Truecare Group Limited

Appleton House

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 inspected Appleton House on 27 April 2016, the inspection was unannounced. The service was previously inspected in January 2014 when it was fully compliant with the regulations. The inspection team consisted of two adult social care inspectors.

The service is registered to provide care and accommodation for up to seven people who have mental health needs. At the time of our inspection seven people were living at the service. 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.

People told us they felt safe and well cared for at Appleton House. Their comments included, "They are looking after us" and, "I do feel safe." While staff told us, "People are safe." Staff understood local procedures for the safeguarding of vulnerable adults and all staff had been provided with guidance on whistle blowing which included details of how to directly raise concerns with the provider's chief executive.

The registered manager and staff knew people well and demonstrated throughout our inspection a detailed understanding of their individual support needs. Staff took pride in people's achievements and recognised the benefits of supporting people to become more independent. One staff member told us, "People are looking for jobs and becoming more independent. One person has successfully moved to living independently and is doing well." Staff actively encouraged people to be as independent as possible.

People told us they got on well with care staff and commented; "We do have a great laugh with some of the staff" and, "the staff are fine." Staff enjoyed the company of the people they supported and there was clear comradery and friendly rivalry between people and staff in relation to sports and games played within the service. Staff told us, "I would say yes this is a good place for people to be" and, "I would say most people are happy most of the time."

People's care plans were highly detailed, informative and up to date. People had been involved in the development of their care plans and these documents provided staff with clear guidance on how to meet their individual care needs. Staff told us, "the care plans are accurate" and we found they contained informative sections on how people's needs changed if they became unwell.

Physical restraint was not used at Appleton House and we observed staff successfully using techniques described within people's care plans to help individuals to manage their anxiety during our inspection. People told us, "I can come and go as I want I have no restrictions" and we saw people were able to access the local community independently when they wished.
Risks had been clearly identified and staff had been provided with appropriate guidance on how to protect people and themselves from each identified risk. Where accidents and incidents had occurred they had

been fully documented and investigated by managers. Where any learning or areas for improvement were identified as a result of these investigations action had been taken to further improve people's safety.

The service had a full time activities coordinator and people were able to access a wide variety of recreational activities both within the service and in the local community. Staff told us, "We do the activities board each week with proposals for activities and then people choose whether or not to do it." We saw people's decisions not to engage with planned activities were respected by staff. The service's lounge was equipped with a pool table and a wide selection of games. People told us, "Playing cards, playing pool we get enough activities in the home to do" and, "People enjoy themselves here, play games, do what you want. Pool or whatever you enjoy." We observed friendly competition and mutual respect between people and staff as games were played in the service's lounge.

People's privacy and dignity was consistently respected. People held keys to the service's front door and were able to lock their own rooms if they wished. In addition we observed that staff delayed cleaning tasks within the service's shared areas until they were sure everyone was awake to avoid unnecessarily disturbing people who had chosen to sleep in.

There were sufficient numbers of suitably trained staff on duty to ensure people's care and support needs were met. Our analysis of the staff rota for the month prior to our inspection found the service had been consistently staffed at a safe level and that the registered manager hours were protected to allow them to focus entirely on their managerial duties. The provider had appropriate systems in place to ensure that service was appropriately staffed during periods of staff leave or sickness.

Recruitment procedures were robust and new staff received formal induction training and observed practices within the service for a significant period before they were permitted to provide support independently. Staff told us, "I get a lot of training", "the training is brilliant here" and "new staff get a lot of shadowing it is more like an apprenticeship really, That's how they learn."
Staff told us, "The registered and deputy managers are both very supportive, with our management team I think we are very lucky" and we found the staff team were well motivated and proud of people's achievements.

The provider actively encouraged staff to continue their professional development and provided a management development programme which three staff were engaged with at the time of the inspection. This provided staff new to leadership, responsibilities with targeted training and support. One staff member involved with this programme told us, "I have never felt uncomfortable or out of my depth, the training has been really helpful".

People were comfortable making complaints or providing feedback on the service's performance. Where complaints were received they were investigated promptly and appropriate actions were taken to address and resolve the concern. Monthly residents meeting were held at the service and the minutes of these meeting showed that people's feedback was valued.

The registered manager completed regular audits to monitor the service's performance and twice a year a detailed quality assurance visit was completed by the provider. A report was produced on the findings of each visit and the registered manager developed a detailed action plan to ensure all issues identified were addressed and resolved.

