Education and Services for People with Autism Limited

The Hermitage

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

The inspection took place on 3 February 2016 and was unannounced. A second day of inspection took place on 9 February 2016 and was announced.

We previously inspected the service on 25 January 2014 and found the service was meeting the requirements of the regulations we inspected against.

The Hermitage is registered to provide residential care and support for up to seven adults with a learning disability or autistic spectrum disorder. At the time of our inspection there were six people living in the home.

At the time of our inspection 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.

During our inspection we noted that some statutory notifications had not been submitted. The registered manager acted immediately and submitted the notifications to CQC. We are dealing with this outside of the inspection.

Staff had a good understanding of safeguarding and were confident in their role in safeguarding people.

Risk assessments were in place for people when required and there were clear links to care and support plans. There were also general risk assessments regarding the premises and environment.

The home had an up to date fire risk assessment in place but we noted there were no personal emergency evacuation plans (PEEPs) that detailed people's individual needs in case of a fire. The registered manager informed us people would remain in their bedrooms and would not leave and the home had fire doors and a sprinkler system to give people maximum time in the event of a fire for the fire brigade to take action. The registered manager told us they would put appropriate plans in place. We noted staff had knowledge about how to support people during evacuations.

Medicines were managed safely, effectively and in a way which reflected people's individual needs. All records were up to date and fully completed, with medicine audits being carried out regularly.

Staff were recruited in a safe and consistent manner with all appropriate checks carried out. Staffing levels were consistent with people's needs and reduced accordingly on weekends and during holiday periods when people were spending some time away from the home.

Staff had up to date training in autism, safeguarding, Mental Capacity Act 2005 (MCA) for people who lacked

capacity to make a decision and deprivation of liberty safeguards (DoLS) to make sure people were not restricted unnecessarily.

People's capacity to consent to care was clearly outlined in their care records. People were supported to maintain a balanced and healthy diet, and to attend any health services when required.

The registered manager and staff we spoke to had a good understanding of the MCA and DoLS. Best interest decisions were evident within care files.

DoLS authorisations were in place for some people who used the service. Where delays were experienced due to applications being with local authorities there was evidence of the registered manager requesting updates and chasing authorisations with the local authorities in question.

Staff received regular supervision and annual appraisals. Staff told us they felt supported in their roles and they could approach the registered manager if they had any issues or concerns.

We observed a mealtime at the home. People were enjoying their meals, some independently and others with verbal support from staff. There were choices available for people and menus were tailored people's preferences.

The service provided personalised care. Staff had good knowledge of each person and knew how to support them in a way that met their specific needs. Relatives told us they felt people were looked after and well cared for in the home. Each person had a range of social activities they took part in on a weekly basis.

Staff were aware of how people might communicate if they were unhappy with a situation.
Relatives felt involved in care planning and knew how to make a complaint or comment. There had been no complaints about the service.

Relatives and staff felt the service was well run and the home was well managed. There was an open, calm, approachable culture within the home. Staff felt supported in their roles and were kept informed and updated in relation to any changes in the service.

The provider had a quality assurance system to check the quality and safety of the service provided, and were effective in identifying issues and required improvements.

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.

Relatives told us they felt their family members were safe living at The Hermitage.

The registered manager and staff had a good understanding of safeguarding.

Medicines were managed safely.

Staffing levels were consistent to meet people's needs.

People had appropriate risk assessments in place when required.

Is the service effective?

Good

The service not always was effective.

Staff had up to date training including autism, safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguard.

Staff received regular supervisions and annual appraisals.

Relatives told us they felt their family members were supported and cared for by staff who were skilled and experienced to do so.

People had Mental Capacity Act Assessments and best interest decisions in place. Deprivation of Liberty Safeguard applications had been authorised for three people and three were pending authorisation from local authorities.

People had access to healthcare professionals as they needed them.

Is the service caring?

Good

The service was caring.

Relatives told us they were happy with the care their family members received at The Hermitage and they felt staff were "lovely" and "helpful".

Throughout the inspection we observed staff treated people with dignity and respect and interaction respectful, warm and friendly.

People had access to advocacy support if needed.

Is the service responsive?

Good

The service was responsive.

Relatives told us there was a good range of activities available for their family members both in the home and the community.

Care and support people received was personalised and tailored to reflect the individual needs of each person.

