Wycar Leys Limited

# Applewood House & Apartments

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 9 February 2016. Applewood House & Apartments is registered to accommodate up to thirteen people and specialises in providing care and support for people who live with a learning disability. At the time of the inspection there were twelve people using the service.

On the day of our inspection there was a registered manager in place. 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 risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place. People's medicines were stored, handled and administered safely.

People were supported by staff who received an induction, were well trained and received regular assessments of their work.

The registered manager ensured the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. However there were a small number of best interest documentation that were not available within people's support records. Staff ensured people were given choices about their support needs and day to day life. Deprivation of Liberty Safeguards had been applied for and where applications had been granted, appropriate safeguards were in place.

People spoke highly of the food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed.

People were able to contribute to decisions about their care and support needs. People were provided with an independent advocate, if appropriate, to support them with decisions about their care. Staff understood how to maintain people's dignity. People's friends and relatives were able to visit whenever they wanted to.

People's care records were person centred and focused on what was important to them. Care records were regularly reviewed. People were encouraged to take part in activities that were important to them and were provided with the information they needed if they wished to make a complaint.

There was a positive atmosphere at the home. The registered manager had an 'open door' policy and welcomed people to talk with them. People spoke highly of the registered manager. The registered manager understood their responsibilities and ensured staff felt able to contribute to the development of the service. People who used the service were encouraged to provide their feedback on how the service could be improved.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

The registered manager had the processes in place to ensure that all accidents and incidents were appropriately investigated. Assessments of the risks to people's safety were conducted and regularly reviewed.

Regular reviews of the environment in which people lived, along with plans to evacuate people safely in an emergency were carried out.

People were supported by an appropriate number of staff to keep them safe. Safe recruitment processes were in place.

People's medicines were stored, handled and administered safely.

### Is the service effective?

Good

The service was effective.

Staff were well trained, felt supported by the registered manager and had the quality of their work regularly assessed.

People's records showed the principles of the MCA had been adhered to when a decision had been made for them. However a small number of best interest documentations were not in place.

People were supported to follow a healthy and balanced diet and they spoke positively about the food.

People's day to day health needs were met by staff and external professionals and referrals to relevant health services were made where needed.

### Is the service caring?

Good

The service was caring.

Staff supported people in a kind, caring and respectful way.

Staff understood people's needs and listened to and acted upon their views.

People were provided with the information they needed that enabled them to contribute to decisions about their support. Where needed, independent advocates supported people with making important decisions.

People's dignity was maintained by staff and friends and relatives were able to visit whenever they wanted to.

## Is the service responsive?

Good

The service was responsive.

People's care records were written in a person centred way. People were involved with the planning of their care and support.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

## Is the service well-led?

Good

The service was well-led.

People were encouraged to provide feedback on how the service could be improved.

People spoke highly of the registered manager. The registered manager understood their responsibilities and ensured staff knew what was required of them.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

# Applewood House & Apartments

**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 inspection took place on 9 February 2016 and was unannounced.

The inspection was conducted by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted external healthcare professionals to gain their views of the service provided.

During the inspection we spoke with five people who used the service, four relatives, and four members of the care staff, the home leader and the registered manager. We also carried out observations of staff interacting with the people they supported.

We looked at the support records for four of the people who used the service, and also reviewed parts of other records for other people. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt they or their family members were safe at the home. One person said, "Yes, I feel safe here." This person also told us who they would speak with if they had a concern about their safety. Another person, when asked if they felt safe, raised their thumb in the air which indicated that they did.

A relative we spoke with told us they had confidence in the staff's ability to understand their concerns about their relative's safety. They also said, "I notice that someone is always with [name] and they are never left alone." Another relative said, "[Name] is safe. The staff know them and can understand their behaviour."

The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. Staff had attended safeguarding adults training or were currently completing it as part of their Care Certificate training. Staff were also aware of who they could speak with both internally and externally if they had concerns, this included reporting concerns to the CQC, the local multi-agency safeguarding hub (MASH) or the police.

Records showed the registered manager responded quickly to any allegations of abuse and reported those allegations to MASH and the CQC where appropriate. Internal investigations were carried out, and if needed, changes to company policy and procedures would be implemented to protect people's safety. A relative we spoke with told us about an incident that had occurred recently. They said the relevant staff member informed them the next day in a clear and transparent way. They were advised of changes to company procedures that were made to reduce the risk of the incident happening again. The relative was confident that these changes would keep their family member safe.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments for each person in relation to their care needs and behaviour. These included, using the kitchen independently, accessing the community and transportation in vehicles. Each risk assessment had been regularly reviewed to ensure the support plans in place to manage the risk, were appropriate to each person's individual needs.

