

Harrogate Skills 4 Living Centre Briardene

Inspection report

63 East Parade
Harrogate
North Yorkshire
HG1 5LP

Tel: 01423562667

Date of inspection visit:
22 May 2018
31 May 2018

Date of publication:
18 July 2018

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

This inspection took place on 22 and 31 May 2018 and was unannounced.

Briardene is registered to provide residential care for up to 13 younger adults and older people who may be living with a learning disability or autistic spectrum disorder. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is a converted town house and accommodation is provided across three floors with communal lounges, kitchens and bathroom facilities for people to use.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This was the first inspection of the service since the provider, Harrogate Skills 4 Living Centre, took over management of the service in December 2016. Before this, the service had been in administration for approximately three years. At the time of our inspection, there were 12 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the 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. They had been the registered manager under the previous provider and had continued in this role when Harrogate Skills 4 Living Centre took over the service in December 2016. The registered manager had worked there for over 20 years. They were supported by senior care workers as well as a quality compliance manager and director in the management of the service.

During the inspection, people who used the service told us they felt safe with the support staff provided. Staff understood their responsibilities to safeguard people from abuse and avoidable harm. They had good knowledge of people's needs, the risks involved with supporting them and how to manage and minimise risks to keep people safe.

Staff were safely recruited and enough staff were deployed to safely meet people's needs.

Maintenance checks were completed on any equipment used and the home environment. The registered manager introduced a system of regular documented checks in response to our feedback about window-opening restrictors. We suggested developing the environmental risk assessment to ensure it covered potential risks relating to people leaving the building without staff's knowledge and relating to single paned

glass in first and second floor windows.

Medicines were managed safely. The home environment was clean. Staff followed good practice principles to minimise the risk of spreading infections.

Staff received regular training, supervision and an annual appraisal of their performance. Staff provided effective care and gave positive feedback about the support, advice and guidance available to them. We made a recommendation about developing records around mental capacity assessments and best interest decisions.

Staff encouraged people to be actively involved in planning meal choices and supported people to have a varied diet and try new things. They and the registered manager worked well with health and social care professionals to ensure people's needs were met.

The home environment was suitable and met the needs of the people who lived there. Some areas of the service required redecoration and carpets replacing, but ongoing redecoration work was planned to continually update the home environment. People were involved in decisions about how their rooms were redecorated.

Staff were very kind, caring and attentive in the support they provided. They encouraged people to make decisions and respected people's choices. Staff respected people's privacy and personal space and were quick to respond to maintain people's dignity.

The service had a very knowledgeable, experienced and consistent team of staff. They used their knowledge and understanding of people's needs to provide person-centred care. People were actively involved in reviewing their support and making decisions about how their needs were met. Accessible information was used to help people make informed choices.

People had the opportunity to engage in a wide range of meaningful activities and to pursue their hobbies and interests. The provider ran a 'skills for living centre', which offered accredited education and learning opportunities for people living with a learning disability in the wider community. This training and learning focussed on promoting people's independence, reducing isolation and supporting people with education and employment opportunities. People who lived at Briardene freely accessed and benefited from this service.

The service was very well-led. The registered manager was extremely knowledgeable, dedicated and genuinely caring. There was an open, inclusive and very person-centred culture within the organisation. The provider and registered manager were committed to continually improving the service for the benefit of the people living there. They had implemented a home improvement plan, which contained detailed information about their vision and areas of the service they wanted to further develop. This demonstrated a commitment to providing very high-quality care.

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.

Staff were trained to recognise and respond to safeguarding concerns.

Staff understood people's needs and how best to support them to minimise risks and keep them safe. Risk assessments provided generally detailed guidance on how risks should be managed.

Staff were safely recruited and enough staff were deployed to safely meet people's needs.

Staff managed and administered medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular training, supervision and an annual appraisal of their performance to support them to provide effective care.

Staff supported people to be involved in planning their meals. They monitored and provided encouragement to ensure people ate and drank enough and had a varied diet.

Staff understood the importance of consent and supported people to make decisions. We made a recommendation about developing records around mental capacity assessments and best interest decisions.

Staff worked closely with healthcare professionals to ensure people's needs were met and they could access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring.

Staff were very kind and caring in the way they treated people.

