Polesworth Group Homes Limited

Polesworth Group Pooley View

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

This inspection took place on 21 April 2016 and was announced.

Pooley View Care Home provides care, support and accommodation for up to four people with a learning disability. At the time of our inspection visit, there were four people living in the home.

The service was last inspected on 11 October 2013, when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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.

People were comfortable with the care staff who supported them. Relatives were confident people were safe living in the home. Staff received training in how to safeguard people from abuse and were supported by the provider's safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and responsive towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People were supported with their medicines if they needed it, by staff that were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks of medicines helped ensure any potential issues were identified and action could be taken as a result.

There were enough staff to meet people's needs. Staffing was increased to support people to maintain hobbies, interests and activities they enjoyed. The provider conducted pre-employment checks prior to staff starting work to ensure their suitability to support people who stayed at the home. Staff told us they had not been able to start work until these checks had been completed.

The provider assessed people's capacity to make their own decisions if it was identified people lacked the capacity to make all of their own decisions. Staff and the registered manager had a good understanding of the Mental Capacity Act, and the need to seek consent from people before delivering care and support wherever possible. Where restrictions on people's liberty were in place, legal processes had been followed to ensure the restrictions were in people's 'best interests'. Applications for legal authorisation to restrict people's liberty had been sent to the relevant authorities in a timely way.

People told us staff were respectful and treated them with dignity. We observed interactions between people which confirmed this. Records also showed people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. People were supported to maintain any

activities, interests and relationships that were important to them.

People had access to health professionals whenever necessary, and we saw the care and support people received was in line with what had been recommended by health professionals. People's care records were written in a way which helped staff to deliver care that was based on each person's needs. People were involved in how their care and support was delivered, as were their relatives if people needed support from a representative to plan their care.

Relatives told us they were able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems to monitor the quality of the support provided in the home. The provider ensured that recommended actions from quality assurance checks were clearly documented and acted upon by the manager as they undertook regular unannounced visits to the home.

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 needs had been assessed and risks to their safety were identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's right to make their own decisions where possible had been protected. Where people lacked the capacity to make some decisions, assessments documented discussions with professionals and representatives to ensure decisions were made in people's best interests.
Where people were being deprived of their liberty, applications had been made as required to seek legal authorisation to do so. Staff understood the need to get consent from people about how their needs should be met. People were supported by staff that were competent and trained to meet their needs effectively. People were offered a choice of meals and drinks that met their dietary needs, and received timely support from health care professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. Staff supported people to be as independent as they wanted to be, and showed respect for people's privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with theirs and their relative's involvement which was regularly reviewed. Care was focussed on what people wanted to achieve. The service supported people to maintain hobbies, interests and activities people enjoyed. People knew how to raise complaints and were supported to do so.

Is the service well-led?

Good

The service was well led.

People felt able to approach the management team and felt they were listened to when they did. Staff felt supported in their roles and there was a culture of openness at the home. There were quality monitoring systems for the provider to identify any areas needing improvement. Where issues had been identified, action had been taken to address them and to improve the service.

Polesworth Group Pooley View

Detailed findings

Background to this inspection

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

The inspection took place on 21 April 2016 and was announced. We gave the provider 24 hours' notice of the inspection so they had time to arrange for us to speak with people who used the service. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection and saw it reflected the service being provided.

During our inspection visit, we spoke with four people who lived in the home. We spoke with two relatives following our inspection visit on the telephone. We also spoke to the registered manager and three care staff.

We reviewed four people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included medicine

records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe, and that they knew who to talk to if they did not. One person commented, "If I didn't feel safe I'd tell my keyworker what's wrong." Relatives agreed. One relative told us, "Oh yes, [name] is safe. [Name] has someone to hand to keep safe, even if [name] is encouraged to do things for themselves." We observed the interactions between people and the staff supporting them. We saw people were relaxed and comfortable around staff and responded positively when staff approached them.