Each person's support records contained a support plan and assessment of the person's ability to carry out tasks independently and safely, ensuring their freedom was not unnecessarily restricted. The registered manager told us they had recently agreed and implemented a change of approach within the home. It was agreed staff would support people to have more freedom within the home. This process included removing locks on kitchen doors, cupboards, and outside gates. People were encouraged to make cups of tea and assist with other tasks whilst supported by staff. We spoke with a member of staff about this. They said, "At first we [staff] we really nervous about this change. We'd done things for people for so long, but once we got used to the changes, it was clear it was the right decision for people."

We looked at records which contained the documentation that was completed when a person had an

accident, or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered manager and they made recommendations to staff to reduce the risk to people's safety. The registered manager carried out regular analysis of these incidents to identify any trends. This enabled them to put preventative measures in place, if needed, to reduce the risk of reoccurrence.

The risk to people's safety had been reduced because regular assessments of the environment they lived in and the equipment used to support them were carried out. Records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals.

People's support records contained a personal emergency evacuation plan (PEEP) that identified each person's individual needs in a case of an emergency. Support plans contained guidance for staff on how to communicate with people if there was a fire. These were individualised to each person and helped the staff to explain the urgency of the need to evacuate to people in a way they could understand.

During the inspection we saw people were supported by an appropriate number of staff to meet their needs. People and their relatives did not raise any concerns with us about the number of staff available to support them or their family member. Where people had been assigned continuous supervision, also known as 'one to one' support, this was provided. When staff went on breaks or needed to leave a person for a short period of time, they always ensured they arranged for another member of staff to stay with the person until they returned. This meant people were not left unsupervised and their safety placed at risk.

We asked the staff whether they thought there were enough staff to ensure people were supported safely. The staff we spoke with felt there were, but they did raise concerns that planned changes to rotas could impact on their ability to the do their role. We raised this with the registered manager and they told us they were aware of these concerns and were reviewing the best way to implement the changes, which would ensure people's safety, but also have limited impact on the staff.

The registered manager told us they had a flexible staffing team that covered shifts when people's needs changed. They also told us a formal assessment of people's dependency was not conducted, but regular review of accidents and incidents and other factors within the home, meant they increased staff numbers as and when required.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the registered manager had ensured that appropriate checks on each staff member's suitability for the role had been carried out. Records also showed that before all staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider in making safer recruitment decisions.

People were supported by staff who understood the risks associated with medicines. A relative told us their family member was, "Involved with their medication and knew exactly what they are taking and when they take it." The home leader told us they always explained to people what medicine they were taking and why.

We observed staff administer people's medicines. Medicines were stored safely in locked cabinets within people's bedrooms. People were encouraged to come to their bedrooms to take their medicines. A staff member explained that by removing the public administration of medicines ensured people's privacy. They also said, "Not everyone wants to take medicines in front of a room full of people. Doing it this way means

we can sit and talk with people, help them to relax and offer encouragement or support in a quiet and dignified way."

People's medicine administration records (MAR) were appropriately completed. They were used to record when a person had taken or refused to take their medicines. In each person's MAR there were photographs of them to aid identification, information about their allergies and the way they liked to take their medicine.

Where medicines were stored within a refrigerator, regular checks of the temperature were taken. Regular room temperature checks were also recorded and both were within acceptable limits. The temperature checks ensure that medicines are stored at a safe temperature so as not to reduce their effectiveness. When other medicines such as liquids had been opened, the date of opening had been recorded. This ensured that people did not receive medicines that were not fit for consumption. Processes were also in place to ensure the timely ordering and supply of medicines.

Individualised processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times. Before medicines that could alter a person's behaviour were administered, staff were instructed to refer to a 'five point' checklist. If a person had showed three of the five signs as recorded on their individual checklist, then staff were able to administer the medicines. Once administered staff then completed an incident record which was reviewed by the registered manager. This process ensured people did not receive these medicines in an unsafe or inconsistent way.

There was evidence of regular medicine audits being completed. Staff administering medicines told us they had completed medicines management training and their competency was regularly checked. Medicines policies for each aspect of medicines administration and management were in place.

Good

# Is the service effective?

## Our findings

The people we spoke with did not raise any concerns with us regarding the way staff supported them. A relative spoke positively about the way staff supported their family member. They said, "They can look after [name]. They know their behaviours. They know the signs." Another relative said, "I have no concerns. They [staff] go the extra mile."

