Affinity Trust

# Jasmine Lodge

## Inspection report

Jasmine Lodge
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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? | Requires Improvement |

# Summary of findings

## Overall summary

We inspected Jasmine Lodge on the 8 and 9 November 2016. Jasmine Lodge provides accommodation and support for up to six people. Accommodation is provided from a building which was purpose built as a care facility for people with learning disabilities. The building is located within a residential area.

The service provides care and support to people living with a range of learning disabilities and longer term complex healthcare needs such as epilepsy. Most people living at Jasmine Lodge were unable to communicate with us verbally. People had been living at the service for between six to 17 years. There were six people living at the service on the day of our inspection.

We last inspected the service on 26 June 2014 where we found it to be compliant with all areas inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The registered manager managed Jasmine Lodge and another service for the provider.

Although staff spoke positively regarding the leadership of the service, we found some issues with records and quality assurances systems which were not consistently providing senior staff with clear oversight of all areas of the service. The registered manager was responsive to our feedback and took corrective actions.

Medicines were managed safely in accordance with current regulations and guidance. There were systems to ensure medicines had been ordered, stored and administered, appropriately.

People appeared happy and relaxed with staff. There were sufficient staff to support them. Checks were undertaken to ensure staff were suitable to work within the care sector. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. A range of specialist training was provided to ensure care staff were able to meet people's needs.

It was evident staff had spent time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. Areas included eating, falls and seizures. People consistently received the care they required because staff were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

People were provided with opportunities to take part in a range of activities and hobbies and to regularly access the local and wider area. People were supported to take an active role in decision making regarding their own routines and the routines and flow of their home.

Staff had a clear understanding of the vision and philosophy of the home and they spoke enthusiastically about working at Jasmine Lodge and positively about senior staff. Regular quality assurance reviews to monitor the standard of the service were completed internally and by the provider's operations manager.

## 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.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Risks were well managed and incidents and accidents were investigated and managed appropriately.

Staffing levels were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were ordered, stored, administered and disposed of in line with regulations.

### Is the service effective?

Good

The service was effective.

Mental capacity assessments were undertaken for people if required and their freedom was not unlawfully restricted.

People were supported to have enough food and drink and to make healthy choices. They were encouraged to be involved in cooking meals when appropriate.

People had access and were supported to health care professional appointments for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people. They had regular supervisions with a senior member of staff.

### Is the service caring?

Good

The service was caring.

The service provided people with kind, caring support. People were treated with compassion.

People were supported to make decisions about their care. People's needs were understood by staff and they were met in a caring way.

People's care records were maintained safely and people's information kept confidentially.

## Is the service responsive?

**Good**

The service was responsive.

People were supported to take part in a range of activities, these were organised in line with their preferences.

People and their relatives were asked for their views about the service through questionnaires and surveys. There were systems in place to respond to comments and complaints.

Support plans detailed how people had chosen to receive care which was personalised to meet their needs, wishes and aspirations.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Some areas relating to record keeping and quality assurance had not ensured clear oversight of all areas of the service.

There was a positive culture at the service and the registered manager was held in high regard.

Staff meetings were used as an opportunity to share and communicate key information on people and operational issues.

Staff felt supported by management, they said they were listened to, and understood what was expected of them.

# Jasmine Lodge

**Detailed findings**

## Background to this inspection

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

We inspected the service on the 8 and 9 November 2016. The registered manager was given one hours' notice so as to ensure they were available at the service when we arrived. The inspection was undertaken by one inspector.

We observed care delivery throughout our inspection. Most people living at Jasmine Lodge were unable to verbally communicate with us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked in detail at care plans and examined records which related to the running of the service. We looked at three care plans and three staff files, staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Jasmine Lodge. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at all communal areas of the service such as bathrooms, the lounge and dining area and also people's private bedrooms. During our inspection we spoke with four people who live at the service, six support staff, the team leader and registered manager.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Good

# Is the service safe?

## Our findings

People who were living at Jasmine Lodge were supported to remain safe and were protected from avoidable harm.

People's support plans contained comprehensive risk assessments for a wide range of daily living, behavioural and health care needs. For example, seizures, meal preparation, falls, pressure damage and number of staff required when whilst out of the service. Assessments included clear control measures and guidance for staff on how to manage risks and clarification on whether the risk should be taken.

Staff had good knowledge and spoke with confidence regarding people who may display behaviours that could challenge. Staff knew people's anxieties and triggers to these behaviours and techniques to deescalate. One person's care plan referenced a distraction strategy of 'calmly calling their name'. We saw two staff use this technique when they became anxious during the inspection. A staff member told us, "There aren't any short cuts really; you have to know clients well and tune into the subtle signs that anxiety may be building." One person who could have seizures whilst moving around the service had equipment positioned around the corridors to assist staff to reduce the risk of injury to the person if they unexpectedly dropped to the floor. One person had recently had a new piece of specialist equipment installed to assist them to move. There was a risk assessment undertaken with input from health care professionals; staff were clear on the risks associated with its use. One staff member said, "I'm getting more confident using it but will always have another staff member with me at the moment."