People were protected from harm and potential abuse. Staff had received training to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for them to follow should they be concerned abuse had happened. One staff member told us, "We know people so well, we can spot any changes or concerns quickly." "I would record and report straight away. The registered manager is just around the corner and there is always a manager to contact if the registered manager is not around." Staff understood the different types of abuse, and knew what they should be looking for to safeguard people. There was information on display, including contact details of the local safeguarding team, so staff knew who to contact if they had any concerns. Staff told us they would follow up on concerns they raised if the manager or provider had taken no action. One staff member commented, "I would contact CQC if I thought managers were involved or they weren't dealing with it."

The manager understood their responsibility to refer any safeguarding matters to the local authority. They kept records of any concerns, which were detailed and timely and demonstrated the manager worked well with those responsible for investigating any safeguarding concerns.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written for staff with guidance on how to manage identified risks, so people's health and safety was protected. These did not remove risks entirely, but indicated actions which maximised people's independence. One staff member told us, "Risk assessments can sometimes change daily. So we tell the manager [if we think changes are needed], who re-writes them. Then they come back to the staff to agree or suggest things that need adding or changing, then they are agreed and put in place." Risk assessments were clearly written and regularly reviewed. More frequent reviews were completed when changes had been identified, for example, in response to changes in people's health and mobility. Staff knew about people's needs and risks associated with their care. They were able to tell us about these in detail.

Other risks, such as those linked to the premises, or activities that took place at the service, were also assessed and actions agreed to minimise the risks. This helped to ensure people were safe in their environment. For example, routine safety checks were completed for the premises, these included gas checks and checks on electrical items. Records showed that when staff had reported potential risks, these had been dealt with appropriately. One staff member told us, "There is never an issue with getting things sorted. We have maintenance men who sort things out quickly."

Staff knew how to keep people safe in the event of a fire and were able to tell us about the emergency

procedures they would follow. Fire safety equipment was tested regularly, and the effectiveness of fire drills was assessed and recorded. There were contingency plans to keep people safe if people were temporarily unable to use the building.

People, relatives and staff told us there were enough staff to meet people's needs. At the time of our inspection visit, we saw enough staff on duty to support people's day to day support needs. Staff had time to sit and engage with people on a one to one basis, which people enjoyed. They also had time to support people to get ready for activities or groups they enjoyed attending. The registered manager told us staff had recently expressed some concerns that people were so busy with various activities, that staff found it difficult to maintain this. Records of staff meetings showed staff had raised this. The registered manager told us they had changed staffing arrangements on certain days where people were coming and going a lot to make this easier and to ensure people's schedules could be maintained. One staff member we spoke with confirmed this had been changed and things were now easier.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained information to check new staff were of a good character before they started work at the service. References were obtained from previous employers and checks were undertaken with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to come through before they started working in the home. The registered manager told us the provider ensured people who used its services were involved in recruiting staff. People were involved in interviewing prospective staff members, people's feedback from this process formed part of the final recruitment decision.

Along with initial training for new staff on how to administer medicines safely, existing staff received training to refresh their knowledge and skills with medicine administration. The manager also observed them giving medicines to people to ensure they did so competently.

Medicines were stored safely and were administered as prescribed. Where people took medicines on an 'as required' basis, information was in place for staff to follow so that the safe dosages were not exceeded.

Records showed medicines were checked at every change of staff on shift, to ensure stocks of medicines were as they should be. These checks ensured people received their prescribed medicines. MAR (Medicine Administration Record) sheets were checked monthly to ensure they had been completed correctly. These checks were used to provide assurance that medicines were managed and administered as prescribed. Records showed MAR sheets were completed in line with the provider's policies, and there were no gaps.

Good

Is the service effective?

Our findings

Relatives told us staff knew how to support people, and they were skilled and well trained. One relative told us, "They are trained well to look after [name]. They really know how to meet [name's] needs."