Staff supported people to maintain their independence and have choice and control over how they spent their time.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and provided very attentive and person-centre care to meet their needs.

Staff supported people to engage in a wide range of meaningful activities and to pursue their hobbies and interests.

The registered manager valued people's feedback and acted on comments, concerns or complaints to improve the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was extremely knowledgeable and genuinely caring in their approach to planning and managing the service.

There was an open and inclusive culture. Staff and management worked well as a team to provide coordinated and person-centred care.

The provider had a clear vision and plan in place to continually improve and develop the service for the benefit of the people who lived there.

Briardene

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 under the Care Act 2014.

This inspection took place on 22 and 31 May 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included notifications which providers send us about certain changes, events or incidents that occur and which affect their service or the people who use it. We asked for feedback from the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with six people who used the service and one person's relative. We also received feedback from three health and social care professionals. We spoke with the registered manager, quality compliance manager, director and five staff including care workers and senior care workers.

We had a tour of the service, which included, with people's permission, bedrooms. We reviewed four people's care plans, risk assessments, daily notes and medication administration records. We also looked at three staff's recruitment, induction and training files, meeting minutes, maintenance records, audits and a selection of other records relating to the running of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included, "It is lovely here" and "It's great living here, I have no one troubling me." A relative of someone who used the service said, "I feel [name] is safe here, because the staff know each person and fit around their individual needs."

People were at ease and clearly at home in their surroundings. They were confident and outgoing around staff and responded positively towards them; this showed us people felt safe.

There had been no safeguarding concerns involving people who used the service since our last inspection. The provider had a safeguarding policy and staff completed training to help them identify the signs which may show someone was experiencing abuse.

Throughout our inspection staff showed a good understanding of people's needs and how best to manage those risks to keep people safe. They reacted quickly to potential hazards to minimise risks whilst promoting people's independence. For example, staff had arranged for a person's medicines to be administered in liquid form to minimise the risk of choking on these. They were quick to recognise when people might be unwell and provided positive support to reduce anxiety and distress and promote their wellbeing. A professional told us, "The service is very good at assessing risk. Due to their in-depth knowledge of their needs they are able to promote positive risk taking to increase independence."

Risk assessments provided guidance to staff on how to identify and minimise risks to keep people safe. They were generally detailed and contained appropriate information for staff on how to support people in a safe way. For example, one person had epilepsy and a significant history of seizures. Their support plans and risk assessments guided staff on the support required with different activities including moving around the service, using the stairs and in the bath. This helped to manage the risk with these activities and keep the person safe.

We identified minor example where people's risk assessment needed updating to include more specific guidance about how risks should be managed. For example, relating to people's mental health needs, but in each instance staff showed a good understanding of how to support the person to keep them safe. We spoke with the registered manager and they agreed to update these risk assessments to ensure they reinforced staff's good practice.

Staff had responded appropriately to accidents and incidents to ensure people were not hurt or they received medical attention when needed. The registered manager reviewed accident and incident reports to identify anything that could be done to prevent a similar thing happening again.

The provider followed safe recruitment practices. New staff completed an application form, had an interview and gave references. Disclosure and Barring Service (DBS) checks had been completed. These give information about people who may be barred from working with vulnerable people and help employers make safer recruitment decisions.

Sufficient staff were deployed to meet people's needs. Staff were visible in communal areas and quick to respond when people needed support. They were very patient and supported people in an unrushed and person-centred way.

People gave positive feedback about staffing levels. A person who used the service told us, "They help you if you need it. There is always some around." A member of staff said, "Most days it is ok with staffing levels. We have people we can call who will come in if needed." A relative commented, "It's pretty good with staffing levels, there always seems to be quite a lot about."

Rotas were in place to ensure sufficient staff were on duty during the day and at night. During the day, staffing levels changed depending on planned activities and who was in the service. At night, there was one member of staff on duty and one member of staff who 'slept over' to provide support in an emergency. The provider had an 'on-call' system so staff could access additional support, advice and guidance in emergencies.

The provider had not used agency staff, with people's holidays and sickness absences covered by existing members of the team. This ensured people were supported by staff who were familiar with their needs and understood how best to support them.

The electrical installation, portable appliances, gas system, water storage systems, hoists and slings had all been checked and serviced at appropriate intervals to ensure they were safe.

