The Regard Partnership Limited

Hillingdon 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 Hillingdon House on 28 November 2017. The inspection was unannounced. At the last inspection, in November 2015, the service was rated Good. At this inspection we found the service remained Good. Hillingdon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hillingdon House accommodates 9 people with a learning disability.

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 who used the service were safe. The service had suitable policies and procedures about safeguarding. Staff had received suitable training about how to recognise and deal with any incidences of suspected abuse.

People had suitable risk assessments to assist in protecting them from harm. These were reviewed regularly. Restrictions at the service were kept to a minimum. The staff team had satisfactory understanding of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Where necessary suitable action had been taken to safeguard people's rights so they were not inappropriately restricted.

There were enough staff on duty. Suitable staff recruitment procedures were in place. Satisfactory checks such as references were obtained for new staff. Staff received appropriate training such as about health and safety, medicines management, and infection control.

The service had suitable medicines management systems, and these were operated appropriately. For example administration records were suitably kept, and medicines were stored securely.

The service was kept clean, and was well maintained. The building was appropriately adapted to meet people's needs. There were plans to upgrade the premises in the near future. Health and safety checks (for example to check the fire system was working) were regularly completed and suitable records were kept.

There were suitable policies and procedures to assess people before they moved into the service. Comprehensive care planning systems were also in place and care plans were reviewed regularly.

People had enough food to eat, and were involved in shopping and preparing food. When people needed assistance with eating, or help with special diets, staff provided appropriate support.

The service had good links with external professionals such as GP's, social workers, and speech and

language therapists. People received necessary support from these services when they needed help. Appropriate records were kept of any appointments people attended.

Staff were seen as caring and respectful. Comments received included: "The staff have always been supportive and helpful," and "The staff team appear friendly." The care we observed was professional and supportive. Staff did not appear overly rushed, responded to people quickly if they needed support, and seemed kind and friendly.

People had the opportunity to participate in activities such as swimming, music, cooking and going on social outings. People also had access to day services.

The service had a suitable complaints procedure. Relatives we spoke with said they felt staff and management were approachable, would deal with any concerns appropriately, and did not feel they would face any repercussions if they made a complaint.

Management were viewed positively. The current manager had been in post since the beginning of 2017 and everyone we spoke with felt she had made positive changes to the service. The organisation had a clear management structure and there were clear lines of accountability. Staff said they worked well as a team. There were regular staff meetings, and senior staff were regularly present to give guidance and support. There were suitable policies and procedures to measure and where necessary improve the quality of the service.

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.

The service had suitable policies and procedures to deal with any concerns where there was suspected abuse.

There were enough staff on duty so people received appropriate support with their care.

The medicines system operated well, and people received their medicines on time.

Is the service effective?

Good

The service was safe.

The service had suitable policies and procedures to deal with any concerns where there was suspected abuse.

There were enough staff on duty so people received appropriate support with their care.

The medicines system operated well, and people received their medicines on time.

Is the service caring?

Good

The service was caring.

Staff were observed as kind and supportive. Staff took time to provide people with the help they needed, and involved people in their support as much as possible.

People had comprehensive care plans and these were reviewed regularly.

Relatives said they could visit at any time and they always felt welcome.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to join in with a range of activities such as swimming, bowling and baking.

The service had a suitable complaints procedure. Relatives said they could approach staff and management, and any concerns would be resolved effectively.

Is the service well-led?

Good

The service was well led.

The registered manager had made many positive changes to the service since she had been in post since the beginning of the year.

Staff said they worked well together as a team. There were suitable systems in place to ensure effective communication and the sharing of tasks which needed to be completed.

The service had a suitable approach to quality assurance to ensure it was effectively run, and where necessary improvements were made.

Hillingdon 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 28 November 2017 and was unannounced. The inspection team consisted of a lead inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience used had experience of caring for a relative with a learning disability.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also emailed professionals and relatives of people who used the service to find out what they thought about the service.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, their relatives and friends or other visitors, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), observing care, and reviewed other records about how the service was managed. Many of the people at the service could only answer simple questions or were unable to speak with us due to their disabilities.

