Options Autism (8) Limited

Options Beach Road

Inspection report

61 Beach Road
Littlehampton
West Sussex
BN17 5JH

Tel: 01903730120
Website: www.outcomesfirstgroup.co.uk

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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

This was Options Beach Road first inspection since registering after being taken over by a new company with the Care Quality Commission.

The inspection took place on 1 November 2017 and was unannounced. Options Beach Road provides care and accommodation for up to five people with learning disabilities who may challenge the service.

The service had a registered manager. 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.

We met and spoke to all five people during our visit. People were not all able to fully verbalise their views and used other methods of communication, for example pictures. Due to people's needs we spent a short time observing people. A relative said; "[…] is very cared for their. They love him as much as we do." Another relative said; "Very safe and well looked after." Healthcare professionals commented that when they visited the person they oversaw they always looked happy and comfortable, particularly with their key worker.

Staff had completed safeguarding training and staff had a good knowledge of what constituted abuse and how to report any concerns. Staff knew what action to take to protect people against harm and were confident any incidents or allegations would be fully investigated.

People had either one to one staffing or two to one staffing when they went out of the service. Staff confirmed there were sufficient staff to meet these requirements. Staff had completed suitable training and had the right skills and knowledge to meet people's needs. New staff completed an Induction programme when they started work and staff competency was assessed. Staff also completed the Care Certificate (A nationally recognised training course for staff new to care) if they did not have any formal care qualifications. Staff confirmed this training looked at and discussed the Equality and Diversity policy of the company. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people.

All significant events and incidences were document and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from relatives, professionals and staff.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. People's safety was paramount. The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager

notified the Commission of significant events which had occurred in line with their legal obligations. For example, regarding safeguarding concerns, and injuries.

People lived in a service which had been designed and adapted to meet their needs. People lived in an environment that was clean and hygienic. The environment had been assessed to ensure it was safe and meet people's needs. The service was monitored by the registered manager and provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

People lived full and active lives and were supported to access a wide range of activities that reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input as much as they were able to in preparing some meals and drinks. People who required assistance were supported in a respectful and dignified way.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to external health and social care professionals, such as speech and language therapists. This helped to ensure people's health and wellbeing was monitored.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not all able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans. People's preferences were sought and respected.

People's emotional and behavioural needs were recognised and met. People were treated with kindness and compassion by the staff who valued them. People were engaged in different activities during our visit and enjoyed the company of the staff. People were busy; however there was mostly a relaxed atmosphere within the service.

People's family told us they were always made to feel welcome. People visited family, including in another county, with staff support. Families spoke very highly of the staff supporting their relatives.

People's equality and diversity was respected and people were supported in the way they wanted to be. Care plans were person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. Information held included peoples previous history, any cultural, religious and spiritual needs.

People had complex communication needs and these were individually assessed and met. Staff informed us how they changed their approach to help ensure each person received individualised personal support.

People's end of life wishes were documented to help ensure staff understood people and families wishes if required.

People lived in a service where the registered manager's values and vision were embedded into the service, staff and culture. Relatives, professionals and staff spoke very positively about the registered manager and

the company. The registered manager was committed and passionate about the service, including the people and staff, and the company they worked for. Staff also spoke passionately about the people they cared for and the respect they held for people.

People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered. Professionals spoke highly of the two way working relationship they had with the registered manager. The registered manager kept their ongoing practice and learning up to date to help develop the team and drive improvement.

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

This service was safe.

People told us they felt safe. People were protected from abuse and avoidable harm.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Risks had been identified, assessed and managed appropriately. Risk assessments had been completed to protect people.

People were protected by the provider's infection control policies. People lived in a clean and hygienic environment that had been updated to meet people's needs.

People's safety was important. If things went wrong, the provider learnt from mistakes and took action to make improvements.

Is the service effective?

Good

The service was effective.

People's equality and diversity was respected.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought.

People received individual one to one support from staff who had the knowledge and training to carry out their role.