Staff had received an induction to provide them with the skills needed to support people in an effective way. The registered manager told us all staff were in the process of completing the 'Care Certificate' training to ensure they had the most up to date skills required for their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Records showed that staff received a wide range of training for their role. This included training in areas such as moving and handling, safeguarding of adults and mental capacity. The training matrix provided by the registered manager identified gaps in some areas for some staff. However, the home leader told us, that these gaps would be or have been filled as all staff were currently working on their Care Certificate training. Records showed many of the staff have completed this training. The registered manager and home leader were confident staff were well trained and could carry out their roles effectively. Staff spoken with agreed. One staff member said, "I have had lots of training, some of it in specialist areas like mental health. I'm confident I can do my job well."

We spoke with two healthcare professionals after the inspection. They both agreed that staff carried out their role effectively. One professional told us staff supported people with a range of needs. They also told us staff provided safe accommodation and support for people who would present a risk to themselves and others.

Staff told us they felt supported by the registered manager and received regular supervision of their work. Records viewed supported this. A member of staff said, "The manager is really good. If I need any help I just have to ask." Plans were also in place for all staff to complete their annual appraisals.

People's support records contained individualised communication support plans to provide staff with the guidance they needed to communicate effectively with people. We observed staff use a variety of verbal and non-verbal techniques. Records also contained guidance on how to support people if they became agitated or aggressive. The staff we spoke with told us they felt confident to support people effectively if they presented behaviours that challenge. They could explain how they used safe and effective interventions and distraction techniques to prevent incidents from escalating. A staff member described a process for one person where they used coloured 'mood charts' to describe how they were feeling. If they pointed to a certain colour it meant they were happy for staff to approach them, or a different colour meant they wanted to staff to give them space.

We observed staff respond quickly to changes in people's body language and diffused potentially challenging situations calmly and quickly. Throughout the inspection we observed people respond positively to the staff.

The registered manager told us, and records showed that staff were trained in the management of actual or potential aggression (MAPA). MAPA teaches management and intervention techniques to cope with escalating behaviour in a professional and safe manner. The staff we spoke with told us this training enabled them to support people in a way that did not require them to physically restrain people.

We observed staff offering people choices and listening to and respecting people's wishes. We saw staff give people options throughout the inspection. This included what they would like to eat or drink, where they would like to go outside of the home or the activities they wanted to take part in.

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

The staff we spoke with had a good understanding of the MCA and could explain how they used it effectively when supporting people. One staff member said, "It's about giving people as many different options as possible, but, if they can't make their own decision then you do so in their best interest."

In each person's records we saw people's ability to make decisions had been assessed in a wide range of areas, such as their ability to manage their own medicines and finances. Where decisions were needed to be made, that they could not make for themselves, meetings were held with an appropriate relative and external healthcare professionals. The registered manager told us these meetings ensured that decisions made were always in a person's best interest. We did find a small number of examples where the best interest documentation following these meetings was not available. The registered manager assured us it had been completed but would review each person's support plan to ensure the documentation was in place.

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). Staff had a good understanding of what DoLS meant for people. Where needed, appropriate applications had been made, and where approved applications had been received, the appropriate safeguards were in place.

People spoke positively about the food and drink they had and the choices they were given each day. One person said, "It's really lovely." Another person said, "Yes, I like the food here." Both were able to tell us their favourite meals and that they were on the menu. A relative said, "[Name] would say if they didn't like it, and they tell me everything!" Another said, "As far as I know, it's fresh food."

A member of staff told us the menu was chosen on a weekly basis and they to ensured people regularly got their favourite meal. They also told us people were always offered a choice. If people did not like what was planned for the evening meal, a staff member would support them to cook something they did like or to go to the shops to make their own choice.

We observed people contributing to making meals and snacks throughout the inspection. As the day of the

inspection was 'Pancake Day' staff supported people with making these. We also saw staff support a person with making jam tarts. People welcomed the support from the staff and clearly enjoyed the food.

People's support records contained a list of their food and drink likes and dislikes. Support plans were in place for eating and drinking, and provided staff with guidance on how to support people effectively with this. We saw staff had identified that a person with complex mental health needs did not like to sit and eat their meal in one sitting and liked to leave it, walk around a little, and then return. They supported the person with this, ensuring the person's meal time experience was provided in the way they wanted it.

People's support records included information about to how to support people who were at risk of choking and how to monitor people who gained or lost an excessive amount of weight. Referrals to speech and language therapists (SALT) and dieticians had been made when professional input and guidance was needed to ensure people were supported effectively.