We looked at a range of records including three care plans, records about the operation of the medicines system, two personnel files, and other records about the management of the service.

Before, during and after the inspection we communicated with six staff, four relatives of people who used the service and five external professionals including specialist nurses, GP's and social workers.

Good

Is the service safe?

Our findings

People who used the service were safe. Relatives told us: "It is very safe. There is good security and good staffing levels," and "(My relative) is certainly very happy and I am confident they are in a safe place." A member of staff said: "It is so safe here, very safe. I have had safeguarding training and I make sure the residents are safe."
The service had a satisfactory safeguarding adult's policy. The majority of staff had received training in safeguarding adults. The registered manager said safeguarding processes were discussed with staff at team meetings and in supervision sessions. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse.

People were encouraged to raise any concerns if they felt unsafe. The registered manager said although some of the people living at the service were non verbal, staff understood people very well, and changes in behaviours would provide staff with an indication they were unhappy and something was wrong.

The registered manager said no concerns had been expressed about people being discriminated against, which subsequently might amount to abuse or cause psychological harm, for example due to their disability or their gender. The registered manager said all staff were currently undertaking equality and diversity training.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration and falls. Where possible risk assessments were used to enable people to become more independent, minimise restrictions and enhance freedom. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk.

The registered manager said the majority of people who lived at the service did not have capacity, but the service minimised restrictions where possible. For example if people were physically and mentally able, they could walk around the building, spend time in their bedrooms and were encouraged to make a range of choices such as what to wear, what to eat and how to spend their time. The registered manager said where people had limited, or lacked, capacity, staff supported them to maximise choice and independence. For example some people were funded to have one to one support so they could participate in individual activities.

Records were stored securely in the office. Records we inspected were up to date, and were accurate and complete. All care staff had access to care records so they could be aware of people's needs.

The registered manager said there were formal handovers between each shift. These enabled staff to share information and concerns about the care of people. There were also staff meetings to ensure important information was discussed.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service. Where concerns have been expressed about the service; for example if complaints have been made, or there have been safeguarding investigations; the registered persons have carried out, or co-operated fully with these. Suitable action has been taken where there have been investigations for example improving documentation, renewing equipment and improving facilities available to people.

Equipment owned or used by the registered provider, such as a specialist bath, were suitably maintained. Systems were in place to ensure equipment was regularly serviced, and repaired as necessary.

Health and safety checks on the premises and other equipment were carried out appropriately. The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place. The electrical circuit had been tested and was deemed as 'satisfactory'. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. The service had a fire risk assessment.

Any behaviours which the service found challenging was recorded in individuals' care plans. Staff recorded all incidents that occur and these are reviewed by senior staff. Staff were trained in recognised behaviour techniques to help them deal with any behaviours which may put the person, or others at risk. The organisation employed its own behaviour specialist. When these techniques were used suitable records were kept.

There were enough staff on duty to meet people's needs. The registered manager said she ensured when she completed rotas that staff had the right mix of skills, competencies, qualifications, experience and knowledge to meet people's needs. For example, she ensured staff had the relevant behaviour management training, and there was a mix of experienced staff with any newer staff on all shifts.

On the first day of the inspection there were four care staff on duty in the morning. In the afternoon and evening there were three staff on duty. Overnight there was two staff on waking night staff. Care staff completed cooking and domestic duties.

All staff were provided with suitable training for example in fire safety and first aid, so they could meet people's needs and deal with emergencies. If staff were off sick the registered manager said she always ensured, where possible, agency staff were employed, to avoid staff shortages.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. The service was currently recruiting staff but agency and bank staff were used on shifts if there were not enough employed staff to cover them.

Staff received effective training in safety systems, processes and practices such as fire safety and infection control.