People could access health, social and medical support as needed and received a co-ordinated approach to these needs.

People were supported to maintain a healthy and balanced diet.

People lived in a service which had been designed and adapted to meet their needs.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and treated people with dignity, respect and compassion. Staff supported people to be as independent as possible.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences. If people were unable to be involved advocacy service were involved.

Staff understood their role to help protect people's equality, diversity and human rights to support people individual needs.

Is the service responsive?

Good

The service was responsive.

People received personalised care.

People's complex individual communication needs were effectively assessed and met.

People and families where supported to make comments or raise concerns to help improve the quality of the service.

People and families where supported to record peoples individual end of life wishes.

Is the service well-led?

Good

The service was well led.

People lived in a service whereby the providers' caring values were embedded into the leadership, culture and staff practice.

Relatives, professionals and staff spoke highly of the registered manager and management team of the service and company.

The registered manager kept their ongoing practice and learning up to date to help develop the team and drive improvement.

People benefited from a registered manager who worked with

external health and social care professionals in an open and transparent way.

There were systems in place to monitor the safety and quality of the service.
Relatives and professionals views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Options Beach Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector on 1 November 2017 and was unannounced. This was followed up with phone calls to families and health and social care professionals.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider Information Return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spoke with all five people who lived in the service, the registered manager and six members of staff. After our visit we spoke to three healthcare professional and four relatives.

We looked around the premises and observed how staff interacted with people. We looked at records which related to people's individual care needs, records which related to the administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

Staff and relatives confirmed there were sufficient staff to help keep people safe. A relative said; "He is always safe and well looked after. I have no concerns." While another said; "This is the safest place he's been. The staff have a good relationship with him and that helps." All professionals spoken with agreed the service provided safe care. One professional commented that they believed people were safe because; "Staff had worked at the service a long time."

People who lived at Beach Road were not all able to fully verbalise their views and used other methods of communication, for example pictures and symbols. Some people had complex individual needs that could challenge others. We therefore spent time observing people for short periods. We spoke with staff, relatives and healthcare professionals to ascertain if people were safe.

People had a minimum of one to one at all times. There were sufficient numbers of staff employed to help keep people safe and make sure their needs were met. We observed staff meeting people's needs, supported them and spent time socialising with them. Staff said additional staff were available when needed to help people with specific appointments. Staff said; "There are enough staff on duty when needed" and "Extra staff available when needed and if people want to do particular activities."

The PIR states; "Staffing ratios are kept to the correct levels 24/7, and can be changed to suit activities, or health appointments as and when required. Rotas are written taking into consideration the dynamic and skills of the staff on shift." Staff spoken with confirmed their skill mix to meet people's individual needs and this included a team leader who lead the shift and administrated medicines.

People were protected from abuse and avoidable harm as staff understood the providers safeguarding policy. Staff undertook training in how to recognise and report abuse to help ensure they kept people safe. Training covered what action to take if staff suspected people were being abused, mistreated or neglected. Staff said they would have no hesitation in reporting any concerns to either the registered manager or external agencies, such as the local authority.

People's individual equality and diversity was respected because staff had received training. Staff completed the Care Certificate and confirmed they covered equality and diversity and human rights training as part of this ongoing training. People did not face discrimination or harassment. As part of the interview question the registered manager asked interviewees to answer questions on dealing with discrimination when supporting people on activities. People had care records in place to ensure staff knew how they liked to be supported.

People were protected by safe recruitment practices. Risks of abuse were reduced because the company had a suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff confirmed they were unable to start work until satisfactory checks and employment references had been obtained.

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. People identified at being of risk when going out in the community had up to date risk assessments in place. For example, staffing ratios were set according to the individual, but could be increased during higher risk times. People had risk assessments in place regarding their behaviour. For example where people may be at risk of harm when travelling they were supported by at least two staff. Where people may place themselves and others at risk, there was clear guidelines in place for staff managing these risks. These provided information that could help to reduce behaviours that may challenge others.