Staff told us they completed an induction when they first started working at the home. This included face to face and online computer training, working alongside experienced staff and being observed in practice before they worked independently. Staff told us this had made them feel confident in their skills to support people effectively. The induction training included completing the 'Care Certificate.' The Care Certificate is a nationally recognised set of expectations, which assess care staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support to people. The registered manager confirmed all staff had an induction to the service and completed induction training.

Following induction training, staff were also supported to continue to develop their skills by attending regular training to refresh their skills and knowledge. Staff also attended specific training to support people with their individual and specific health needs. Staff told us the training provided was good and helped them support people effectively. One staff member told us about training they'd had to help them support people with learning disabilities. They said, "Training either reiterates you are doing things right, or makes you think, maybe I'll try it that way. For example, [name] doesn't respond to 'no', but will respond to you asking them if they will do it in a little while."

Staff spoke knowledgably about people who lived in the home, and were aware of what had been agreed for their care and support. One staff member told us they had completed their Level 3 diploma in Health and Social Care. They commented, "Some things from the diploma I could come and put in place. For example, I was able to look at the employer's handbook and found there was not an up to date emergency plan procedure, so I made sure it was updated. One staff member told us, "We get a lot of training. Some things you can forget, or you might miss something. Things also change all the time so a refresh is good."

A training record held by the registered manager, outlined the training each member of staff had undertaken and when. The provider had guidance which outlined what training staff should complete depending on their role. The manager told us they ensured this guidance was followed, and they also monitored what other training staff needed. They told us this was in response to the changing needs of people being supported, as well as discussions with staff and day to day observations of their practice.

Staff told us they attended regular one to one supervision meetings, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance from the manager or senior member of staff. Staff told us this helped them to develop their skills and to become more confident with their roles and responsibilities. One staff member commented, "It is your opportunity to say what you want to say. I have never felt like I wouldn't say anything to [registered manager].

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us staff asked their permission before supporting them, and that staff helped them in ways they preferred. We saw people were asked for their consent before care and support was provided. Where there were concerns about people's capacity to make decisions, their capacity had been assessed to determine which decisions they could make for themselves and which decisions needed to be made in their best interests. Care records made it clear to staff what decisions people could make for themselves. They also showed the level of support people needed with decision-making as identified in capacity assessments, had been used to update care plans. The information had been used to update people's risk assessments for example. This ensured staff had the most up to date and accurate information possible to support people with making decisions and managing assessed risks.

The registered manager had made applications to the local authority for people they had identified as being deprived of their liberty. People's care records showed where this was the case. Where DoLS applications had been made, there was information in people's care plans detailing this, and for staff to use to support people in the least restrictive ways possible.

Staff told us they had received training on the MCA and DoLS, and as a result they understood their role and responsibilities. One staff member commented, "[Name] has a DoLS going through. [Name] does understand some risks but not all. [Name] couldn't go out alone and keep safe. Whereas [name] doesn't need one. They go out safely on their own." They added, "At the same time you still want people to live as independently as anyone else." Staff were able to tell us whether or not they felt people had capacity to make their own decisions, and about the level of support people needed with decision making. Staff knew people's needs well, and information was shared effectively across the staff team to ensure people's needs were met.

The risks people had in relation to eating and drinking were minimised effectively. Where people had food allergies, there was information for staff on foods to be avoided, and what action to take should someone react to something they had eaten. Food and fluid intake was monitored and recorded in line with people's risk assessments. There was clear information for staff about how much people who were at risk, should be eating and drinking and when they should raise an alert about someone's food or fluid intake. Care records showed staff liaised closely with medical professionals where such risks had been identified, and acted on the advice they had been given. For example, one person's food and fluid intake was monitored closely when medical professionals had recommended this. However, as the person's needs changed and the risk reduced, records showed staff consulted with medical professionals and the checks were discontinued.

People were able to eat and drink independently. People told us they could choose what they wanted to eat. One person said, "I can choose what I want to eat. I am trying to be healthy and staff are helping me. I like bananas so there are plenty of those around." Lunch time was calm, relaxed and friendly and there was good clear communication between staff and people. Staff sat and ate with people which encouraged and supported them to socialise. People talked about their day, and what they would be doing later. Some people who were able to communicate, shared jokes with staff. Food was freshly cooked and smelt and looked appetising. There was a choice of drinks which were readily available to people if they wanted them. One person did not eat all their lunch so staff offered them an alternative. Another person helped set and

clear the table for lunch, and brought people's puddings through to the dining table.