The registered provider has a suitable policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE. All staff were responsible for

the administration of medicines. The majority of staff had received suitable training about the operation of the medicines' system. Medicines were given to people at the correct times. Suitable administration records were kept. There were no gaps on medicine administration records. At the time of the inspection nobody self administered their own medicines.

Suitable systems were in place for medicines which required additional security. The service had suitable systems in place to order medicines, ensure they were stored securely in locked, purpose built cabinets, and where necessary disposed of safely.

Some people needed to have their medicines administered covertly. The service had suitable procedures about this. These medicines were only ever prescribed this way with the authorisation from external medical professionals.

People's behaviour was not controlled by excessive or inappropriate medicines. Some people did have some prescribed medicines to help them manage distress or confusion, (for example as a consequence of mental health issues) but these medicines were prescribed and reviewed by external medical professionals).

When this was prescribed to be given 'as required', rather than at specific times, guidance was in place when this should be given. People had suitable links with their GP's, consultant psychiatric nurses and medical consultants who prescribe and review people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The service had suitable arrangements in place to ensure the service was kept clean and hygienic. The service had suitable policies about infection control which referenced national guidance. The registered persons understood who they needed to contact if they need advice or assistance with infection control issues. All staff were responsible for carrying out cleaning duties. The registered manager said all staff received suitable training about infection control. However , this training was not recorded on the records we saw. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage meets national guidance. The local authority environmental health department has judged standards has to a high standard.

The registered persons understand their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if she had concerns about people's welfare she liaised with external professionals as necessary, and had submitted safeguarding referrals when she felt it was appropriate.

The registered manager said the service always reviewed situations where something had gone wrong. For example if a member of staff could have handled a challenging situation with someone who used the service better. These matters would be discussed in supervision sessions and staff meetings as appropriate.

The service kept some monies on behalf of people. People received suitable assistance if they needed help purchasing items. Clear records were kept of expenditure and receipts were obtained for any expenditure. The registered manager had overall responsibility for checking monies held, and records kept were

accurate. The registered persons did not act as appointee for any people who used the service, and staff did not have any access to people's financial accounts.

Good

Is the service effective?

Our findings

The service had suitable processes to holistically assess people's needs and choices. Before moving into the service the registered manager told us the service had suitable processes to assess people to check the service could meet the person's needs. However the service had not had any new people move in recently. If there was a vacancy, people, and/or their relatives, would be able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

Nobody we spoke with (for example people who used the service, their relatives and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered persons' had an anti discrimination policy, but this currently only covered staff. The registered manager said this would be reviewed so it covered people who used the service.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence was limited. People and their relatives who we spoke with said they did not have any concerns about staff responsiveness.

Staff have appropriate skills, knowledge and experience to deliver effective care and support. The registered manager said when staff start working at the service they received a full induction. This involved spending time with a senior member of staff, and then shadowing more experienced staff to learn their roles. The registered manager said she was aware of the Care Certificate, which is an identified set of national standards that health and social care workers should follow when starting work in care. All staff were required to complete the Care Certificate. We inspected records of the induction process completed for some of the staff who had commenced employment in the last year. Records of induction were thorough, and staff we spoke with said they thought they had received a comprehensive induction.

Records showed staff received comprehensive training which enabled them to carry out their roles. For example, all care staff had a record of receiving training about techniques to manage behaviour which challenged the service, first aid, fire safety, infection control, and safeguarding. However, there were some gaps in the records shown which the registered manager said there was a plan to address.

Staff told us they felt supported in their roles by colleagues and senior staff. There were records of individual formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. Staff we spoke with said they could approach senior staff for help and support if they had a problem.

The service had a weekly menu. At breakfast time people could have cereal and /or toast. People had a light lunch such as a sandwich or beans on toast. People had their main meal in the evening. People could have snacks and drinks at other times during the day and evening. The majority of food was ordered on-line and delivered, but people did assist with some of the shopping. A staff member told us: "Residents go out with

carers for little things. We alternate who we take on a one to one basis. The shop is just around the corner." People also provided some assistance with cooking. For example. one person liked to help make pizza, and another person had recently helped make the Christmas cake. Some people liked to spend time in the kitchen watching staff and others prepare the food.