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. There were sufficient staff available to meet people's assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

The risks management procedures were robust and designed to protect people from harm.

Is the service effective?

Good

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good

The service was caring. Staff knew people well and enjoyed their company.

People's privacy and dignity was always respected by staff.

Staff took pride in people's achievements and promoted their independence.

Is the service responsive?

Good

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient detailed information to enable staff to meet their needs.

People were actively encouraged and supported to engage with the local community and a wide variety of recreational activities.

People's complaints were taken seriously and thoroughly investigated.

Is the service well-led?

Good

The service was well led. The registered manager provided staff with appropriate leadership and support and staff were well motivated.

Records were detailed and well organised and quality assurance systems drove improvements in the service's performance.

Residents meeting were held regularly and people's feedback was valued and acted upon.

Appleton House

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.

This inspection took place on 26 April 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

The service was previously inspected on 7 January 2014 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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. We also reviewed the information we held about the service, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection spoke with six people who used the service, two relatives, five members of care staff, the registered manager, deputy manager and two health professionals. In addition we observed staff supporting people throughout the home and the support staff provided with people medicines. We also inspected a range of records. These included three people's care plans, two staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Good

Is the service safe?

Our findings

People said they felt safe and well cared for at Appleton House. People's comments included, "They are looking after us" and, "I do feel safe." Staff told us; "People are safe", "We are close to them and they will tell us if they feel any kind of threats" and, "We follow the policies and procedures to keep people safe." While professionals said, "Where issues have been identified between people living in the service staff have reacted quickly to ensure people were supported safely."

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Information about the provider's and the local authorities procedures for the safeguarding of vulnerable adults was displayed via clear flow diagrams in the service's office. Staff understood their responsibilities and knew how to report any concerns to the local authority. Staff told us, "The number [for the local authority] is over the phone on the wall in the office." Where staff had reported issues to the service's management team, prompt and appropriate actions had been taken to ensure people's safety.

The service had a clear whistle blowing policy that encouraged staff to raise and report any concerns about malpractice or abuse. During their induction training each staff member was provided with a whistleblowing information card. This card provided staff with information on how to anonymously report any concerns and included the direct contact details of both the provider's chief executive and operations director.

There were systems in place to assess and manage risks within the service. People's care plans included detailed assessments of risk with clear guidance for staff on the action they must take to protect people and themselves from each identified risk. For example, where regular checks had been identified as necessary to ensure people's safety, we found these checks had been completed as planned. Risk assessments had been regularly reviewed and updated to ensure they accurately reflected current risk levels. Where incidents had occurred risk assessments had been updated to include any learning identified during the investigation into the incident.

The service's fire safety equipment had been regularly serviced and there were emergency systems in place to protect people. Personal emergency evacuation plans (PEEP) had been developed to provide staff with guidance on the support each person would require in the event of an emergency evacuation. Regular fire drills, including practice evacuations had been completed at the service. In addition, there was a detailed business continuity plan in place which identified how people's care needs would be met in the event that the building was no longer habitable following an emergency. First aid supplies were available and there was a system in place to enable staff to immediately identify when this equipment had been used and required replenishment.

Where accidents or incidents had occurred, these had been accurately documented and investigated by the management team. This included details of the incident and how staff had responded. Where any areas for improvement were identified during the investigation process appropriate changes were made to further improve people's safety. Staff were provided with additional support and or training when investigations identified this would be of benefit. Where appropriate staff had liaised with external professionals regarding

any frequent or serious incidents and obtained suitable advice.

The registered manager ensured that there were sufficient numbers of staff on duty to keep people safe and meet their needs. We reviewed the staff rota for the month prior to our inspection and found the service had been consistently staffed at a safe level. Staff told us, "we do not use agency staff", "we are not short staffed" and, "the manager is supernumerary." The service employed two bank staff and if necessary additional staff support could be requested from the providers other local services. Staff told us, "If someone calls in sick I will do extra but that does not happen a lot. Very limited overtime here." At the time of our inspection there was one staff vacancy, the registered manager told us interviews had been held for this role and a prospective new staff member identified.

The service's recruitment procedures were robust. Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to meet people's care needs. Prospective staff member's references were requested and Disclosure and Barring Service (DBS) checks completed before new staff began work to help ensure they were suitable and safe to work in a care environment. In addition the registered manager had used the service's staff disciplinary procedures appropriately to ensure people's safety.