Where people had specific health conditions, their care records included detailed information for staff about how these should be managed. Records also included information about signs and symptoms which might indicate people needed medical attention. This included contact names and numbers for the relevant medical professionals. The provider ensured staff had training relevant to the needs of the people they supported, and had recently arranged for the local nursing team to provide training to people and staff jointly, so they understood how to manage particular health conditions effectively.

Records showed health plans had been followed by staff, and they had supported people to get medical attention where necessary in a timely and responsive manner.

People had "hospital passports." These are records which contain important information about them, such as how they like to be addressed and what food they like, so that they could share this information with health professionals when they had hospital appointments. These contained information the person might otherwise not have remembered to share.

Good

Is the service caring?

Our findings

People told us the staff were caring and respectful. One person told us, "They [staff] are beautiful. [Name] is my keyworker. They are nice." Another person commented, "The staff are funny. [Name] makes you laugh." "I'm happy." Relatives agreed. One relative told us, "If one of the people is not well, staff really care for them and look after them. They all rally round." They added, "It is like a lovely, close-knit family." We saw people were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. People laughed and chatted with staff and people were encouraged to maintain their independence.

Staff told us the provider's values included a caring ethos, which was understood and promoted by the registered manager. One staff member said, "The company as a whole is really supportive and caring. They have high standards." Another staff member commented, "We make sure people are happy, if we notice anything we find out what is wrong. It is all about sitting and talking to people."

People were actively involved in deciding how their care and support should be provided, and were able to give their views on an ongoing basis. For example, where able, people had signed to say they agreed with their care plans. One person told us, "Staff show me my care plan and help me with it." They added, "If I don't understand something in my care plan the staff try to explain it to me." Relatives told us they were involved in developing and reviewing people's care plans if they were unable to do so themselves.

People's care records were written in a personalised way, and included information on people's likes, dislikes and preferences. Staff told us this helped them to get to know people, and gave them opportunities to use the information to engage in meaningful conversation with people.

People said they were supported to build and maintain friendships which were important to them. One person told us, "I saw my brother for dinner on Sunday." Another person commented, "Mum comes to see me here." Relatives agreed with people, telling us there were no restrictions on when they could visit people if they wanted to and if people wanted to see them. One person's relative commented, "They really make me feel welcome."

People told us staff encouraged them to be independent, to do things for themselves, the staff, and each other. One person told us, "Sometimes I help make lunch." Relatives agreed. One told us, "Since [name] has been there and they have supported [name] to go to college, they have got their independence and that's what I wanted."

Staff gave us an example of how they supported one person to be more independent by going out alone, "We did some road safety training so [name] knew how to cross the road and where." We observed staff offering people the opportunity to do things for themselves before they supported them. For example, after lunch, one staff member asked someone, "Would you like to take your apron off or do you need me to help with it." The member of staff gave the person time to think and to respond, and did not provide support until the person had done as much as they could and asked for help.

People told us their privacy and dignity was respected. One person told us, "Yes [if I want time on my own], I go in my bedroom and watch TV." Staff ensured people had privacy when they wanted it, and treated people as individuals. One staff member commented, "We don't go into their rooms unless we need to. We knock the door before we ask if we can come in." Another staff member told us, "They are all individuals. We try not to do too many things together just because they live together."

We saw people's personal details and records were held securely at the home. People had their own rooms, which could be locked if they wanted to. Records were filed in locked cabinets and locked storage facilities, so only authorised staff were able to access personal and sensitive information.

Good

Is the service responsive?