A new fire risk assessment had recently been completed and the provider had put in place an action plan where minor remedial work was needed. The fire system was regularly checked and maintained. Staff had completed 'personal emergency evacuation plans' to assess and record the level of support people would need to evacuate the building in the event of an emergency. Staff had taken part in fire drills to ensure they knew what to do in the event of a fire.

Window opening restrictors were in place to minimise the risk of people falling from height. The registered manager responded to our feedback and put in place systems to regularly check these to make sure they were in safe working order. The provider had a risk assessment for the home environment. We spoke with them about ensuring this covered risks relating to people leaving the service without staff's knowledge and explored whether safety glass might be needed for single paned windows above the ground floor. The provider agreed to explore these issues.

Staff supported people to take their prescribed medicines. The provider had a policy in place and staff completed training on how to administer medicines safely. The registered manager used 'competency checks' to ensure staff followed best practice guidance when administering medicines.

Medicines were securely stored and staff told us they checked the temperature to make sure they were kept at a safe temperature. A thermometer was in place, but we spoke with the registered manager about documenting these checks to evidence they were regularly completed.

Staff appropriately documented the support they provided with medicines on Medication Administration Records (MARs). They kept accurate records of medicines in stock and documented any medicines returned to the pharmacy. The registered manager used audits to continually monitor the support provided with people's medicines. This ensured staff provided safe support for people to take their prescribed medicines.

Staff used personal protective equipment, such as gloves, to minimise the risk of spreading infections. There

were systems in place to ensure all areas of the service were regularly cleaned. A visiting professional told us, "It smells nice and it is always clean when I visit."

Paintwork in some areas was chipped and flaking making it harder to keep clean, but audits showed these issues had already been identified. The provider explained the options they were exploring as part of the ongoing redecoration of the service to address this.

Is the service effective?

Our findings

We received consistently positive feedback about the effective support staff provided. People who used the service said, "I like all the staff. They help you" and "They are good." A relative commented, "The care is excellent" and explained staff were very friendly and professional.

The service was staffed by a consistent and very experienced team. Staff showed they knew people well and understood how best to support them. They were quick to recognise people's needs, if their needs changed and very skilled in the way they approached and supported people. This showed staff had the knowledge and skills to effectively meet people's needs.

A detailed induction and period of shadowing supported new staff to get to know people and the support they required. This process included knowledge tests to ensure staff understood their role and what was expected.

Staff completed a range of training and learning opportunities to continually improve and develop their knowledge and skills. Staff gave positive feedback about the training and told us they could ask for additional training or support if needed. Comments included, "I've learnt a lot since I started here", "The training is very comprehensive" and "I couldn't be happier with the level of support." Most of the staff team had been supported to complete additional training and social care qualifications. This showed the provider was committed to supporting and developing staff.

Staff had regular supervisions and an annual appraisal of their performance. Records of these showed staff received ongoing support and the opportunity to review and discuss their progress. Appraisals included an assessment of staff's performance with goals and targets to encourage continual development in the coming year.

People who used the service gave positive feedback about the food. Comments included, "The food is lovely", "The food is very nice" and "Sometimes there is some stuff I don't like, but they will give me something else."

Staff had very person-centred approach to planning meals. This involved meeting with people to discuss ideas and plan shopping lists together. Staff understood the importance of respecting people's choices and catering to their preferences, but spoke about how they encouraged people to try new things and have a varied and healthy diet. A person who used the service told us, "We have a menu and you all write what you would like." They explained how they had been encouraged to try new foods and found things they did not know they liked, commenting, "I tried black pudding and I really liked it. We had Chinese food and I like that now."

Staff were very skilled at supporting and encouraging people to ensure they ate and drank enough. A wide range of food and drinks were available both at mealtimes and throughout the day if people were hungry. Staff regularly weighed people to identify anyone who might be at risk because of significant weight loss.

These records showed staff had provided effective support to help people maintain a healthy weight.

The service was not purpose built, but action had been taken to ensure it was suitable and met people's needs. Reasonable adjustments had been made through the use of assistive technologies and equipment to maximise people's independence. For example, a level access 'wet room' ensured people who used the service could access the shower. People had spacious bedrooms, which had been decorated and personalised according to their individual style and preference. This ensured people had privacy and personal space. There were also communal areas as well as a second smaller kitchen people could use to prepare their own food, drinks and do laundry independently.