People's medicines were stored securely and facilities were available for the storage of medicines that required stricter controls by law. Staff supported people to safely manage their medicines and weekly medicines audits had been completed. Medicine administration records (MAR) were available for each person. These records included a photograph of the person to help ensure people received the correct medicines and descriptions of each tablet contained within their blister pack. Where people declined their medicines this had been appropriately documented and unused medicines were returned to the pharmacist for disposal after the weekly audit. Staff were provided with detailed guidance on the use of "as required" (PRN) medicines and appropriate records were kept of the circumstances that resulted in the use of these medicines. In November 2015 a pharmacist had completed an external audit of the service's medicine processes and all of the minor issues raised had been addressed.

Temperature monitoring of the medicines storage area was completed. When raised temperatures had been identified additional cooling methods were used to ensure the room temperature was managed safely.

As part of the service's approach to encouraging independence people were encouraged and supported to take on responsibility for the management of their own medicines. At the time of our inspection one person had taken on this responsibility The person collected their own medicine from the pharmacist, staff recorded the quantity of medicine collected but the medicine was stored securely within the persons own room. Another person was in the process of demonstrating their skills in medicines management. This person approached staff to request access to their medicines and staff observed them taking their own medicine independently. They then signed their own MAR charts while staff counter signed to record what they had witnessed.

The service was clean and one person told us, "It's proper clean here, any spillages are immediately cleaned up." All Control of Substances Hazardous to Health (COSHH) materials were stored securely when not in use and the service had a dedicated member of staff for providing leadership in relation to infection control.

There were systems in place to support people to manage their finances. All monies were held individually and securely. All transactions were documented and receipts kept for all cash purchases. Financial records were checked regularly and we found that records of people's financial transactions balanced.

Good

Is the service effective?

Our findings

People were cared for by staff who had a good understanding of each person's individual needs and were skilled in delivering care. Staff told us, "I get a lot of training", "every month you are doing some kind of training" and, "the training is brilliant here." Staff records showed all staff received regular training updates and that specific training to meet individual needs had also been provided where necessary.

Newly employed staff were required to complete three weeks of formal training followed by a period of shadowing within the service. New staff initially shadowed the service's management team and people's key workers within the home before they were permitted to provide care independently. Records show that during their induction new staff had received formal training in topics including; safeguarding adults, food hygiene, health and safety, Infection control and moving and handling. In addition on their e arrival at the service new staff received specific training on how to meet the needs of the people living at the service. One member of staff told us; "new staff get a lot of shadowing it is more like an apprenticeship really, that's how they learn." While a recently employed staff member told us they had felt comfortable and confident they could meet people's support needs before they began to provide people with support. In addition, records showed staff new to the care sector had completed the care certificate training. This training is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

People who used the service had also been offered training in topics including; infection control, fire safety, food hygiene and, first aid training by the registered manager. Record showed that a number of people had taken up this opportunity and had completed these courses.

Staff received regular supervisions and annual performance appraisals. They told us, "Yes we have monthly supervisions and to be honest they are useful", "If I have something to say I bring it up and it get sorted" and, "I get all the support I need." Records of staff supervision meetings showed they had provided an opportunity for staff to discuss any incidents that had occurred and to identify and set individual staff development goals. Staff told us they were well supported by both the registered manager and the providers training staff and actively encouraged to continue their professional development.

Care records demonstrated that the service had liaised effectively with a wide variety of health professionals and mental health specialists to ensure people's care needs were met. Staff said, "We keep in touch with people's care teams" and professionals told us, "The staff engage really well with any guidance we provide" and, "If something happens or staff want specific advice or guidance they are very quick to pick up the phone."

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. The registered manager and staff team demonstrated a detailed understanding of the requirements of the MCA throughout our inspection and people choices and decision were consistently

respected by staff. Information about how to assess people's capacity to make decisions was displayed on posters within the service's office.

People who lack the capacity to make decisions independently 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). Everyone who lived at the service had the capacity to make decisions independently and was free to leave the service when they wished. People told us, "I can come and go as I want, I have no restrictions." We observed people choosing to leave the service independently throughout our inspection. If required, screening tools were available to assess any aspects of people's care plans that could be considered restrictive and thus require authorisation. Some people were required to live at the service as a condition of their community treatment order. We found staff had effectively supported people to comply with the conditions of these orders.