Our findings

People told us they were asked what was important to them and staff respected and supported their choices. For example, they had made choices about what they wanted their rooms to look like. One person told us, "My room is pink", whilst another said, "Mine is pink and purple. I got to choose the colours." One person told us, "I like to get up at 7:30, so that's what I do." Staff agreed it was important to offer people choices, and to respect the choices they made. One staff member commented, "It is all about choice at the end of the day, which years ago people with learning disabilities did not always have."

Care plans explained people's individual likes and dislikes and how they preferred to be supported. Care plans were detailed and described individual goals and the steps they wanted to take to achieve their goals. There was also information about how staff should support them to take each step. The aim for each person was to promote their independence, with a strong emphasis on what people were able to do for themselves. Staff told us they had helped to put together people's care plans so they were knowledgeable about how best to meet people's needs.

People told us their care plans were reviewed on a regular basis. One person told us, "Staff ask me about Pooley View and about my care. I say I like living here." Relatives also told us they were involved in helping to review people's care plans. Records showed people were at the centre of reviewing their care plans, and they were asked a range of questions to ensure care plans continued to reflect their likes, dislikes and preferences. For example, one of the questions asked of people was, "Do you like your keyworker, and do they support you to do the things you are not able to do?"

Relatives told us staff supported people according to their identified needs, and tried to adapt the support they provided according to the situation. Pooley View supports a number of people who display behaviour which could cause themselves or others harm. Where this was the case, people's care records included detailed, information about what this meant for the people concerned, how staff could support the person to communicate how they were feeling, along with practical steps staff could try to calm the situation. Daily notes staff made for people, showed they were using the tools and techniques identified to help support people, and staff spoke about these techniques in detail. One relative commented, "[Name] can be very difficult at times. You need to understand [name], which the staff do. So, they can deal with things. They know when to act and when not to act. They are very good with that."

Staff spoke with us about how they responded to different people's needs. One staff member commented, "You tend to do things a certain way but what works with one person doesn't work with someone else."

People told us they were supported to take part in activities they enjoyed, and were supported and encouraged to access their local communities if they wanted to. One person told us, "We are going to 'The Players' group this morning. We do shows." Another person commented, "I do sewing and make pom-poms." Another person said, "I go to the church to my knitting group. I walk there and I walk back. I'm going for a walk around the block later." We saw people were engaged in activities that had been planned in advance, and were part of their usual routines. This was clearly documented in people's care plans, which

included timetables of activities they enjoyed, so staff knew what people were doing on what days.

Staff told us there was a communication book where they could record information for staff coming onto the next shift. This helped staff understand any issues or concerns before they started work and supported them in providing continuity of care. Relatives agreed the communication within the home and with them was effective, but that where there had been gaps in communication, this had been addressed. One relative said, "There have been occasions in the past where I've not been told about something that has happened. Since I raised this, staff have apologised as it had been agreed with me and [name of person living at the home] that staff would contact me, and now they do let me know."

People told us they knew how to complain. Relatives told us they had little cause to complain, but that they knew how to do so and when they did, they received an effective and timely response. One relative told us, "If I had any concerns or complaints, I would ring the main office. I have been given all the phone numbers." The registered manager had not received any complaints in the past 12 months. There was information on display about what people could expect and how to complain if they were not happy with anything. The information was in an 'easy read' format to help people to understand their rights. There were policies and procedures for staff to follow to ensure complaints were dealt with effectively.

Good

Is the service well-led?

Our findings

People and relatives told us they thought the home was well managed and that Pooley View was a good service. One person told us, "I like the staff and the manager too." One person's relative commented, "I can't thank them enough. I appreciate everything they do for [name]." Relatives also told us the registered manager was effective in their role and was approachable. One relative told us, "Oh yes they are very approachable. [Registered manager] definitely deals with things."

Commenting on what they thought made the service so good, one relative said, "I feel [name] is safe and is being well looked after. That puts me at ease, and if I didn't think [name] was happy they wouldn't still be there." Staff agreed the registered manager was effective, one commented, "I think [name] is a good manager. They allow us to work how we work. [Name] doesn't micro-manage. We share ideas, have opinions and if they can help, they will."