Some areas of the service including paintwork and carpets were tired and in need of updating. The provider's environmental audits had identified these issues and a home improvement plan was in place to systematically redecorate areas of the service.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found people had signed their care plans to record they consented to the support provided. Care plans evidenced people's ability to make decisions had been explored. Staff were proactive in offering people choices and provided effective support to help people make informed decisions.

Mental capacity assessments and best interest records had been completed to support decisions around going on holiday and regarding having a flu jab, but the provider's paperwork did not support the effective recording of these decisions.

We recommend the provider review best practice guidance about record keeping in relation to the Mental Capacity Act 2005.

Appropriate applications had been submitted when necessary to deprive people of their liberty. This ensured people's rights were protected.

Staff supported people to attend appointments if they were unwell. A member of staff said, "We can tell if someone is not well, because we know them so well." A relative said, "[Name] has got their medication and they see doctor when needed."

People's assessments and care plans included information about their medical history and any support they needed to maintain their health and wellbeing. Staff kept a record of people's medical appointments, which evidenced people were supported to access a wide range of healthcare services when necessary.

Staff liaised with healthcare professionals to make sure the support they provided was based on up-to-date professional knowledge and guidance and that people received appropriate medical treatment when

needed. The registered manager was a strong advocate for people coordinating support with various healthcare professionals to meet people's individual needs. A professional told us, "The service has been instrumental in seeking additional mental health support for my client. The service advocate for them well to access the required health support. They have liaised with health, social work and family to ensure the client's needs are being met effectively."

Is the service caring?

Our findings

People told us staff were caring. They said, "The staff are nice. Friendly and nice" and "I like it here." A relative told us, "The staff are very friendly." A visiting professional commented about the support provided to a person who used the service, "They are cared for very well. They have lived in the service for many years, and feel at home there. They had a very challenging year...the staff who support them have responded to this well, showing compassion and kindness."

The service had a very dedicated and experienced team of staff. This meant people who used the service were supported by a small group of staff who were familiar with their needs and how best to support them. A professional told us, "They [staff] really know the people here."

Staff were kind, caring and gentle in the way they spoke with and supported people, which showed us they genuinely cared about their wellbeing. People who used the service told us they got on well with staff and enjoyed spending time with them. Staff used people's preferred names and asked questions which showed a good understanding of the person and a genuine interest in what was important to them. People who used the service responded positively to this nurturing and encouraging approach. It was clear from our conversations and observation that people valued the caring relationships they shared with staff.

People who used the service had developed close relationship having, in some instances, known and lived with each other for a number of years. Staff encouraged and supported this and we observed people enjoying each other's company and benefiting from the community they shared.

The provider had introduced dignity training for all staff. Staff treated people in a way which maintained their privacy and dignity. They knocked on people's bedrooms doors before entering. This showed us they respected people's privacy and personal space. Staff were respectful in the way they spoke with people who used the service. They were very mindful of issues relating to people's privacy and dignity and very quick to respond to maintain this.

Communication care plans included information about how staff could share information in a way people could understand. They included information and strategies staff could use to help them understand people's verbal and non-verbal communication.

Staff understood the importance of supporting people to make choices and respecting their decisions. People's care plans included detailed information about their likes and dislikes. This showed people had been asked about what was important to them and encouraged to make decisions about the support they received.

Staff offered people choices throughout our inspection and supported people to make decisions by providing information in a way they could understand. Information was readily available in accessible formats to help people make informed choices. The menu was displayed in the dining area and there was a button people could press which played recorded information about the day's meal choices. This ensured

people had accessible information about the meal choices that day.

As part of the provider's home improvement plan, people's rooms were being redecorated. We saw how staff had created picture boards to help people chose the style and shown chair options to help decide. This showed a very person-centred approach to involving people and empowering them to make decisions.

Is the service responsive?

Our findings

Staff provided very person-centred care to meet people's needs. The staff team were very experienced with the majority having worked at the service for a number of years. This meant staff knew people very well. Staff provided detailed information about the people they supported and what was important to them. A visiting professional told us, "It is not often that you find a service with such a stable staff team, and as such, staff have a very high level of knowledge around service user needs, which is very positive."