Currently there were no people who used the service who had specific cultural or religious preferences about the food they eat.

The registered manager recognised that meals were an important part of people's day. The current menu, we saw, seemed to provide a balanced diet which promoted healthy eating and correct nutrition. Meals were appropriately spaced and flexible to meet people's needs.

Some people needed assistance with eating their meals. For example, some people needed someone to sit with them and help them to eat. Due to certain behaviours some people needed to eat on their own. Some people were at risk of choking, needed their food prepared to minimise this risk, and needed to be closely monitored how they ate their meals.

People had eating and drinking assessments in their files. Where a person was at risk of for example malnutrition, dehydration or choking suitable approaches were in place to minimise risks. For example, where necessary, detailed records were kept of what people ate or drank. Where necessary meals were pureed or mashed. Where appropriate people had one to one support to eat their meals.

On the day of the inspection lunch was prepared by one of the staff and one of the people who used the service. The member of staff involved the person in preparing the meal. It was an enjoyable activity. The member of staff seemed caring, spent time talking with the person, The person appeared to enjoy the activity and enjoyed assisting the member of staff. When people all had their meal they were assisted by two staff members. People were observed to be treated with kindness, respect and patience. Staff used words of gentle encouragement and praise when assisting people to eat. Both staff members retained a centred focus on the people they were assisting throughout the meal time. Both staff members gently encouraged independence and offered the people they were helping choice. A staff member said: "We had to train her to use cutlery. Before she used to use her hands. It took a long time but its quite an achievement and its made such a huge difference. It makes you feel proud."

The registered manager said the service had good links with external professionals. The service worked closely with a wide range of professionals such as speech and language therapists, learning disability nurses, dentists, chiropodists social workers, opticians and general practitioners to ensure people lived comfortably at the service, and received suitable healthcare support. Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed, and, for example, they received specialist help as necessary.

The registered manager said relationships with local GP surgeries was good. The registered manager said where appropriate referrals were made for additional support from these professionals and others such as occupational therapists, and speech and language therapists. The registered manager said she felt referrals to external professionals were actioned in a timely manner, and there were no significant delays in people subsequently receiving support.

Staff ensured people's day to day health care needs were met. Many people had limited capacity, so if there was significant decisions needing to be made about people's health care needs such decisions were made in through the best interest process, and /or in liaison with the person's power of autoney (if the person had

one).Records were kept of health care appointments. A health professional said, "Hillingdon House appear to follow up and refer on situations that they are struggling to manage."

The building was suitably adapted to meet the needs of people living there. For example the ground floor was accessible for wheelchair users. Even if people were not able to go out on their own, the back garden was accessible to them, and they could use on their own. Everybody had their own bedrooms. There was suitable shared space such as a lounge and a conservatory which people could use. People could receive visitors either in their bedrooms or one of the lounges. The building was clean and reasonably well decorated.

The registered manager told us there was a plan to upgrade decorations and facilities. This would include redecoration, improved bathroom facilities, a new office and the development of a sensory room.

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).

The registered manager said some of the people accommodated did not have capacity. Where necessary applications to deprive people of their liberty had been submitted. The registered manager said where DoLS applications had been approved suitable care plans had been put in place.

Each person had a mental capacity assessment on their files. Copies of DoLs applications were also on people's files, along with any approvals received. The registered manager said she had a system for monitoring DoLs orders to ensure they were implemented, and reviewed before any authorisations expired. Where it had been necessary to have a best interest process to make decisions about a person's care for example to decide how DoLs decisions would be implemented, records of these meetings were on file.

Where physical interventions were required (for example if people had behaviours which were seen as challenging the service) used approved techniques were used. Techniques used were based on the principles of minimal, proportionate contact, and being safe to minimise the risk of injury.

The registered manager said staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However records we were provided with showed there was some gaps in the delivery of training. The registered manager said this matter was being addressed.