The service's policy was not to use physical restraint and staff told us, "I have never restrained anyone here. I have never used my [restraint training]. A firm voice is usually enough" and,
"We try to diffuse things with a bit of humour and banter." All staff had received behaviour management training and people's care plans included guidance on how to support people to manage their anxiety. This included guidance on the service's stepped approach to supporting people when anxious and information on the use of de-escalation and distraction techniques. These techniques were used appropriately by staff during our inspection. When significant incidents occurred these were documented in detail, investigated by the registered manager and the details were shared with mental health professionals when necessary.

People were unable to access some areas of the service without support from staff. Each person's care plan included details of the areas they required support to access and instructed staff to discuss and explain these restrictions to people when necessary. For example, people were unable to access the service's office or kitchen knife drawer without support from staff.

Records showed people had been involved in the development of their own care plans and had signed these documents to formally record their consent to their planned care. We observed that staff consistently sought people's consent before providing support during our inspection.

The building was well maintained and one person told us, "There is a maintenance team that do come in, best materials are used, quality stuff." Staff said the provider's maintenance team responded promptly when their support was required. Two people were happy to show us round their bedrooms which were both individually decorated. One person told us, "I chose the colours as they are my favourites." There was an enclosed garden at the property and a new design for this space had been developed with people's collaboration. Works to make the identified changes to the gardens were due to begin imminently.

Each person's room included basic cooking facilities. People were encouraged and supported to prepare their own meals either in their own room or the service's kitchen. People told us, "If you need something to eat it is in the freezer." Each Sunday a shared roast dinner was prepared by people and staff. People told us, "I do my own cooking, I sometimes help out with Sunday lunch. It is nice to have a meal together" and, "Good Sunday dinners, last one was particularly good. Delicious in fact."

Good

Is the service caring?

Our findings

People told us they got on well with the staff at Appleton House. Their comments included, "At the moment things are good", "We do have a great laugh with some of the staff" and, "the staff are fine." People's relatives told us, "[My relative] seems to get on very well with the staff" and "It has certainly outdone my expectations of it. It is very good for him." Staff told us, "I would say, yes this is a good place for people to be" and, "I would say most people are happy most of the time."

We spent time in the service's lounge talking with people and their support staff. There was a positive and supportive atmosphere with the service and clear camaraderie between people and their support staff. Staff knew people well and demonstrated throughout our inspection their detailed understanding of each person's specific needs and life history. Staff used individualised approaches to ensure people's needs were met and people requested support from staff without hesitation. For example, one person wanted to go to the bank to collect some money and asked a staff member to accompany them which they immediately agreed to

People's care plans included expansive and perceptive information for staff on how to communicate and share information effectively with each person. We saw there was a friendly rivalry between people and staff in relation to sports and games played within the service. The service's pool table was regularly used and players routinely complemented and criticised each other's performance as equals. People's knowledge and experiences were valued and respected by staff during conversations. We noted, staff deferred to people's greater knowledge or understanding where appropriate.

Staff took pride in people's achievements and actively encouraged people to be as independent as possible. Staff told us, "I am absolutely happy to see the changes and how people have progressed" and described how they had supported and encouraged people's independence. With evident warmth staff described to us people's numerous recent achievements. One staff member told us, "People are looking for jobs and becoming more independent. One person has successfully moved to living independently and is doing well." While other staff described how people who had previously needed support from staff to access the local community were now able to do so independently if they wished.

People were involved in all aspects of the service and their suggestions and thoughts were actively sought by staff in relation to the planning of activities and events. Residents meeting were held regularly in the service and the minutes of these meetings showed people's suggestions had been acted upon. Staff told us, "We try to get ideas from people and implement them."

Staff respected people's privacy and dignity and always knocked on people's doors before entering the person's rooms. During the morning we noted staff checked everybody within the service was awake before they began hoovering. In addition, while completing routine water temperature checks, we noted that staff explained what they were doing and asked specifically for permission to enter people's rooms to complete these checks. We saw people were able to lock their bedroom doors if they wished and where people chose to spend time on their own this decision was respected. Staff told us, "You just have to respect people's

choices if they don't want to interact."

Staff acted to ensure people's dignity was respected by others within the service. Where people's behaviour or language impacted negatively on other people within the service staff provided appropriate challenges and polite reminders to ensure everyone's dignity was respected.