People's accidents and incidents were recorded. For example, people had been referred to the learning disability team for advice and support when there had been changes in their behaviour. Accidents and incidents were audited and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

People's finances were kept safe. People had appointees to manage their money where needed, including appointees. Money was kept secure and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited on a weekly basis.

People received their medicines safely from staff who had completed appropriate medicine training. Medicines audit were carried out daily and people were supported to help administer their own medicines. Medicine practices and clear records were kept to show when medicines had been administered. People were prescribed medicines on an 'as required' basis. There were clear protocols in place to instruct the staff when these medicines should be offered to them and when additional support, for example further advice from the doctor was needed. Records showed that these medicines were not routinely offered but were only administered in accordance with the instructions in place.

People lived in an environment that was clean and hygienic. Protective clothing such as gloves and aprons were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices.

People were provided with a safe and secure environment. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of an emergency. Care plans included up to date personal evacuation plans and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe. Staff checked the identity of visitors before letting them in.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were supported and well trained. The registered manager made sure the staff team completed training courses which they deemed as mandatory so people's needs could be met by staff who had the right skills and knowledge. Staff were complimentary of the training opportunities, telling us there was regular training offered. Training courses included epilepsy and the Care Certificate (A nationally recognised training course for staff new to care). New staff received an induction prior to commencing their role, to introduce them to the provider's ethos and policy and procedures. Staff received supervision and team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve.

The PIR states that all staff; "Undertake the eLearning Care Certificate, and in-house shadowing and induction, they are also enrolled to do any mandatory or service specific external training." It goes onto highlight that staff complete training which included Food and Nutrition.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed a variety of professionals were involved in their care, such as epilepsy nurses, district nurses and GPs. For example, due to any changes in people's seizures, referrals were made to the epilepsy nurses team for advice to help ensure the staff, were supporting people effectively.

A health care professional said how well the service had worked with them when someone was ill. This included telephone consultations due to the behaviour needs of one person and them not wanting to leave the service. A relative told us how the service had supported their relative when they were admitted to hospital. This included staff providing two staff at all times and worked with the healthcare professionals in the hospital to get the person well.

People's file held a communication profile. This showed how each person was able to communicate and how staff could effectively support individuals. The service had communication boards in their bedrooms to assist people, for example what activities would take place that day. People's "Care Passport", which could be taken to hospital in an emergency, detailed how each person communicated to assist hospital staff in understand people. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives.

People were supported to eat a nutritious diet and were encouraged to drink enough. Staff knew what people's nutritional needs were. Care plans for people provided clear guidance and direction on individual's requirements. For example people who required assistance were supported in a respectful and dignified manner.

People were supported to remain healthy. People undertook a variety of activities to promote a healthier life, for example walking and swimming.

People identified at risk of future health problems due to long term health conditions, including diabetes,

had been referred to appropriate health care professionals. For example diabetic nurses. The advice sought was clearly recorded and staff supported people with appropriate diet and suitable food choices. People who required it had their weight monitored and food and fluid charts were in place when needed. People's special diets were catered for and staff were familiar with people's individual nutritional needs. People had care records that recorded what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people received sufficient food and drinks.

People's legal rights were up held. Consent to care was sought in line with guidance and legislation. The registered manager understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding.

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 so that they can 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).

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their personal care tasks. People had responded either by smiling or going with the staff member to their rooms.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access showers more easily. Each person had their own bedroom and quiet area if people wanted time on their own or see visitors.

Good

Is the service caring?

Our findings

A relative said; "They care for him deeply" and another said; "He's very happy and likes the team who care for him." The registered manager worked alongside staff to ensure they provided a caring service to people.

People were supported by staff who were both kind and caring and we observed staff treating people with patience and kindness. Staff told us how much they enjoyed their jobs and spoke about how much they cared for the people they supported. We saw people being supported with their one to one carer when needed and people's alone time was respected. People chatted with staff and staff always made time to listen and interact with people. Conversations overheard were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. When people became anxious staff spent time, listening, answering people even when they asked repetitive questions and also reassuring them.