People's day to day health needs were met by staff. People's records contained numerous examples where people had attended external health and social care appointments. These included visits to see a GP or dentist. We also saw a person had been offered support with dealing with bereavement.

Health action plans (HAP) were also in place which were used to record, in more detail, people's health needs and the support they needed. The majority of the records we looked at were fully completed although there were a small number of gaps in some records. The registered manager told us there was currently a full review of how records were used at the home, and stated reviews of the effectiveness of HAP's were also being carried out to ensure they were used effectively.

Good

# Is the service caring?

## Our findings

People told us the staff who supported them were kind and caring. One person said, "It's a lovely and nice place [to live]." Another person said, "I like the people [staff] here." Another person said, "They're [staff] nice, they don't shout." A relative told us, "I have heard them [staff] talking nicely to the other service users."

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. A relative described a situation recently where their family member had come to visit them. They told us they had difficulties in supporting their family member as their behaviour had become very challenging. They contacted the home and two members of staff drove out to see them, managed the situation calmly and effectively, and took the person back to their home. They kept the relative informed and offered constant reassurance. The relative told us they were really grateful for the support and also said, "They [staff] care a lot you know."

People's care records showed that their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

We observed staff interacting with people throughout the inspection. There was a good rapport between people and the staff and there was a calm and relaxed atmosphere within the home. There was lots of good natured banter and staff took the time to talk with people, listen to them and showed a genuine interest in what they had to say.

People's records showed that staff and the management used innovative ways to include people with planning their care and support needs. A new style of support planning document was in the process of being introduced. This included the use of pictures, signs and symbols, individual to each person, which enabled staff to explain what was being discussed. We saw easy read documentation was in place in many areas of the home, this included what being deprived of their liberty meant for each person.

Regular 'key worker' meetings were held, where a document called, 'It's all about me' was completed. This process was carried out monthly. People's aims and objectives for the month were discussed; a plan of action put in place, and then, when achieved, was reviewed to ensure the person was happy with the outcome. This meant people were actively involved with planning the way they wanted their care and support to be provided.

Where people were unable to make their own decisions about their care and support needs and did not have a relative to speak on their behalf, independent advocates were used. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People were supported to be as independent as they wanted to be. People's support records contained assessments of their ability to undertake tasks independently of staff. During the inspection two people were carrying out domestic chores. One person was vacuuming the lounge whilst the other was cleaning a

bathroom. We spoke with both of these people and they both told us they enjoyed doing these jobs. One person was particularly proud of the work they had done and was keen to show us.

The staff we spoke with explained how they supported each person to be as independent as they wanted or were able to be. We were told about a group of people who were described as 'very mobile and independent'. They enjoyed going out and going on trips. A bus pass had been bought for them to support this independence. A staff member said, "Whatever they want to do we just try to facilitate it."

People told us staff respected their privacy and dignity when supporting them. Two people told us staff always knocked on their door before entering. There was plenty of space throughout the home for people to have privacy and we observed staff respect peoples' wish to be alone.

Staff could explain how they maintained people's dignity when supporting them with their personal care. One staff member said, "Providing people with dignified care is my number one priority. If people cannot protect themselves (when receiving personal care) it is my job to do it for them." Throughout the home there were reminders for staff of the importance of treating people with dignity. A dignity 'Do's and don'ts' list was also provided. People's support records made numerous references to treating people with respect, dignity and giving them choices.

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction and we saw them doing so throughout the inspection. The relatives we spoke with confirmed this.

Good

# Is the service responsive?

## Our findings

People told us they led an active and varied social life and were able to take part in the hobbies or activities that were important to them. One person said, "I like living here. I have lots of friends." Another person explained in detail the things they liked to do and told us they were able to choose the support worker they wanted to go with them. Relatives were also positive about the activities people took part in. One relative said, "They [staff] are good with them, they take them out." Another relative said, "They've [family member] got a better social life than me!"

During the inspection a group of people were going out on the bus to go bowling and then for lunch at a pub. They all seemed very happy to be going. One of the support workers who was going with them said, "It's like a group of friends going out together."

The registered manager told us there was a flexible approach to the activities at the home. They told us regular discussions were held with people about what they wanted to do and when, and then plans were put in place to support them with this. The staff we spoke with all said that people were able to do what they wanted to, when they wanted to. The home leader told us they had used external organisations to assist people with planning their activities. This had resulted in people realising ambitions such as writing their own comic strip.