Good

Is the service caring?

Our findings

We received many positive comments about the attitudes of staff. People and their relatives said people were treated with kindness, respect and compassion. Relatives said: "The staff have always been supportive and helpful," and "The staff team appear friendly."

Staff used assessable ways to communicate with people, for example due to their learning disabilities, to reduce or remove communication barriers. For example, we saw pictures used in care plans, surveys and other documentation, to make written communication easier for people to understand.

Care plans contained information about people's preferences, personal histories and backgrounds. This assisted staff to know the people they were caring for and supporting.

We observed staff sitting and talking with people in a respectful and friendly manner. Staff did not rush people and took time to listen to them.

People and their relatives said staff responded to people quickly if they needed help for example if people called.

People were encouraged to make decisions about their care, for example, what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in care planning and review. However, due to people's capacity involvement was often limited, and in some cases consultation was also required with people's representatives such as their relatives. People and their relatives were provided with information, if requested, about external bodies (such as the local authority) community organisations and advocacy services in the service user guide, which was issued when people moved to the service.

Staff we spoke with said they felt they had enough time to sit and spend time with people. We did not see staff rushing or ignoring people. Staff took time to listen to people, and give people time to respond to questions. Staff appeared friendly.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example, if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors. When people were experiencing discomfort or emotional distress we observed staff providing suitable support to comfort people. A relative said: "(My relative) always looks smart and in good health. My relative is able to put her views over to staff very clearly." We did not witness staff talking about people in front of others, and written information was stored confidentially.

Staff worked with people to encourage and / or respect people's right to be as independent as possible. For example some people were being provided with more opportunities to be involved with cooking, others to

be more independent with their personal care even if this was only small steps towards greater independence.

The relatives we spoke with said they could visit the service at any time. Visitors said they always felt welcome and were offered a drink. Relatives said staff always answered any questions they had. Visitors said they felt managers were helpful if they had any queries or concerns.

Good

Is the service responsive?

Our findings

Everyone who used the service had a care plan. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans were detailed and included information about people's physical and mental health care needs and information about their lives before living at the service. Care plans also included risk assessments, for example, in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences, interests and aspirations. All staff were able to access people's care plans which were stored in either of the two nursing offices.

People had opportunity to be involved in a range of activities such as swimming, bowling, music, cycling, soft play, and going on day trips to places of interest. Some people received additional support from an organisation that provided day services. A member of staff said "Some residents are going on a trip to Longleat soon." Another member of staff said: "(At the day service) (a person) goes out in the community, they take (the person) for a walk to the library or the shops. The other day (the person) brought new clothes. They went to the cinema and for a cappuccino. (The person) loves a cappuccino." A baking club also occurred each Wednesday. People had recently made a Christmas cake. None of the people were interested in participating in organised religious services. The registered manager said she tried to ensure each person went out on a daily basis. A relative said: "Each resident has a birthday party and a barbeque is usually held each summer with families invited. A Christmas party is held each year. There is always an abundance of food and some years a singer came to entertain." Two external professionals said they felt activity provision could be developed further particularly for people who have more complex health and social care needs as, for example, it was noted that "People sometimes seem bored and under stimulated." However, it was acknowledged the registered manager was currently liaising with the local authority to increase funding for more one to one staff support.

All of the people at the service could not read or had limited literacy skills. Some people lacked capacity and could not understand written documentation. Some information provided to people was provided in pictorial form. Otherwise, when people received correspondence, staff read this to people.

The service had a complaints procedure. This was issued to people as part of the service's service user guide, which was issued to people when they moved into the service. The people and their relatives, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. A relative told us: "When I made a complaint it was handled very well." Another relative said: "Any problems I raise are treated seriously and I feel I have a good rapport with staff." The registered manager said there had not been any formal complaints, and any matters of concern had been resolved informally. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. The registered manager said if a complaint was made, the management team would assess the complaint and its findings, and use the experience as an opportunity to learn from what had occurred.

Good

Is the service well-led?