Staff knew people's particular ways of communicating and supported us when we met and talked with people. This showed us the staff knew people well. One person was unsure about our visit to the service. However the staff clearly understood this person's nonverbal communication and communicated with then in a way they understood and they soon settled. Staff were able to explain each person's communication needs, for example by the noises and expression they made whether they were happy or sad. People had their own accessible communication tools in place. For example communication boards with pictures of daily tasks. Staff who had worked at the home for a number of years clearly understood each person's individual way of communicating.

The PIR recorded; "A client who is non-verbal, as most of our clients are can let his 'feelings' be known through his behaviour, examples of this are one of our clients didn't enjoy a particular member of staff taking him swimming, he showed this by throwing the photo cards for the activity and the member of staff out of his bedroom window, so now as a management we are aware of this and don't pair these two people up on this activity."

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive way. For example, if people became anxious staff involved them in discussions and distracted them with more popular subjects. This provided reassurance to people and reduced any anxiety.

People's privacy and dignity was promoted. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People's care plans were descriptive and followed by staff.

The PIR recorded; "Clients are supported to have private time in their rooms. Staff knock on client's bedroom doors before entering." We observed staff respecting this during our visit.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with staff and relatives. People, where possible, received

their care from the same staff member or group of staff members. This consistency helped meet people's behavioural needs and gave staff a better understanding of peoples communication needs. It supported relationships to be developed with people so they felt they mattered.

People took part in a wide range of activities and their preferences and social interests were recorded. People enjoyed a wide range of activities each day and staff monitored these activities and people's behaviour during these planned activities. Staff understood when people did not enjoy an activity and this was discussed with other team members and an alternative found.

People's independence was promoted and respected. For example, staff assisted one person to make their own lunch. Staff did not rush this person and it was all done at the person's own pace. The staff member was kind and gave the person time while supporting their independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access.

People had specific routines and care was personalised and reflected people's wishes. For example, some people had routines in place to help reassure them. This enabled staff to assist people and care for them how they wished to be cared for. Staff knew people well and what was important to them such as how they like to spend their days.

People were not all able to express their views verbally. However staff encouraged people to be as independent as possible. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate. This included staff supporting people to visit their family even though they live in another county.

Good

Is the service responsive?

Our findings

A healthcare professional said how responsive the service was when any issues was raised for the person they oversaw. People were supported by staff who were responsive to their needs. People's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as any cultural, religious and spiritual needs. People's care plans were reviewed and updated regularly.

In addition to full care plans there were brief one page profiles of people, particularly about people's care needs, behavioural needs and communication needs. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff had a good knowledge about people and were able to tell us how they responded to people and supported them in different situations. Staff knew how to respond appropriately to people's needs. For example if people became upset or showed behaviour that could be seen as challenging the staff responded quickly and appropriately to calm the situation.

People were not able to be involved in the planning and reviewing their own care. However the service used advocates to assist people in making decisions where possible and family members were encouraged to be involved. People were well known by the staff who provided care and support and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. For example they encouraged people to help with household chores. This helped ensure everyone's voice was heard. People were observed helping in the kitchen area.

Guidelines were in place for people in their daily lives. People had detailed information that told a story about the person's life, their interests and how they chose and preferred to be supported. This information helped staff in understanding and responding to people in the way they liked to be supported. Staff confirmed plans were updated with staff who worked with people and who knew them well. Regular reviews were carried out on care plans and behavioural plans. Guidance on managing peoples' behaviour helped ensure staff had the most recent updated information to respond to peoples' needs.

The company's website records; "We believe that each person within our care is an individual and we are committed to ensuring that everyone we support has an active role in developing their individualised programmes of care and personal development. This person centred approach enables the people Options (the company that own Beach Road) support to feel included in decisions and discussions about their care and treatment, to better understand and cope with their feelings and to ultimately lead more fulfilling and meaningful lives."

Information was available to people about the service and their care arrangements in a format they could understand. Some people had charts in their bedrooms with pictures and symbols to help them organise their time.