People were encouraged to attend college or to find work if they were willing and able to. The home leader told us a person had attended a local college to assist them in gaining the skills in financial management, increasing the person's ability to lead a more independent life.

Staff supported people to develop and maintain relationships that were important to them. The registered manager told us they had a public phone installed in the home, which people could use, free of charge, to phone family and friends. This also meant friends and family could call them. The registered manager told us this gave people a greater sense of freedom and independence, enabling them to make calls without having to ask for 'permission' from staff to use the office phone. Relatives we spoke with confirmed they had called their family members at the home.

People's bedrooms contained a variety of pictures, photos and items that were personal to them. One person told us they were changing bedrooms and they had been involved in the process. They also told us they had chosen their own furniture from a catalogue.

People's support records were in the process of being transferred to newly developed support plans. We reviewed examples of both. The 'old' style support plans were written in a person centred way. They were written from the perspective of the person using the service and clearly described what they could do for themselves and what support they needed from staff. However there were large amounts of information within the plans that could make it difficult to understand people's needs. The 'new' style support plans were more streamlined, contained only relevant and up to date information, and used a variety of signs, symbols and pictures to improve the ability of people who used the service to understand their own support

plans. The team leader was proud of the changes made, and felt it provided people with further improved person centred care and support.

An external health and social professional told us they found the care provided by staff to be person centred with support and activities developed around people's individual needs and interests.

People's records were regularly reviewed with them and/or their relatives where appropriate. Key workers carried out reviews and where changes were needed they were agreed and then implemented. A 'core staff team' had been assigned to each person. This enabled people to receive consistent care and support from staff they liked and trusted.

People were provided with information via a service user guide. This provided people with information, in easy read format, on how to make a complaint. None of the people we spoke with raised any concerns about this process. One person told us they were confident in speaking with their support worker or team leader. They also said, "They listen to me and sit down on my bed [to talk to me]." Relatives we spoke with also felt able to make a complaint and that it would be acted on.

The registered manager told us they had not received any formal complaints; however they had the processes in place to respond to them appropriately and quickly.

Good

# Is the service well-led?

## Our findings

People, staff and relatives were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. Some of the relatives we spoke with told us they had completed feedback about the service. One relative said they had discussed concerns that they were not kept informed enough about their family member's care and support. They told us they had discussed this with the registered manager, and it has now been rectified, with staff calling them much more often with updates.

There were regular meetings for people who used the service to discuss their views on the quality of the service provided. Regular staff meetings were also held. Minutes of these meetings showed a wide variety of issues were discussed, along with staff having the opportunity to raise any concerns they may have. A staff member said, "We have regular team meetings. I am able to say what I want to say."

There was a positive and friendly atmosphere throughout the home. Management, staff and people who used the service all appeared to enjoy each other's company. The registered manager told us they had an 'open door' policy and welcomed people, staff and relatives to come and speak with them. We saw this happen throughout the inspection.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Staff understood their roles and were held accountable for them. They felt encouraged to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team.

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

All of the staff, people who used the service and relatives spoke highly of the registered manager. A person who used the service said, "I like her." A staff member said, "I have never had any issues with the manager. She has always been very supportive." Another staff member said, "She is really good. If we're short at any point in the day, she will always help out."

A health and social care professional we spoke with after the inspection told us they felt the home was well-led and the registered manager communicated well with them.

Staff understood the values, aims and ethos of the service and could explain how they incorporated these into their work when supporting people. One member of staff said, "It is about helping people to feel like an adult and to be independent. The staff are here to work with service users." The registered manager told us when people were recruited their values and what they stood for was more important than qualifications and skills. They also said, "You can teach people about policies and procedures, or how to administer medicines. What you can't teach is dignity, respect and people's right to choose. You've either got it or you

haven't."

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. These audits were carried out effectively to ensure if any areas of improvement were identified they could be addressed quickly. Audits in areas such as the environment, medicines, staff supervision, and infection control were regularly carried out. Daily 'walk arounds' were also carried out to highlight any concerns along with a detailed daily handover between shifts. Monthly management reports were conducted and the results were forwarded to the provider's head of operations. Where any risks were identified, action plans were put in place to address them. We identified one omission from the kitchen audit. Freezer temperatures were not currently recorded. The temperature of the freezers needs to be regularly checked to ensure food was stored at a safe temperature. The home leader told us they would address this immediately.

The provider had introduced a management peer review process. This process included managers from other services within the provider group attending the home and carrying out their review of the registered manager. The registered manager told us they thought this was important to enable a fresh pair of eyes to see what was happening and to report on it objectively.