Our findings

The registered manager started working at the service in February 2017. The previous manager and several staff had left at once. The registered manager has had to rebuild the team, and make necessary changes to care practice following concerns expressed by external professionals. It has been recognised she has done this successfully.

It was apparent the registered manager knew people well and outlined a detailed description of each person, including their likes and dislikes, their hobbies, behaviour patterns and progress. The registered manager said she spent time within the service so she was aware of day to day issues. For example, the registered manager said she regularly worked shifts. The registered manager said it was important she spent time listening to staff and observing their practice. The registered manager said she believed it was important to ensure staff morale was maintained and enhanced. She said she worked closely with team members, ensured there were regular team meetings where full and frank discussion could occur about care practice. A member of staff said: "The manager is lovely. She not only cares about the residents but she cares about us as well. She is firm but fair. She does it in a way that isn't intimidating." The registered manager said "I love the challenge. I love that I come here and they develop their skills. It is hard work but the reward of their progress is amazing." A member of staff said: "I have been here x years. The company is okay. The manager is amazing. She is so approachable and she is really good on the legislation side too."

The registered manager said there were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained. Relatives told us: "The current manager is attempting to rebuild staffing levels and has introduced a training programme for new staff. She has let some previous staff go. It seems she is making progress and has stamped her authority on the house which was previously lacking." Other relatives described the manager as: "Professional and capable," and ""Very helpful."

The service had a clear management structure. The registered manager had a good understanding of her responsibilities. The registered manager reported to an operational manager who oversaw the group of services on behalf of the registered provider. The registered manager was supported by two senior support workers. There was a deputy manager post but this was currently vacant. The registered manager said she tried to ensure there were always a senior care assistant on duty during the day.

Staff we spoke with said they worked well as a team. Staff said they communicated well. Staff appeared to have a good understanding of their responsibilities. Staff said all staff shared the work load well between themselves. Shift plans were prepared each day so all staff knew what their responsibilities for each day were, tasks got done, and work was shared fairly. The organisation had suitable processes in place for staff to account for their decisions, actions, behaviour and performance such as a supervision system, and grievance and disciplinary processes. A member of staff said: " I love it here. It is a lovely team. It is people who genuinely care for the residents. They have a genuine heart for it."

The registered persons had ensured all relevant legal requirements, including registration, safety and public

health related obligations, and the submission of notifications had been complied with. The previous rating issued by CQC was displayed. The registered manager said issues relating to previous inspections had been communicated to staff. The registered manager said she thought staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. There were also policies in relation to grievance and disciplinary processes.

The registered manager said both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The registered provider had a quality assurance policy. The service's approach to quality assurance included the completion of various audits such as health and safety, care records, monies, medicines and food quality. The registered manager also completed a monthly self assessment, for the registered provider. There were regular residents' meetings, and individual people had one to one key worker meetings.

The registered provider also completed a general quality assurance audit, and a health and safety audit, which were completed by assessors employed by the registered provider. Action plans were completed and any actions were monitored. Surveys have also been completed with people who use the service and their relatives, and staff members. A relative told us: (The managers) have done a good job rebuilding a team which did have a high turnover of staff." A member of staff said There is no room for improvement. All the residents are taken out every day. It is a great place to work." Another member of staff said: "The house is constantly being improved because of (the manager)." We were also told: "Everything is being improved. There is so much going on. You have actually arrived at a time when it is a bit like the calm before the storm. We've got the builders in soon." All staff members spoken with agreed the home has vastly improved since the arrival of the manager and confirmed the improvements were ongoing.

The registered manager attended meetings with the operational manager, and other registered managers employed by the provider. This helped to ensure, for example, organisational policies and procedures were communicated and discussed, and subsequently consistently implemented across the organisation.

Relatives of people who used the service said the registered manager was friendly and approachable. We were told they could discuss any problems with her, and relatives we spoke with said these matters would be addressed.

The registered manager said she thought relationships with other agencies were positive. Where appropriate the registered manager said s/he ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.