made a commitment to focus on raising the standards in social care. We saw the provider had honoured the commitment and incorporated the standards into their staff supervision procedure. Staff had to demonstrate how they met the standards as part of their supervision. The provider helped some people to understand information on their website in a more meaningful way, by using an electronic system to allow people to hear a verbal version of the text.

People were empowered and involved in making decisions about how the service was run and the staff who provided their care and support. For example, during staff recruitment, people were asked if they would like to help interview prospective new members of staff. People asked their own questions at a second interview and were asked for their feedback following the interview process. The deputy manager told us this helped to ensure they found staff who people felt comfortable with.

The provider encouraged people to provide feedback on how things were managed and to share their experiences of the service in creative ways which suited their needs. People were asked to complete surveys which were easy to read and contained pictures to help people's understanding. The registered manager told us people were supported by their key worker to complete the first part of the survey and then relatives were asked to complete the next section. A relative told us it was, "A good questionnaire" and they felt listened to and they were confident the registered manager would take action if required. Questionnaires had recently been sent to people and their relatives and were in the process of being returned. We saw the results of the survey so far were positive. The registered manager told us, "If there are any issues we write down what actions need to be done and would contact people individually."

People who lived at the home could share their experiences of the service at regular meetings. People led the meetings and could talk about whatever they wanted to. People's views were passed on to senior staff following meetings, so their suggestions could be acted on. For example, people's key workers were supporting people to organise day trips they had suggested. There were other opportunities for people to share their experiences of the service they received. These included meetings organised by the provider, which people from all their services were invited to attend. At the meetings they discussed any issues affecting the providers' services. For example, new members of staff were introduced to people at these meetings, to help people get to know them better before they started working together.

The manager was new to their post since our previous inspection visit and had been registered with us since January 2017. They were 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 notified other relevant professionals about issues where appropriate, such as the local authority.

The registered manager told us they felt well supported by the provider and other senior managers. When they joined the service they had undertaken a, "Lengthy induction," which they found extremely useful. They enjoyed their role and felt enthusiastic to make suggestions for improvements which had been taken on board by the provider. For example, they had revised two policies which had been identified as requiring improvement in recent manager's meetings and these were now being used by all the provider's services.

The registered manager kept up to date with best practice by receiving updates on legislation from the provider and attending external events such as a 'network lunch' with other care providers. They explained the event had been organised by local community support officers and updated providers on local community news, which they found useful to share with staff and people who used the service.

The provider had clear systems to ensure the home sustained good practice. Reports of important

information about the service which could affect standards of care, were regularly forwarded to the provider and the provider's board of trustees for consideration. The registered manager told us every three months a meeting was held with the provider and senior managers, which considered important information such as safeguarding incidents and any concerns which may affect people's care. The registered manager received feedback from the provider with any required actions to improve the service. Handover reports were completed daily and were sent to the provider and the registered manager to keep them up to date with daily changes at the service. The registered manager told us they found these reports helpful to keep up to date with events when they were away from the service and to inform them of any changes to people's needs so these could be monitored.

There were systems in place to monitor and improve the quality of service. These included checks of the quality of people's care plans and financial records by the deputy manager. The deputy manager told us the results of these checks were shared with staff and people's keyworkers were asked to take any action required. The deputy manager was responsible for making sure staff knew when they were required to complete any actions to ensure improvements were made in a timely manner. Records showed people's care plans were updated following audits. Additional monthly checks were carried out by deputy managers and team leaders from the provider's other services. This helped to ensure checks were completed objectively because they were done by someone who did not work at the service. They looked at areas such as quality of care plans, medication and household issues. We saw action plans were shared with the provider and actions were completed in a timely way.

The provider's trustees completed additional unannounced quality assurance checks, to ensure the home was meeting required standards and people who used the service were well cared for. Their findings were fed back to the provider and the registered manager, who ensured any required improvements were made. People's care was improved because the quality assurance system was effective and was strengthened by the provider's checks. The provider was registered with the International Organisation of Standards (ISO) 9001. This meant their quality management systems had been independently reviewed and met a high standard.