People's care plans included information about their wishes and preferences for care at the end of their lives and these issues had been discussed with people as part of the service's care plan development process.

Good

Is the service responsive?

Our findings

Detailed individual assessments of people's needs were completed before people moved into the service. As part of the assessment process managers and staff visited people to gain a better understanding of their specific needs. In addition, people were encouraged to visit Appleton House to have a look round the service, meet people and staff and experience the atmosphere within the service. This meant people understood what the service was like before they decided whether or not to move in. During the assessment process managers also met with people's existing support staff to gain further detailed information about the person's care needs. The information gathered during the assessment process was used to develop a transitional care plan. This plan was then reviewed by the person and, where appropriate, professionals. If the person agreed with the proposed plan arrangements were then made for their move to Appleton House.

Each person's care plan was extensive, highly detailed and informative. These documents included information about the person's mental health needs and details of their family background, life history, hobbies and interests. Each person care plan was highly individualised and one person had chosen to produce an illustrated cover for their care plan. These documents provided staff with clear guidance on how to meet people's individual support needs. Staff told us, "The care plans are accurate" and, "There is a lot in them [care plans]. I think they are pretty good". Each person's care plan included highly informative sections on how the person's care needs changed if they became unwell and specific information on how to meet people's needs at these times. Where people had a history of addiction, relapse care plans had been developed on how to meet people's needs while intoxicated.

Each person's care plan had been regularly reviewed and updated to ensure it accurately reflected the support the person required. Care plans included information on how the person preferred to be supported and included information on how to provide prompts and encouragement. Staff told us, "Every month we go through the care plans and we do detailed reviews every six months. They are updated to reflect changes in needs."

People were involved in the care plan review process and encouraged to complete an assessment of their current feelings and needs. Staff reflected on these self assessments and used this information to encourage discussion on how people's support could be further personalised.

Detailed and informative daily care records were completed by staff. These documented information about each person's emotional mood, activities they had engaged in, meals, sleep patterns and any mental health support provided. In addition information about people's interactions while supported by staff in the local community were recorded. Where people left the service without staff support details of what they were wearing was recorded discreetly for use in the event that the person did not return as expected.

The service had a full time activities coordinator and an activities board in the service's corridor listed proposed activities for people to engage with each day. Although staff actively encouraged people to take part in activities they respected people's choices if they decided not to. For example during the morning of our inspection one person chose not to attend a planned sporting activity. Staff told us, "We do the activities

board each week with proposals for activities and then people choose whether or not to do it", "It is their choice what they want to do. They come up with their own activities and they can do whatever they like" and, "Our service users go out into the community to do things when they want." Staff had supported and encouraged people to participate in events and contests hosted by the provider. This included an annual football tournament and a talent contest.

The service owned a minibus to enable people to access local events, to visit tourist attractions and to go on holiday together. People told us, "We go out a lot" and, "We went on a camping trip last year." During our inspection we heard people making plans with staff for a similar trip during the summer.

A pool table, books and numerous board and electronic games were available for people to enjoy in the service's lounge. During our inspection we saw people and staff enjoying games together with mutual respect and friendly rivalry. People told us, "Playing cards, playing pool we get enough activities in the home to do" and, "People enjoy themselves here, play games, do what you want. Pool or whatever you enjoy." Staff commented, "Board games and card games are very popular" and we saw people's achievements and successes were celebrated.

Staff had also supported people to look for employment in the local community, to attend college and we found one person was currently employed on a part time basis as a member of the provider's maintenance team.

People told us any complaint they made were taken seriously and actions taken to address reported concerns. People said, "We have no problems here" and one person explained that they had recently complained about the noise caused by a door slamming outside their room. In response to this complaint maintenance staff had visited the service to adjust the doors hinges and the person had been involved in and inspected these works to confirm they had addressed this issue. The service records of complaints and associated investigations were detailed and demonstrated complaints had been addressed promptly and normally resolved to the complainant's satisfaction. People had made a significant complaint two days prior to our inspection, appropriate and timely action had been taken in response to this complaint. In addition the provider's regional director visited the service during the inspection to discuss the details of this complaint with people and explain how the complaint would be investigated. In relation to this issue people told us, "They are looking into it and I am happy with how it was handled" and "The regional manager is here today to talk about it." Staff told us, "Concerns and suggestions do get acted upon."