Each person who used the service had a support plan, which contained person-centred information about their needs and guidance for staff on how those needs should be met. We spoke with the registered manager about minor examples where these could be developed to include more person-centred information. For example, one person had a history of becoming anxious or distressed and acting accordingly. Staff showed a good understanding of the person's needs. We suggested their care plan be updated to include more information about what might cause them to become anxious or upset and any early warning signs to help staff identify and respond to prevent things from escalating. The registered manager agreed to address this.

People's support plans included information about the person, their family and their life history. They included person-centred information about people's hobbies and interests, likes, dislikes and personal preferences about how they would like to be supported. This information supported staff to provide responsive care and support to meet people's individual needs.

People were involved in reviewing and updating their support plans and risk assessments. One person who used the service proudly showed us their support plan, which had been written in an accessible language. They told us about the things that were important to them and what they liked to do. This information was all recorded in their support plan and showed us they had been actively involved in planning and reviewing their care and support.

Staff supported people to maintain their independence. People's care plans focussed on their strengths and abilities and reinforced to staff the importance of promoting independence. Staff were very skilled and effective in the way they did this. For example, we observed them encouraging a person to plan their afternoon's shopping trip, to think about what they might need and to write a list of what they should get.

People's care plans contained information about any wishes or preferences they had regarding end of life care. The provider explained the work they were doing to develop their policy and procedures around end of life care.

People were free to spend time how they wanted to and staff respected people's choices. They supported people to take part in a wide range of meaningful activities and to pursue their hobbies and interests. Each person had a weekly activity plan, which included person-centred activities they enjoyed.

On the first day of our inspection people who used the service were going on holiday and were clearly

excited about the trip they had planned. People staying at the service were supported to go out shopping and attended activity centres and classes as well as spend time relaxing in the service and watching television. Records and photographs showed people had been supported to go on a canal boat trip, to see Strictly Come Dancing live, Disney on Ice and a flower show. On the day of our inspection two people had been making chocolates during one of their weekly activities and proudly showed us their creations. A person who used the service said, "I go out with [organisation name] and I really enjoy it."

The provider ran an accredited training centre a short walk from the service, which was free for people living at Briardene to use. The 'skills for living centre' ran a wide range of classes and activities with a focus on promoting independence, supporting community access, reducing isolation and supporting people with education and employment opportunities. This demonstrated a commitment to providing opportunities and meaningful activities to maximise people's quality of life.

People who used the service were supported to maintain meaningful relationships with people who were important to them. A relative we spoke with told us they were free to visit whenever they wanted to and staff always made them feel welcome. A professional told us, "My service user has a very good quality of life within his home, and is supported to maintain contact with family even though they don't live locally." Staff kept a list of important birthdays so they could support people to send cards or buy presents for their relatives if needed.

The provider had a complaints procedure, which included information about how they would manage and respond to any issues or concerns about the service. Information about how to raise concerns was displayed in the entrance to the service along with accessible information and a suggestion box encouraging people to give feedback on how the service could improve. This meant people had information about how to complain if needed.

The registered manager had dealt with two complaints since our last inspection. They showed us detailed records of how the concern had been investigated and the actions taken in response. The provider had reviewed the response to ensure the issues and concerns had been appropriately addressed. This showed a robust approach to listening to and responding to feedback and complaints.

People told us they felt comfortable speaking with staff if there was anything they were unhappy about. We observed people were confident speaking with staff and sharing their opinions. This showed us staff had created an open and inclusive culture in which people felt empowered to share any issues or concerns and that their feedback was valued.

A relative said, "I have no complaints. You can talk to them if there is anything you want to say. They are very professional and always tell me if there has been anything wrong." A professional said, "I have only ever had good feedback."

Staff had received several compliments about the service they provided. This included a recent compliment from a visiting professional who stated, "I would like to take this opportunity to commend you and the team at Briardene on the level of dedication and commitment you have demonstrated in supporting [name]."

Is the service well-led?

Our findings

We received extremely positive feedback about the care and support provided at Briardene and the management and leadership of the service.