Complaints procedures were available; however people currently living in the service would not necessarily

fully understand the procedure. The registered manager understood the actions they would need to take to resolve any issues raised. Staff told us that due people's limited communication they knew people well and worked closely with them and monitored any changes in behaviour. Staff confirmed any concerns they had would be communicated to the registered manager and felt they would be dealt with and action taken. People had advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

People's records contained information, often provided from relatives, on people's wishes for end of life care and funeral arrangements. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interests. This helped ensure people's wishes on their deteriorating health were made known and documented.

Staff confirmed they had not needed to support people with end of life care, but were aware of issues relating to loss and bereavement. A relative said how well supported their relative was after a recent loss of a close relative. This included staff supporting this person in attending the funeral with staff. External support had been sought from specialist bereavement services.

Good

Is the service well-led?

Our findings

A relative said of the registered manager; "Can't fault the manager they keep us very informed on what is going on." While another said; […] living there was the best outcome for them." A healthcare professional confirmed they had a good relationship with the registered manager. While another said they were approachable and very keen to help.

The service was well led. 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.

Relatives, professionals and staff informed us that the culture at the service was positive. Staff had confidence in the management team. The provider and registered manager were open, transparent and person-centred. We were told by the registered manager the focus of the service was to "put people first." The registered manager told us they were well supported by the providers and that a senior manager was available by phone at any time.

The provider's vision, on their website records; "To be the provider of choice for care and education in our sector through being dynamic, adaptable and compassionate." The vision was clearly embedded into the culture and practice within the service, stemming from the provider, to the registered manager, and to the staff. As a consequence of this, people looked happy, content and well cared for. These visions were incorporated into staff training and staff received a copy of the core values of the service.

The provider's website also records; "Our Pathway; To offers each young person a bespoke programme which encourages the development of academic, vocational, social and life skills specifically designed to enable a move towards more independent living."

The registered manager had a committed and passionate attitude about the service, the staff and most of all the people. They told us how recruitment was an essential part of maintaining the culture of the service, explaining they looked for new staff who could work on long side people living in the service. They told us each person had unique needs and it was very important they recruited the right staff to give each person the individual support they needed. Staff spoken with spoke very highly of the registered manager of the service. One staff said; "Absolutely happy here! The management are very supportive." Another said; "Very happy with my job. The registered manager and deputy manager are very supportive."

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. Staff spoke of their fondness for the people they cared for and the company they worked for.

Staff confirmed they were provided with opportunities to share feedback and ideas in staff meetings, in one to ones with the management team and informally. Staff felt supported by the management team,

respected and listened to with staff saying management were available on call at any time.

The registered manager worked in partnership with other agencies when required for example primary healthcare service, the local hospital and social workers.

The registered manager and provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these at the office and included the provider's whistleblowing policy which supported staff to question practice. It showed how staff that raised concerns would be protected. Staff felt comfortable in using the whistle-blowers policy if required.

People were unable to provide feedback on the service they received. However relatives and professionals views were obtained. Quality assurance questionnaires were sent and the results of which were audited in order to drive continuous improvement of the service.

The service continued to strive to improve and enhance the care and quality of the services provided. Regular audits on all aspects of care delivery monitored service provision and ensured the service maintained a good, quality standard. Regulations requirements were understood by the management team. The registered manager kept up to date with ongoing training and communicated changes to staff through staff meetings and one to ones. Staff felt involved and engaged. They felt able to question practice and feedback areas of improvement for example minor issues with the scheduling.

People lived in a service which was monitored by the registered manager and provider to help ensure its ongoing quality and safety. Systems and process were in place to help such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required. Annual audits and maintenance checks were completed that related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

The registered manager kept their ongoing practice and learning up to date to help develop the team and drive improvement. The registered manager told us how they had completed training to become the trainer for staff on some subjects including medication. They also attended meetings with other registered managers within the company. This helped to share best practice, experiences, and to learn from each other.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.