Staff told us support was always available if they needed it. One commented, "Station Road [another home run by the provider] is just round the corner. If we need extra support we can ring and they will help." Another staff member told us, "I don't ever think there has been a time we felt like we didn't have the support we needed [from the manager]."

We observed there was a homely atmosphere where people were relaxed and calm. There were open and honest discussions between people, staff and the managers, which helped people to feel valued and respected.

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people living in the home and share any concerns they might have. Records showed where challenging discussions had taken place between staff and the registered manager, these had been dealt with professionally. Staff told us they were listened to and that made them more likely to share their views. Staff told us there was an open and honest dialogue with the registered manager, which helped to ensure their concerns were aired. One staff member said, "If we are doing things that [registered manager] is not happy with, they will tell us, we talk about it and then we decide what to do and we move on." Another staff member commented, "Minutes of the meetings come out afterwards. We can comment on how accurate we think they are and make changes." They told us issues were discussed, actions were agreed and progress on actions was fed back by the registered manager. One staff member told us, "We have an agenda. It belongs to all of us, the staff and not just the manager."

People were invited to complete a questionnaire every year, which the provider used to assess the quality of the care provided. We saw that questionnaires included simple questions with pictures and symbols to help people understand what they were being asked. The registered manager told us staff went through these questionnaires with people. They told us if anyone indicated they were anything other than happy with an element of their care, this was followed up with people to explore ways in which the service could improve. People and relatives were also given the opportunity to meet with the provider. This gave them a chance to talk with someone other than the registered manager if they wanted to.

Records showed relatives and carers were surveyed annually to get their views on the service provided with a view to improving it. The last analysis of this feedback was dated July 2015, so the registered manager told us questionnaires were due to be sent out again soon. Relatives we spoke with told us they could not recall having been asked for their views, although they did tell us staff asked them if they had any concerns when they visited the home. They also told us they were invited to an annual relatives meeting by the provider. One relative commented, "It [annual meeting] is very useful. They talk about what is going on and how they are managing everything." The registered manager told us relatives of people being supported across the whole of the provider group were surveyed so they did not feel they could be identified by the feedback they gave. However, the registered manager acknowledged this might mean individual homes were not clear on the thoughts of relatives of the people they supported directly. They told us they had been thinking of hosting coffee mornings at Pooley View to give relatives a less formal opportunity, and to "bridge the gap" between relatives of Pooley View and the provider wide relative feedback they currently had.

The home was managed effectively and staff were responsive to people's changing needs. The provider analysed the staffing arrangements annually to help ensure they had the right skill mix and numbers of staff. For example, they looked at staff who had started and left the organisation (including an analysis of any information people had given on why they had left). They looked at the ages of the staff to identify any trends so that action could be taken.

The provider was looking at how it could improve the service it provided. The provider had signed up to the "Social Care Commitment." The Social Care Commitment is a national, government backed initiative, and sets out how adult social care providers should ensure people who need care and support get high quality services. The provider was in the process of looking at its own policies, procedures and processes to ensure they met the expected standards of the Social Care Commitment.

The provider told us they had made links with their local communities. They told us about relationships the provider had built up with schools in the area. They had recently organised and delivered training in 'Makaton' (this is a form of sign language which is often used to communicate with people who have a learning disability) to local school pupils, together with people using the provider's services. They hoped this would help the public to understand more about people with learning disabilities, and that it might lead to volunteering opportunities for some of the people using the provider's services in the future.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.

The registered manager monitored and audited the quality and safety of the service. This included information on monthly quality checks such as infection control audits and checks of MAR sheets, for example. It also included areas for development over the coming period, along with timescales and details of how these developments were to be achieved.

Records showed that unannounced visits from other managers within the provider organisation took place regularly, as did provider visits by directors on a monthly basis. These were to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. Records of these visits showed people were always spoken to, and that the directors undertaking the visits recorded their views as part of their feedback. The registered manager was responsible for completing these actions and had to report back to the provider once they were completed.