The registered manager had a procedure in place for dealing with complaints. Relatives knew how to complain and told us they felt comfortable raising any issues or concerns.

Is the service well-led?

Good

The service was well-led.

Staff told us they felt supported by the registered manager. They attended regular staff meetings and felt they contributed to the improvement of the service and were kept informed of any changes.

The registered manager operated an open door policy. Staff told us they felt that management were very approachable.

The registered manager and supporting staff completed regular audits on the service provided and were effective in identifying issues and required improvements.

The Hermitage

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 took place on 3 February 2016 and was unannounced. A second day of inspection took place on 9 February 2016 and was announced.

The inspection team consisted of one adult social care inspector.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We used a number of different methods to help us understand the experiences of people who lived at The Hermitage. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The six people who lived at this home had complex needs and this limited their communication, so we spoke with four relatives and asked for their views.

During the inspection we spent time with some people who lived in the home and observed how staff supported them. We also spoke with five members of staff, including the registered manager, the assistant unit manager, a senior care worker, a care worker and the cook. We looked at three people's care records

and six people's medicine records. We reviewed three staff files, including records of the recruitment process. We reviewed supervision, appraisal and training records as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

Relatives told us the service was safe. One relative said, "I feel [family member] is very safe. They have procedures in place to keep him safe and the home is a good, safe environment." Another relative said, "I have no worries while he's there, he's safe." Staff told us they felt people were safe. One staff member said, "I would definitely say people are safe, [person] has a little monitor on a night just in case [they have] an epileptic fit." Another staff member told us the service was, "Giving [people] the freedom to live their lives, but putting safety measures in place."

During our inspection we looked at the home's process for administering medicines and noted medicine administration was managed appropriately. Medicine administration records (MARs) were fully completed and corresponded with other records which included medicines disposed of, returned to the pharmacy or discontinued. There was a clear audit trail that showed medicines ordered, received, administered and those returned to the pharmacy that were refused or were no longer required. There was also a clear record for medicines that were taken away from the service for periods when people went on holiday, day trips or to visit relatives.

Records showed weekly medicine audits were carried out by a senior staff member. No errors had been indicated from the weekly audits but did note a person's medicine had been missed when they were away from the home during a period of time when they were not in the care of staff. Potential risks and actions were identified during this instance. For example, contacting the GP for advice and informing family members. Staff competencies were checked on a regular basis to ensure they followed safe practice when administering medicines.

The registered manager and staff were able to demonstrate a good understanding of safeguarding. Staff we spoke to were able to name different types of abuse and potential signs people may show if they were being subjected to abuse. Staff told us how they would report any suspected abuse. One staff member said, "I would go to management or the shift leader [to report concerns] and if I thought it wasn't being dealt with I would take it higher, to ESPA senior management."

There was an up to date safeguarding policy and procedure in place as well as electronic forms available for staff to complete if a safeguarding concern arose and they needed to raise an alert. There had not been any safeguarding incidents in the last twelve months but there were records of previous incidents which included details of concerns, copies of alerts and any action taken.

The home had a whistle blowing policy in place and staff told us they were aware of it and knew how to use it. One member of staff told us, "I would feel comfortable going to [Registered manager], [Senior care worker] or [Assistant unit manager] if I had any issues." The whistle blowing policy was readily available and accessible to staff.

Accidents, incidents, near misses and observations were recorded in a log and details were stored electronically. These were collated and reported to the behavioural team leader on a monthly basis. The

behavioural team leader then analysed the report and fed back any identified trends to the home suggesting potential reasons for incidents. For example, changes to medicines, special occasions or illness. The behavioural team leader, the registered manager and the assistant unit manager then used the information to develop individual strategies for people to manage situations that triggered changes in people's behaviour.

Risks to people's safety and health were assessed, reviewed and updated when required. All identified risks had associated management plans which detailed how people should be supported to manage those risks.

We saw a range of risk assessments relating to the premises and environment. These included fire, legionella and accessing the kitchen. We also saw risk assessments relating to community outings, bus seating and group compatibility to mitigate risks during scheduled outings.

Fire evacuation procedures were on display throughout the home. A fire file was in place which contained a fire risk assessment and detailed evacuation procedure. The home did not have personal emergency evacuation plans (PEEPs) in place for people in the home. We spoke to the registered manager about this and they explained that although they didn't have detailed plans in place for each individual they had information recorded in the fire risk assessment for individuals such as two people who had a hearing impairment had vibrating pillows to alert people of a fire at night time. The registered manager told us he would adapt the fire risk assessment to include more details for each individual in terms of fire evacuation. No timescale was agreed but the registered manager told us they would deal with it straight away.

We saw a sprinkler system in place that was tested annually. Fire alarms and fire extinguishers were also checked annually to ensure they were in full working order. The home didn't carry out routine fire drills as the registered manager explained it was distressing for people using the service. As an alternative the senior care worker carried out regular training drills with staff which included staff explaining what they would do in the event of a fire. For example, checking the signing in book to establish exactly who was in the building so they knew who needed to be evacuated.

Records showed the registered provider's recruitment process was followed to ensure staff who were recruited were skilled and experienced. All staff had completed an application form and had an interview. Each staff member had necessary checks prior to them being appointed which included reference checks and disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people. Part of the recruitment process included candidates visiting the service and spending time with people. The registered manager then assessed how they engaged with people and how people responded to them. People's responses and reactions were recorded and considered as part of the recruitment process.

Family members and staff told us there were enough staff to meet people's needs. One family member said, "There's enough staff [in the home], I've never had a problem with that." One staff member said, "Yes there's enough of us to support [people's] needs. The managers come out onto the floor to cover and to chat to us and [people]." The assistant unit manager told us that the cook was also a qualified and experienced care worker and could provide cover if needed.

Staffing levels at The Hermitage were typically one senior care worker and four to five care staff. Staffing levels reduced on a weekend when some people were visiting family. These levels varied depending on who was visiting family and who remained in the home as some people visited family weekly but others visited less often. Through the night there were two care staff available with one on sleep-in duty.

In addition to the allocated care staff there was a cook, a domestic, the registered manager and the assistant unit manager on day shifts. On-call arrangements were in place for staff to be able to contact an appropriate senior member of staff during out of hours. The assistant unit manager explained this was covered by them, the registered manager and the senior care worker on a weekly rota basis. Contact details were available for staff in the main office. This meant staff had access to appropriate levels of management support at all times.

We reviewed staffing rotas for a four week period and found staffing levels to be consistent and in line with the levels the registered manager explained to us. Staffing levels decreased on weekends when some people went to visit relatives but were still more than the minimum required to ensure enough staff were available in the home when people returned.

Good

Is the service effective?

Our findings

Relatives told us they felt their family members were supported and cared for by staff who were skilled and experienced to do so. One relative said, "[The home] have staff who've been there for years [and therefore know people and their needs]." Another relative said, "Staff take [family member] to the hospital; a good team of [staff] go with [family member]," who know their needs and preferences.

Staff had completed a range of training in areas such as manual handling, first aid, fire safety, safeguarding, autism and equality and diversity. The registered manager and assistant unit manager had completed a comprehensive three day training course in autism. At the time of our inspection seven care staff were scheduled to undertake this training. The registered manager had a system in place to monitor staff training and identify when refresher courses were due. The registered providers learning and development manager also monitored staff training from a regional point of view and received regular updates from the registered manager in relation to staff training and progress on refresher courses scheduled as well as completed.

Staff members told us they felt they received appropriate training to carry out their duties effectively. One member of staff said, "We always do refresher courses to make sure we are up to date with any new policies and legislation and to refresh on different subjects."

Staff we spoke with told us they completed a three week induction at the beginning of their employment which was linked to the care certificate and included training such as moving and handling, safe handling of medicines, autism awareness and fire safety. New staff members also had to shadow experienced staff as part of the process. One member of staff said, "You watch someone do personal care three times, then someone watches you three times to make sure you can carry out personal care properly." Staff told us they explained to people why another care assistant was present and sought permission from the person before carrying out the observation. Staff explained they ensured people's dignity was protected at all times including during these instances.

Staff told us and records in staff files confirmed that they received regular supervisions. Discussions included their performance at work, any difficulties they were experiencing and development needs and wishes. Discussions also took place regarding training staff members had completed and the impact it had on their working practice. We noted one area for discussion was in relation to a staff member with potential performance concerns. The issue was discussed and suitable actions were agreed. Those actions were recorded and reviewed at the next supervision session. Staff also received additional supervision sessions that focused on specific areas such as fire safety, infection control and medicines.

Every staff member received an annual appraisal and new staff members also received an appraisal following their six month probationary period. Appraisals included self-assessments by staff members and ratings by the registered manager or assistant unit manager prior to appraisal meetings. Managers used information from supervisions, competency checks, training and their own observations of staff to rate on their performance prior to appraisal meetings. Discussions regarding staff objectives, performance and development were recorded as well as training and development plans for the year ahead. One member of

staff told us appraisals, "Make you feel good about yourself, getting positive feedback can make you work harder."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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, and whether any conditions on authorisations to deprive people of their liberty were being met.

The registered manager and assistant unit manager demonstrated knowledge of MCA and DoLS and explained when they made best interest decisions. For example, placing vibrating pillows in two people's beds who were deaf, to alert them if a fire broke out in the home during the night. People's care records contained best interest decisions which corresponded with information contained in the DoLS authorisations.

During the inspection we found the provider had made applications to the relevant supervisory authorities about all six people who lived at The Hermitage because they needed supervision both inside and outside of the home. Three authorisations had been granted but local authorities for three people had not actioned applications made. Records showed the registered manager had made regular requests to the local authorities to progress the DoLS applications but without success.

Staff understood what MCA assessments were and when they should be completed. Staff also had an understanding of DoLS including what they were, when they were used and that people living at The Hermitage were subject to a DoLS.

Staff were trained in ways of helping people to manage behaviours when they became anxious or upset as that might lead to them injuring themselves or others. This was called studio 3 and included giving people time and space to calm down or using distraction methods to prevent people's anxiety from escalating further. There were detailed strategies recorded in people's care plans for staff to follow if people were distressed or anxious. The home recorded any occasions when particular strategies and techniques had been used and what the outcome of these were.

Relatives told us the food seemed nice at The Hermitage and their family members, "Enjoyed a good diet." During our inspection we observed a meal time experience in the dining room and dining area in the lounge. The atmosphere was relaxed and people were served their food in a polite, respectful manner. We saw people eating their meals independently with gentle prompting from staff where necessary and in line with their individual needs.

During our inspection no one required physical support to eat their meals. Although people chose their meals in advance, the cook asked people again at the dinner table if that was what they still wanted. When people were finished their meals they independently took their plates into the kitchen and placed them in the dish washer before choosing one of the desserts available which included yoghurts, rice pudding and

fruit.

During meal times we observed the table was set nicely with place mats, napkins, cutlery, condiments, sauces and cups. Juice and water was available for people during meal times. Food looked appetising and was well presented. People were observed eating all of their meals. There were healthy options available to encourage people to have a healthy diet, particularly where health professionals had recommended it.

Staff explained the support they were offering to people and gained permission before providing it, for example, supporting a person to put an apron on during meal times to protect their clothes from food debris. We observed staff knocking on people's doors and seeking permission from people before entering their rooms. During our inspection the assistant unit manager showed us around the home and sought permission from people to show us their bedrooms acknowledging that they wouldn't be in them when we went upstairs.

People had involvement with GP's, speech and language therapists, dentists, psychiatrists and dieticians. Care files contained clear records of contact with all professionals. For example, one person attended the hospital for a scheduled operation following health problems.

Communal areas were clean, tidy and had a homely feel. There were pictures, bookcases, wall art and ornaments around the home.

Good

Is the service caring?

Our findings

Relatives told us the service was caring towards their family members. One relative said, "I feel the care given to [family member] is excellent and [family member] is happy. The home is always clean and [family member] is always clean." Another relative told us, "Staff are really good with [family member], they are lovely."

The atmosphere at The Hermitage was calm, warm and friendly. One relative said the staff were, "Open and welcoming when we visit. Any questions we have they always find the information for us." A member of staff told us, "The atmosphere is relaxed so the shift runs well and everything gets done but we can chat and have a laugh with residents." During our inspection we saw people smiling, laughing and responding positively to staff which told us they were happy with the support they received.

We saw people chose to spend time with staff members and each other in the communal areas and were comfortable in their presence. We observed staff treated people with dignity and respect.

Some people used sign language to communicate their wishes and to engage with staff. Staff responded using speech and sign in a respectful and polite manner. This meant staff were using an approach known as 'sign along' to communicate with people.

We observed positive interactions between people and staff members, such as encouraging people to join in activities or supporting them with daily tasks. We saw people received verbal support of encouragement and prompts from staff in relation to their care, which promoted their independence in doing things for themselves. For example, supporting people to complete their domestic tasks in their bedrooms or paid domestic work around the home.

We observed people receiving support from staff in a caring and respectful way. Staff supported and communicated with people in a friendly, patient way and with genuine compassion.

At the time of the inspection no one required support from an independent mental capacity advocate (IMCA). Advocacy services were advertised and promoted throughout the home. The registered manager told us that should anyone require the use of an advocate this would be arranged for them as soon as possible.

Each person had a large single bedroom with an ensuite bathroom. Bedrooms were decorated and furnished to people's own individual tastes. People had their own interests and hobbies and these were reflected in their own bedrooms. For example, posters, pictures and figures on display. The home was well decorated in a modern style that suited the people who lived there. Staff made sure the home was warm, clean and comfortable for people and included them in housework.

Good

Is the service responsive?

Our findings

Relatives told us the service was responsive. One relative said, "[Family member's] anxiety has gone down very much, he's very relaxed now. I'm very pleased with his progress at The Hermitage. He has a good life." Another family member said, "They support people as individuals, care is different for each person."

Staff organised a wide range of activities for people. One relative we spoke to said, "They're always doing something, there's always something going on." Another relative said, "I know certain days [family member] is out doing things. He's involved in a lot of things and he enjoys what he does." During our inspection we noted an activities board in pictorial format on display in the main entrance hall. The senior support worker explained the board was updated twice daily so people knew what to expect each morning, afternoon and evening. Pictures included clocks to show times, photos of people and the staff who would be supporting them and pictures of activities. Staff explained routine and schedules were extremely important to people living at The Hermitage. We observed a few people checking the board regularly throughout the days we were in the home.

Each person had an activity plan tailored to their interests and things they liked doing either on their own or as part of a group. Some activity plans were designed to continue routines people had prior to going to live at The Hermitage. For example, one person used to go on shopping trips to Newcastle every month and have lunch whilst they were there. This was incorporated into their individual activity plan and they did this on a monthly basis with staff support.

We observed people making decisions in relation to food and drinks. Staff supported people where necessary, to make decisions and responded positively to decisions people made. For example, one person communicated using sign language that they didn't want any biscuits with their cup of tea. Staff gave the person a verbal and signed response. Staff told us, and we read in the person's care file, that this was the most effective way to communicate with that individual.

People's care plans included information about their individual social needs and recorded what activities people had taken part in. Community activities varied for each individual for example, shopping trips, outings to pubs and restaurants, walks to the local shop, visits to the beach and visits to places of particular interest such as coach stations. Activity plans were tailored to people's needs and were reviewed regularly when a person's needs changed. For example, one person was at risk of social isolation as they spent a lot of time in their room except for meal times and on an evening when they occupied the games room alone. They went to the local shop every morning to buy a newspaper and visited a restaurant once per week with staff support but other than that they didn't engage in activities. With staff encouragement the person had started going to pottery once per week with two other people from the service and staff told us they enjoyed it.

People had a range of care and support plans in place to meet their needs including personal care, medicines, nutrition and activities, as well as more specific care plans for things such as anxiety. Care plans were personalised to individuals and included strategies, where necessary, to guide staff in how to support

people in the most effective way. For example, strategies in place for people to try and prevent escalations of anxiety leading to behaviour which may challenge.

We reviewed people's care records and noted they were personalised, regularly reviewed and reflected the needs of the person. We saw personal preferences and choices included in care plans. For example, one person's personal care plan stated they, 'prefer a bath to a shower,' and, 'can wash [their] own hair.'

We saw from care records that people were involved in planning their care and support. People had essential lifestyle plans in place which used a spectrum star system to record their starting points and monitor their progress in specific areas such as how they felt their autism was a barrier to their lives and how they felt about accepting some support from staff. An action plan for improvement of each scoring was created and monitored to record people's development in each area. This information helped to plan future support and goals people may have.

Activity and personal goal plans were written in the first person and by the person when they were able to do so. For example one person had written on their 'my personal timetable' 'go trampolining', 'go and do arts and crafts', 'go to croft centre [to do] pottery'.

Relatives told us and records showed they were involved in the planning of care and support for their family members. One relative said, "I attend reviews and talk about [family member's] care. I'm there most Thursdays. I am very much involved with what's going on, they ask my opinions." Another relative told us, "I feel that staff listen to everything I have to say then they initiate what I've said. I feel very involved in planning [family member's] care and support."

Staff we spoke with were able to tell us about people's individual needs and how best to support them. They were also able to explain people's routines, preferences, likes and dislikes in relation to daily routines. For example, what time people preferred to get up, what they usually had for breakfast and what their day usually entailed, including people's individual set routines. This meant staff had a good level of knowledge about people who lived at The Hermitage.

People had hospital passports in place, to be used in the event of someone being admitted to hospital. Hospital passports were in pictorial format and contained personal information, including details of people's individual needs. They included information about personal preferences, likes and dislikes and were relevant, up to date and reflective of each person.

Staff recorded appointments, day trips and outings for people in their daily exchange of information files which were separate to their care files and accessible to all staff. The assistant unit manager explained that staff read the daily exchange of information files when they started a shift. Information recorded included any communications for appointments with professionals, activities people had taken part in, and people's food and fluid intake.

Relatives we spoke to told us they knew who to complain to. One relative said "I haven't had any complaints but would feel comfortable raising any issues with staff." Another relative told us they felt comfortable approaching management with a complaint and said, "They are very straight with me." The service had a complaints procedure that detailed each stage of a complaint and how it would be managed. At the time of our inspection the service had received no complaints over the previous 12 months. A pictorial complaints procedure was available for people living at The Hermitage.

Staff were able to explain how they identified if people were unhappy with a situation by their behaviour or

demeanour. For example, by recognising particular behaviours or sounds. People's care records showed how each person might present themselves if they were upset or unhappy and what indicators to look out for. One relative told us, "If [family member] didn't want to do something he would tell them no."

Good

Is the service well-led?

Our findings

Relatives and staff told us they felt the service was well-led. One relative said, "I haven't had any problems with the manager. There is no pressure or atmosphere in the home. It's the best thing [family member] ever did (moving into The Hermitage)." Another relative said, "He is very helpful," when referring to the registered manager.

Staff spoke highly of the registered manager and assistant unit manager and told us they felt comfortable raising any concerns or going to them for support. One staff member said, "They are good, good management."

The home had an established registered manager who had been in post since 1 October 2010. During our inspection we noted that some statutory notifications had not been submitted. We discussed this with the registered manager who explained it had been an oversight. Statutory notifications had been received in relation to other areas. The registered manager acted immediately and submitted the notifications to the Commission. We are dealing with this outside of the inspection.

The registered manager and assistant unit manager both told us they operated an open door policy to enable and encourage staff to come to them with any requests for support or to raise any issues or concerns. One staff member told us, "You can just go in and have informal supervisions and a chat about anything you wanted to."

Throughout the inspection visits there was a management presence in the home with either the registered manager or the assistant unit manager readily available for staff, people who use the service, relatives and other professionals to speak to.

The registered manager and supporting staff members completed a number of audits in the home which varied in frequency. Audits included fire alarm system checks and medicine audits. Other audits regularly carried out related to areas such as health and safety, care plans and staff files which were effective in identifying issues and required improvements.

Parent and people questionnaires were distributed annually to obtain views of people using the service and their relatives. Questionnaires were last sent to relatives in 2015. Four of six questionnaires were returned completed. All the feedback was positive with relatives stating they were happy with the service. There was a comment about the décor of the home and how some areas needed 'sprucing up.' People were supported by staff to complete surveys and all feedback received was positive.

Staff told us they had regular staff meetings where they discussed changes to the home and any issues of concern. They said they could raise issues and ideas during staff meetings and found the forums useful in keeping up to date with the service and the people. One staff member said, "We have staff meetings every month and have one tomorrow. It's good if you're not here because you can read the minutes and be up to date." Staff meetings were advertised on the noticeboard in the staff room as well as the main notice board

in the home. Minutes of staff meetings were stored in a file, were accessible to staff and included actions or decisions agreed.

The home had a system in place for the daily handover of information. Written handovers were completed twice per day to correspond with the end of the lead support worker's shift. We observed a staff handover taking place between two lead support workers. The handover included an update on each person's day in general including activities, their diet, their mood and any appointments they had attended or required. Both staff members signed the written handover and shift keys were passed to the lead support worker commencing their shift. This meant staff had up to date knowledge of people and the type of day they had and mood they were in.