People who used the service said, "I think it is good here" and "I am very happy living here." Staff told us management were approachable, listened to them and responded to any issues or concerns they had. Feedback included, "[Registered manager's name] is a lovely manager they are a very supportive and good manager" and "You can speak with them, they have an 'open door policy'. [Quality compliance manager's name] is very good too. They are very approachable and very professional. They have got a lot of knowledge so there is quite a lot of support."

Professionals said, "The service is well led" and "I really do think this home is brilliant. I think the manager is great, they know all the residents really well. The clients are really happy here and the families are really happy with the placements too. [Registered manager's name] goes above and beyond what is required. Staff are very settled and that speaks volumes."

The registered manager was actively involved in managing and coordinating the care and support people received. Our conversations and observations showed they genuinely cared about people's wellbeing and were very committed and dedicated to doing all they could to improve their quality of life. The registered manager was a strong personal advocate for people who used the service and promoted a very person-centred culture through their management of the service.

There was a relaxed, open and inclusive culture within the service. Staff and management had effective working relationships. They communicated openly and respectfully with each other coordinating work to ensure people's needs were met. A member of staff said, "There is a consistent staff team and we all get on well. We work as a team."

The registered manager completed a range of audits to continually monitor the quality and safety of the service. Additional audits had been completed by external professionals including of fire safety and related to health and safety. Action plans were in place where issues had been identified showing who was responsible for addressing the issue and when it would be completed. These were reviewed and updated when tasks had been completed showing ongoing progress and continual improvement.

The registered manager had worked at the service for over 20 years and had been the registered manager under the previous provider and whilst the service had been in administration. They provided very positive feedback about the impact the new provider had made commenting, "I've been very impressed with the new provider and support from them. It's been such a positive, they couldn't have been any more supportive or helpful."

The provider had a clear vision for the direction of the service. We spoke with a director and quality compliance manager about the work they were doing. They showed us a 'home improvement plan', which

set out clear objectives regarding how they intended to further improve the service. The provider was investing in training and improving the decoration and home environment. Work was ongoing to introduce an 'electronic recording systems' to speed up record keeping and make information more accessible and easier to analyse. They also spoke with us about other plans in progress. For example, regarding 'pocket policies' they planned to develop to help condense policies and procedures into an accessible format for staff to use. The provider also explained the work they had done to build bridges between their two locations and how management meetings were being used to share learning across the organisation.

The provider completed surveys to gather feedback from people who used the service, their families and staff. Records from these had been collated and analysed. They showed a high level of satisfaction with the service. Comments from the family survey included, "[Registered manager's name] is one of the best and everyone is so kind, helpful and understanding to us at all times." Comments from the staff survey included, "The home is very well-run." Whilst 73% of people who used the service had rated the care as 'excellent'.

Where constructive comments or feedback had been given, there was clear evidence the registered manager had acted to improve and develop the service. For example, some people who used the service reported in the survey that the atmosphere at mealtimes could be improved. The registered manager had installed a television, which was used to display pictures from holidays, activities and outings. We saw how at lunchtime this provided an effective conversation starter and people enjoyed looking and laughing at funny pictures and places they had visited. This showed us the registered manager was open and responsive to feedback and dedicated to continually improving the service for the benefit of the people who lived there.

Throughout our inspection, the registered manager and provider were very open to feedback and responded immediately to any suggestions or changes that could be made to improve the service. This demonstrated a very responsive and dedicated approach to continual improvement.

The provider had quarterly newsletter to share information about what had been happening in the service, celebrate successes as well as provide details about upcoming events and activities. The newsletter included updates from the registered manager and provider about plans for the future.

The provider had taken proactive steps to build links within their local community. They had organised a 'coproduction event' and invited professionals who they worked with and who supported people who used the service. This event also involved people who used the service and their families and was designed to build local relationships and explore how they could further develop the service they offered. It showed a positive commitment to working closely with families and professionals to continually improve the service.

The registered manager used staff meetings to gather feedback and share information. Minutes from meetings showed topics discussed included training, activities, paperwork and planned improvements. During a recent meeting, staff had been asked to vote on proposed changes. This showed a very inclusive culture and approach to managing change in which staff's feedback and views were valued. The provider told us, "We try to be inclusive in everything we do. It is important people feel involved."