Other risks associated with the safety of the environment and equipment had been identified and managed appropriately. Both the landlord and the provider completed fire risk assessments on an annual basis. Regular fire checks were completed and had been recorded; staff knew what action to take in the event of a fire. One staff member told us about a recent 'simulated' fire drill they had been involved in and how it was useful to practise, "When there was some added pressure." Routine health and safety checks were completed and had identified where actions were required to ensure a safe environment. During our inspection an external health inspection took place; this was commissioned by the landlord on a monthly basis. At a recent visit they had identified a tree in the grounds which required a further assessment by a tree surgeon. Contracts had been established to safeguard equipment such as the gas boiler. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) had been routinely undertaken. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Important things don't get left; if something is broken we report it and will get it sorted."

Risks related to emergency evacuation had been assessed and all people had personal emergency evacuation plans (PEEP). Staff had been trained in fire safety and could identify their role within an emergency. The service had an 'emergency grab bag' which contained contact information which would be useful if an unplanned evacuation was required. Although this grab bag did not contain copies of people's PEEPs on the first day of inspection the registered manager had completed this for the second day. The provider had established contingency plans for a range of unforeseen events such as adverse weather.

Staff understood the different types of abuse and were clear on the actions they should take if they believed people were at risk. One staff member said, "The bottom line is we are here to protect clients and I would not hesitate reporting any concerns." Staff told us they informed senior staff who would report, where required, to the local safeguarding authority. Incident and accident forms had been completed thoroughly and carefully; they provided clear descriptors of actions taken at the time and the follow up actions implemented to reduce risk. The provider had established systems which ensured additional senior staff, other than the registered manager, had oversight of all accidents and incidents at the service. The home's staff initially rated the seriousness of each event however an area manager upon reviewing could escalate or deescalate. A member of senior staff told us, "Accidents and incidents are so often a significant source of learning; by understanding why an event has occurred you can look for ways to minimise risks."

Medicines were stored, administered, and disposed of safely. People's medicines were stored in their rooms in locked, secure cabinets. Staff had been provided with clear guidance on how to support people to take their medicines. For those people who had been prescribed 'as required' (PRN) medicines there were clear protocols in place to guide staff as to when and how to support people. People took these medicines only if needed; for example if they were experiencing pain or agitated. A staff member said, "If I had any concern about if I should give PRN I would speak to a team leader or call the 'on call'." Temperatures at which medicines were stored were checked and recorded daily. People were supported to have their medicines routinely reviewed with the appropriate health care professional. We observed medicines being administered. Staff checked and double checked at each step of the administration process. We looked at a sample of medication administration records (MAR) and found them competently completed. However two people's topical creams had not been dated when opened. Although these were not past their expiry date it is good practice to identify when a topical cream is opened so as it is used in line with the manufacturer's guidelines. We discussed this with the registered manager who committed to review the systems for recording. Staff were knowledgeable about people's medicines and had up-to-date information available. A staff member said, "Making sure clients take their prescribed medication correctly is a really important part of our day."

There were enough skilled and experienced staff to ensure the safety of people who lived at the service. People did not have to wait for support; staffing levels were sufficient to allow people to be assisted when needed. Staff were unrushed and allowed people time to move at their own pace. Staff gave people the time they needed throughout the inspection. For example when supporting people to board the services vehicle. All staff spoken with said they felt the home was sufficiently staffed to meet people's needs.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. The provider routinely refreshed staff's individual DBS after three years. Where employment gaps had been identified in staff's job history these had been queried and responses recorded during the recruitment process.

Good

# Is the service effective?

## Our findings

People who lived at Jasmine Lodge received effective care from staff who were appropriately trained and supported. The provider had ensured appropriate training; supervision and appraisals were up-to-date for staff. Staff told us they enjoyed working at the service and the range of people's support needs made it an interesting place to work. Some of the staff team had worked at the service for extended periods. One staff member told us, "I have watched them (people) grow up and their needs change through the years and we've had to adapt with this." For example two people had lived at the service for 17 years. Staff completed training in areas such as safeguarding, health and safety and moving and handling.

The registered manager told us there was flexibility built into the provider's training strategy. This meant additional training was completed to enable staff to support specific needs of people living at each of the provider's services. At Jasmine Lodge staff had completed training in epilepsy and dementia. Staff told us they felt confident supporting a person with their seizures. One staff member said, "I know how to support them if they have a seizure; it's also tricky to know if that's because of my experience or training but I feel confident." The registered manager demonstrated how the provider's management software package provided timely prompts which assisted in ensuring staff kept up-to-date with their training. One staff member said, "Most our training is done in a classroom setting which I like." The registered manager at Jasmine Lodge delivered some training for the provider which staff told us was of benefit to the service. A staff member said, "Our manager delivers medicines training so you feel confident when you ask them a question about meds."

Staff received regular supervision at intervals between six to eight weeks which was booked in advance; staff told us they were able to request extra supervision if they wanted to discuss a specific concern. All staff spoke positively of the registered manager. A staff member said, "The manager is very good, although they move between two services they are always contactable if I want to ask them something." Another staff member said, "It's not unusual for the manager to be here on a Saturday which is nice to see." A senior member of staff told us, "I felt the support and training I had when I stepped into leadership role has been really good."

Staff understood the principles of the Mental Capacity Act (MCA) and provided examples of how they would follow these in daily care routines. Decisions taken in people's best interests in relation to daily living routines had a clear rationale; for more significant decisions such as health interventions evidence of a multidisciplinary approach were evident. Staff knew how to support people in making decisions. One member of staff of staff told us, "I will always ask and consult first before providing support." