Acorn Care Providers Limited

Acorn

Inspection report

65 Downend Road
Downend
Bristol
Avon
BS16 5EF

Tel: 01179085440

Date of inspection visit:
15 March 2018
19 March 2018

Date of publication:
11 April 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 15 and 19 March 2018 and was unannounced. This was the provider's first inspection since changing to a new legal entity.

Acorn provides accommodation for up to 6 adults with a learning disability and or a mental health. At the time of our visit there were 6 men living at the service. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this 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.

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.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. Information was accessible to help people make decisions and express their views about the service. Staff recognised the importance of effective communication enabling them to respond to people in a person centred way.

People received a safe service. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Staff were knowledgeable about the risks to the person and others and what measures were in place to ensure the person's safety. People were involved in discussions about how they could keep safe. Staff clearly described what they would do if they felt a person was at risk of abuse and the importance of reporting to other agencies. People received their medicines safely.

Systems were in place to ensure effective communication, including team meetings and staff one to one meetings with the senior management team. Staff spoke positively about the team and how they supported people. People told us they liked the staff and the other people they lived with.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Acorn.

People were very much involved and included in the running of the service with resident meetings and key worker meetings being organised monthly. They were consulted about activities, menu planning and the running of the home. There was a strong emphasis this was people's home.

Systems were in place for monitoring the service. This included seeking the views of the people and their relatives through regular meetings and annual surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were managed safely and risks to people's health and welfare were well managed. Where risks had been identified, management plans were in place. Staff were provided with sufficient and up to date information, which assisted in keeping people safe.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

People's needs were met by ensuring there were sufficient staff on duty.

The home was clean and free from odour.

Is the service effective?

Good

The service was effective.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People were supported by staff who knew them well and had received appropriate training. Other health and social care professionals were involved in the care of people and their advice was acted upon.

The premises were decorated and maintained to a good standard and met the needs of people.

Is the service caring?

Good

The service was caring.

People spoke positively about the staff who supported them. People were responded to in an appropriate manner. Staff took the time to answer people's question and to provide reassurance and support when needed.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.
Staff knew people well and were able to tell us how people liked to receive their care. People were supported to maintain contact with friends and family.

Is the service responsive?

Good

The service was responsive.

The service was flexible and very responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible.

The service recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Is the service well-led?

Good

The service was well led.

Staff spoke positively about the management of the home and the support that was in place for them.

There were good links with other health and social care professionals in respect of supporting the people and the staff.

Arrangements were in place for checking the home to ensure standards were maintained. This showed the registered manager and the provider were taking action to ensure the service was meeting people's needs and the home was running smoothly.

Acorn

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.

This was the home's first inspection since changing their legal entity. This inspection took place on 15 and 19 March 2018 and was unannounced. One inspector carried out this inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications. Notifications contain information about important events, which the service is required to send us by law.

We contacted 12 health care professionals to obtain their views on the service and how it was being managed. We received five responses. You can see what they told us in the main body of the report.

During the inspection, we observed and spoke with people in the lounge and the kitchen, looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and staff training. We spoke with three members of staff and the registered manager. We also had an opportunity to speak with two relatives.

Good

Is the service safe?

Our findings

People told us they felt safe living at Acorn. They told us they liked the staff and had regular one to one meetings to give their opinions on the care and support they received and whether they had any concerns. Relatives told us they felt the service was safe and people were well supported.

People told us there was enough staff to support them during the day. Staff told us there was always two staff on duty during the day and one member of staff providing sleep in cover at night. Additional staff were roistered if people had planned activities that required their support. Staff told us there was usually three staff during the week to support people with planned activities. This was confirmed in the duty rotas. The registered manager and the deputy manager were available during the week to provide additional support.

Staff were thoroughly checked to ensure they were suitable to work at Acorn. These checks included obtaining a full employment history and seeking references from previous employers. We saw Disclosure and Barring Service (DBS) checks had been obtained. The DBS checks people's criminal history and their suitability to work with people who require cared and support. The registered manager told us occasionally staff will complete their training prior to the DBS check but they would not work alone or unsupervised with people.

People told us there were house rules that helped keep them safe. These rules included informing staff when they were going out and where they were going. Another rule was that people were not allowed to enter other people's bedrooms. This was to ensure people's belongings were safe and ensure that each person's bedroom was their own private space. People told us they were not allowed to bring alcohol or recreational drugs into the home.

People told us they all got on well. One person told us staff will help if they were upset with each other to try and resolve any issues. Staff told us people had a mutual respect for each other and all got on well generally. Where there was conflict, staff told us they tried to resolve this quickly by supporting each person to voice their concerns enabling them to come up with a solution to resolve any bad feelings. Another one of the house rules was that people should not lend money or swap personal belongings. This again kept people safe and set clear boundaries to ensure relationships were free from bullying, control or harassment. People signed up to the house rules on admission and this was kept under review during annual care reviews.

Staff described to us how they supported people when they became upset, anxious or on occasions angry. They told us the least restrictive approach was used to avoid behaviours escalating. They said it was important to make the environment safe for people, rather than imposing restrictions on people or their movements. Staff spent time talking and listening to people. People's care records included plans, which provided guidance for staff about how to respond to changes in their behaviour. This helped to ensure staff supported people in a safe and consistent way. Staff had received training on supporting people who may challenge and how to de-escalate behaviours.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. One of the six people were supported by staff in the community whilst the others were independent. The staff at the home had liaised with other health and social care professionals in relation to some of the risks to ensure these were shared in a multi-disciplinary way. Records were maintained of these meetings and the care plans and risk assessments had been updated to include the advice of the professionals. Staff showed a good understanding of the risks to people and how these were minimised to keep people safe.

People were kept safe by staff who knew about the types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. This was clearly displayed in the office. Staff had completed training in keeping people safe.

The registered manager had raised safeguarding concerns appropriately in the last 12 months. This included sharing information with the local authority and the Care Quality Commission (CQC). The level of information shared with other agencies had been appropriate and sufficient to keep people safe.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager. People's records had sufficient information to guide the staff on how and when to administer medicines.

People were supported to take responsible for their own administration of medicines where they had been assessed to ensure this was safe. There was a clear protocol detailing the stages and the steps to enable the person to be independent with their medicines. People were consulted on how much responsibility they wanted and reassessed at intervals to ensure they were safe and competent.

There were environmental audits to ensure the property and the working practices of the staff were safe. Routine maintenance was completed to ensure the property was well maintained and fit for purpose. Other checks were completed on the environment by external contractors such as routine checks on the gas and electrical appliances. Certificates of these checks were kept.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were arrangements in place to deal with foreseeable emergencies.

Each person had a fire evacuation plan in place, which linked with the overall plan for the whole home. Fire risk assessments had been completed. Fire equipment was checked at regular intervals. Staff had completed fire training and had taken part in fire drills. The registered manager told us a fire officer had visited in March 2017 where a number of recommendations were made. In response, fire doors were replaced and a new fire alarm system was purchased and they had reviewed the frequency of fire drills. This was because they were happening monthly and the fire officer advised that people might become complacent.

The home was clean and free from odour. Cleaning schedules were in place. Staff had completed training in infection control as part of their health and safety training. Staff had completed training on the principles of food hygiene. The kitchen was clean and well organised. All items in the fridge were well organised and dated when opened. Colour coded chopping boards were available to prevent risks of contamination from

meat, fish and vegetables. Records of Fridge/freezers temperatures were maintained to ensure they were working correctly.

Good

Is the service effective?

Our findings

People and their relatives told us the staff were supportive and provided the support people needed. Relatives told us there was good communication and they were kept informed of any changes. Professionals spoke positively about the staff and the management of the service. One professional told us, "The staff there, including my client's key worker knew him well and there was a low turnover of staff which helped".

Meal times were flexible and organised around people's activities. There was a weekly menu, which included all the food groups and offered people variety. People told us they enjoyed the food and they were asked what they would like to eat daily. People were offered a choice of sandwiches/snacks at lunchtime with a cooked meal at teatime. One person had asked for an alternative and was having a fried egg roll instead of homemade soup. Fresh fruit was available for people to help themselves. A relative told us that people were supported to eat healthily and lead active lives. No one at the home was at risk of malnutrition or obesity.

People had access to health and social care professionals. Care records showed that people were registered with a GP, and had access to a dentist and optician. People had a 'health plan', which described what support they needed to stay healthy. People were also supported by social workers and mental health services.

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 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 a person of their liberty were being met. Each person had been assessed to determine whether an application should be made. The registered manager told us the local authority had assessed one person and they were waiting for the outcome. This was because they were unable to make the decision on whether to live in a care home and needed constant supervision. The registered manager told us the person's preference was to live at home but due to their vulnerability, they would be at risk. The registered manager told us the person had not attempted to leave the home and when they requested to go out staff would ensure support was available to them.

Staff told us best interest meetings were held where people lacked mental capacity and this included seeking the views of the person's relatives and professionals involved in their care such as the GP. They also told us advocacy services were used to ensure the person's views were heard.

People confirmed they were involved in developing their plans of care and could make decisions on how they spent their time. It was evident from talking with the registered manager and staff that everyone living in the home was assumed to have the capacity to make all decisions. Staff told us some people required more time and information to enable them to make an informed choice and understand the consequences of their decision. Staff confirmed they had received training on the Mental Capacity Act 2005 and how this impacted on their day-to-day roles in supporting people. Other health care professionals had been involved in the assessment of a person's mental capacity.

Staff confirmed they had received regular supervision. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. Staff confirmed they were supported in their roles and could speak to the registered manager at any time. A supervision matrix was in place that showed staff were receiving supervisions at least every two months. Regular staff meetings were happening with minutes maintained of the discussions. A member of staff told us there was good communication with all staff working in the home.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for the work was assessed. Staff had completed a programme of training, which had prepared them for their role, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. All the staff had been supported to complete further qualifications such a diploma in care at either level two, three or five.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with appropriate training and were confident in the tasks they carried out. A member of staff told us, "We are always doing training". Two staff told us the registered manager would respond to any requests for training that would benefit the service. They told us their training needs were discussed during their individual supervision meetings with the registered manager and during team meetings. We viewed the training records for all staff. These identified when staff had received training in specific areas and, when they were next due to receive an update. All staff received core training, which included first aid, infection control, fire safety, health and safety, food hygiene, administration of medicines and safeguarding vulnerable adults.

Staff confirmed they had completed training on supporting people with mental health and learning disabilities. They said the registered manager was proactive in organising specific training around supporting people with specific mental health conditions and health care needs. A member of staff told us they had recently attended training on supporting people who have had suicidal thoughts and this had enabled them to support people more openly and gave them an insight what to look out for. Another member of staff told us they had completed training in supporting people living with a diagnosis of Autism and another course on personality disorders. They said this gave them insight into how this could impact on people's lives and their decision making processes. Some staff had also completed training in dementia.

The design, layout and decoration of the home met people's individual needs. All the bedrooms were single occupancy. Three of the six bedrooms were on the ground floor. All areas of the home had been furnished and decorated to a good standard. CCTV had been installed to the front of the building with clear signage to inform people. There was a programme of redecoration. The carpet on the top landing was frayed at the edges. The registered manager told us this from when the fire doors were replaced. They said the carpet was being replaced.

Good

Is the service caring?

Our findings

People spoke positively about the staff who supported them. They told us the staff were caring and were good listeners. They told us they liked living in Acorn and that they felt it was their home. One person said, "I chose this home because it was small, friendly and it felt like a home. I did not want to live in a home with lots of people". Relatives told us they were always made to feel welcome and the staff were kind in their approach.

A visiting health professional told us, "I met with several of the staff over the time I worked with the home, and found them all to be very caring in their approach, often going above and beyond". An example was where a person was supported to visit their relative daily when they were unwell. Staff said this was important to the person and happened for the past couple of months.

One person had been supported by staff on the day of the inspection to attend a family funeral. Staff provided them with time to talk about their feelings in the privacy of their bedroom prior to the funeral and after. Staff showed empathy for this person's feelings.

People described to us the role of the key worker and the relationship they had built. A key worker is a named member of staff who was responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. They also took a special interest in the person. People told us they often went out with their key worker and they met with them on a monthly basis to discuss any areas that could improve and any goals they wanted to work towards.

We observed people being supported by staff in the communal areas of the home. We saw positive interactions between the people and staff. Staff were speaking to people in a respectful manner involving them in a variety of activities including household chores, the planning of activities and meal preparations. People were also talking to staff about the days events. We observed people were relaxed around staff.

People told us they could have visitors to the home. A relative confirmed they could visit whenever they wanted and the staff kept them informed of any changes. Relatives were involved in care review meetings if that was what the person wanted.

People were able to lock their bedroom doors and had a key to their bedroom and the front door. This afforded people some independence and control over their life, whilst ensuring privacy when in their bedrooms. We observed staff knocking on doors and waiting for people to confirm they could enter. People told us staff only entered their bedroom with their permission.

Staff were knowledgeable about the people they were supporting. This included knowing what the person liked and disliked and their interests. They described people as individuals and spoke positively about their personalities and how they supported them. From these conversations, it was evident that care was delivered in a person centred way building on people's strengths.

People's cultural and religious needs were recognised and supported. Each person was treated very much as an individual. People's cultural and religious needs were clearly recorded in their plan of care and their views respected. Staff took the time to understand a person's religious preferences. They said this was important as one person's views could change on a regular basis. They took the time to understand so they could respond to the wishes of the person without discrimination.

Good

Is the service responsive?

Our findings

People told us they could come and go, as they liked, but it was always good to let the staff know where and when they would be back. This meant staff could respond if a person had not returned when they said they would. There was a missing person procedure in place should a person not return within a specified timescale. The registered manager told us the CCTV camera situated by the front door would enable them to know a time the person left. It would also enable them to describe what the person was wearing which could be shared with the police in the event of a missing person.

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. There was also enough staff to support people when they needed it. Staff spoke knowledgeable about how people liked to be supported and what was important to them.

People told us there were very happy with the activities organised for them, both in the community and in the home. They described the support they required from staff and some people told us they were independent. One person had paid employment whilst others attended social groups, the local sports centre, and a gym. It was evident this was kept under review with people to ensure the activities remained appropriate. People told us they had recently been on a trip to Weston super Mare and Glastonbury. People were also supported to have an annual holiday if they wanted. Some people had a holiday in Devon last year, this year they were planning a camping trip with staff.

Staff had a good awareness of the vulnerability of their client group and past histories. When planning activities they took this into account whether this was the time of day the activity took place, whether the venue would be busy and appropriate. This ensured people were safe and that they could enjoy the experience. Good links had been built with the local police in supporting people to ensure they kept to any conditions that had been imposed on them. The staff had taken the time to ensure the information about these conditions was in an accessible format so the person could fully understand what was expected of them. There was exceptional joint up working in managing risks to people and information was shared with other professionals to ensure the person received the support their needed to keep them safe.

People were encouraged to be as independent as possible. Most people accessed the community independently whilst others needed support. This was clearly recorded in the person's plan. Staff described how they initially supported people. Shadowing was used where a member of staff would watch from a distance ensuring the person was safe. Short trips were organised initially until the person and the staff were confident they had the appropriate skills and knowledge to keep themselves safe. One person was now accessing the community independently because of the support that had been put in place. This was kept under review periodically.

One person was supported to attend a circle of support, which enabled them to talk about their past history. Staff supported them to attend the group on a weekly basis and saw this as being positive in the person's well-being and recovery. Another person attended a support group to aid with addiction. It was evident the service was supportive and accessed services from other agencies to aid a person's wellbeing and recovery.

A health care professional told us, "My sense was that the home provided a service that was more person centred than others I have previously encountered, particularly in terms of activities and structure". They continued by saying, "After the client's risks escalated I found them to manage risks well and communicate with me positively at a time of change, further that they adapted their way of working to manage these risks". This showed the service was responsive to people's ongoing and changing support needs.

Feedback from professionals confirmed they were kept informed of any changes to people's support needs and this was kept under review. One professional told us, "Support runs well for the person considering their complex needs and family dynamics that can conflict with their role to promote and enable this gentleman to his full potential". Staff described how they supported people to reduce their anxieties offering them coping strategies enabling them to have control.

Staff described to us how they promoted people's independence and supported them to move on to supported living if that was what the person wanted. People were encouraged to be independent, take an active role in life at Acorn, and have control over their lives. Two people had moved onto more independent living with the support of the staff. They now live in a flat of their own with minimal support. One person had moved from supported living to Acorn because they needed to build on the skills of independence to enable them to live safely on their own. It was evident people's support was designed to enable them to have goals and aspirations on how they wanted to live.

People had an individual care package based on their care and support needs. From talking with staff and the registered manager it was evident each person was seen very much as an individual and was supported that way. Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had a support plan, which detailed the support they needed, which was personal to them. They were informative and contained in-depth information to guide staff on how to support people well.

Photographs captured some of the information in the care plan and what was important to the person. This enabled people to be involved in the planning of the care, as the information was accessible and acted as an aid to communication and memory. For example, the staff were developing a personalised cookery book of recipes that a person particularly liked. Staff thought this was important to the person as they were living with dementia and particularly enjoyed cooking. Another person had been supported to take photographs of activities they were involved in and visits to relatives. This aided their memory as staff said they would often forget what they had done.

People were involved in one to one formal discussions every four weeks on what they would like to do, which formed part of the person's care plan. People were asked whether they were happy with the support that was in place, whether there were any improvements to be made and what they would like to do over the forthcoming month. From talking with people it was evident staff acted on their suggestions.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. Health and social care professionals told us the staff were very proactive in ensuring people needs were being met. One professional told us, "My impression again is that the home are more aligned to reacting to difficulties and seeking to manage them rather than taking a passive approach".