The service regularly received thank you cards and compliments from people's relatives. One recently received card said, "I was really struck by the atmosphere of family you are trying to build up and the constant attention and interaction you are having with all the residents."

Good

Is the service well-led?

Our findings

People and their relatives consistently told us they were happy with the support provided at Appleton House. People's comments included; "It is good here" and, "They do look after us". Relatives commented, "It is probably the best place, it has been very, very good for [person's name]."

Staff morale was high and there was a relaxed, informal and supportive atmosphere within the home. Staff told us; "I like it here. I enjoy helping people and making a difference to people's lives no matter how small it might be", "I like this house. I think it is well led and well organised. I know what is expected of me" and, "I really have nothing to complain about, it's good here." Healthcare professionals were also complimentary of the service and its management team.

There was a well-structured management hierarchy at the service. The registered manager was based in the service on a full time basis. Their hours were protected to ensure they had enough time to manage the service effectively. This meant they were not required to work shifts supporting people. The deputy manager's time was shared between office based tasks and providing care. In addition there were three team leaders and the rota was designed to ensure a senior member of staff was always duty within the home. Each team leader was responsible for managing and supporting thee members of staff. In addition each person had a nominated key worker. This staff member acted as the person's advocate within the service, ensured their care plan was accurate and regularly updated and took on a leadership role for communicating with health professionals and relatives. This helped ensure people were supported by staff who knew them well and had a good understanding of their needs. The system supported a consistent approach to the delivery of care.

Staff told us they felt well supported and complimented the registered manager on their open and collaborative leadership style. Staff comments included, "[The registered manager] is good", "[The registered manager] is very good, we have regular talks throughout the week" and, "The registered and deputy managers are both very supportive, with our management team I think we are very lucky." People also got on well with the registered manager and we saw people went out of their way to greet the registered manager when he arrived at the service. Relatives told us, "[The registered manager] is available whenever I need him" and professionals said, "[The registered manager] is very good, he always seems to be there and is very on the ball" and "[The registered manager] has a good rapport with people who seem to get on well with him." This demonstrated all stakeholders shared a confidence in the leadership of the service.

The registered manager told us they were well supported both by the provider's area manager and via regular peer support meetings. The registered manager's comments included, "My supervisors certainly keep me on my toes" and, "I do feel really well supported." Outside of office hours or when the registered manager was on leave, staff were able to immediately access managerial support via the provider's on call manager system.

The provider actively encouraged and supported staff to further their professional development and actively

encouraged career progression. The provider operated a staged management development programme targeted at supporting people to become staff team leaders, deputy manager or registered managers. Three staff were engaged with this programme which involved monthly training events and/or conferences designed to help people to develop their management skills and support the development of effective peer support groups between leaders employed at different locations. This programme included specific training for leaders on the provider's supervision process and how to ensure staff were appropriately supported. One staff member involved in this programme told us, "I have never felt uncomfortable or out of my depth the training has been really helpful". This showed the provider was pro-active in developing staff skills to help ensure they were able to deliver a supportive and effective leadership.

The service's records were well organised and staff were able to easily access information from people's care notes. Regular audits designed to monitor the quality of care and identify any areas where improvements could be made had been completed by the registered manager. Where issues or possible improvements were identified these had been addressed and resolved promptly and effectively.

Twice a year detailed quality assurance visits were completed by the provider. This process had recently been updated and aligned with CQC's new inspection procedures. During each visit the care planning documents and staff records were reviewed and feedback sought from people who used the service. After each of these visits a detailed report was provided to the registered manager and provider's area manager. In response the registered manager developed action plans to ensure all issues identified were addressed and resolved. Action plans were shared with the area manager who visited the service each month to confirm identified actions had been completed. The most recent quality assurance visit had been completed in January 2016 and our review of the associated action plan showed all of the issues identified had been addressed and resolved in order to improve people's experience of support.

People were encouraged to provide feedback on the quality of service they received and their views were actively sought before changes were made within the service. Resident's meetings were held regularly and people told us, "We have a house meeting every month at the weekend." The minutes of these meeting demonstrated that feedback provided was valued and acted upon in order to continuously improve the services performance. In addition, we saw that people had been involved in redesigning the service's garden. The design one person had developed had been adopted and the necessary construction to create this design was due to begin imminently.