In addition, to the daily handovers, staff completed daily records of the care that was delivered. Daily records enabled the staff to review people's care and their general well-being over a period of time. There

was a section on the handover to record what progress a person had made towards their chosen goal such as meal preparation, household chore or keeping in contact with family. These did not contain sufficient information on any progress and often the staff had only recorded 'Yes' or 'No'. When we returned on the second day the registered manager told us they had held a meeting with staff and explained the importance of more recording. There had been an improvement in the quality of the information that had been recorded with staff describing progress and what the person had actually completed.

There was a clear procedure for staff to follow should a concern be raised. There had not been any complaints raised by people or by their relatives in the last six months. Staff knew how to respond to complaints if they arose. People told us if they were not happy, they would speak with the 'management'. They also told they were asked if they had any concerns at the monthly resident meetings. Relatives confirmed they knew how to raise concerns. They confirmed they had regular meetings where concerns could be discussed. They told us generally they were happy with the care provided and knew if they went to X (name of the manager) or Y (name of the deputy) they would deal with this straight away.

The service had received concerns from neighbours about noise levels. From talking with the registered manager and staff, they tried to establish positive relationships with neighbours but recognised at times due a person's mental health they may become upset or angry.

The registered manager told us they had recently had a local authority commissioner's visit. They told us a recommendation had been made to ensure end of life plans were more person centred. Staff had discussed with people their end of life plans and what they wanted to happen in the event of their death. Plans had been developed to provide guidance for staff on what to do if this occurred. One person had stated they were not ready to discuss this. The registered manager said this would be kept under review for everyone to ensure their wishes had not changed.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the management of the service. Telling us, they could speak with the registered manager or the deputy manager at any time. They also knew the provider who visited the service at least once a week. Staff confirmed they could contact either the registered manager, deputy manager or the provider if they needed advice and support. They told us they were very responsive.

The registered manager was supported by a deputy manager and a senior care worker. Staff were positive about the management arrangements and told us they were very well supported. Staff felt confident about raising concerns with the registered manager. This created an open and transparent culture within the staff team. Comments from staff included, "I really love working here", "really good managers", and "I have worked here for quite a while and this home has improved constantly. The focus is about enabling people to live how they want to".

There was a culture where people felt included and their views were sought. Monthly house meetings were taking place where people's views were sought about the running of the home, activities, menu planning and any planned works in the home. Annual care reviews were held between people, their relatives and other professionals involved in their care.

Staff were very passionate about their role in supporting people to lead the life they wanted. It was evident the service was set up around the individual with the emphasis on encouragement to enable the person to be independent. This included building links with the local community, supporting them to find paid work, forming relationships and building on their self-esteem.

Health and social professionals we contacted confirmed they regularly met with the people living in the home and the staff. They told us the staff were open and proactive in accessing support for the people in the home. This included making appropriate referrals to other professionals and acting on the advice given. A professional told us, "I have realised the home and staff have been exemplary in working with myself and the team". They said this relationship had built up over a three year period.

People's views and those of their relatives were sought through an annual survey. Surveys were used to evaluate the service provided and make improvements where necessary. Relatives had confirmed they were happy for the service, they knew how to raise a complaint and the staff were professional and helpful. Feedback from people was positive, they felt they were listened to and fully supported by the staff.

Staff told us monthly meetings were held where they were able to raise issues and make suggestions relating to the day-to-day practice within the home. The minutes from these meetings were documented and shared with team members who were unable to attend. These documented the suggestions made by staff members, discussion around the care needs of people and wider issues relating to the running of the home. From talking with the registered manager and staff, it was evident that staff worked well together and felt supported to make suggestions. For example, the format of the daily report had been reviewed to enable staff to record more information about the progress made towards people's goals as staff had said there

was insufficient space to record.

Regular checks were being completed on different areas of the running of the home and the delivery of care. This included checks on the medication, care plans, training, recruitment information, the environment and health and safety. Where there were shortfalls actions had been taken to address.

We reviewed the incident and accident reports for the last 12 months. There had been very few accidents. Appropriate action had been taken by the member of staff working at the time of the accident. Staff had received first aid training enabling them to support people. There were no themes to these incidents, however the registered manager had reviewed risk assessments and care plans to ensure people were safe.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately using the notification process. A notification is information about important events, which the provider is required to tell us about by law.

The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed. These improvements were about enhancing the service and improving outcomes for people.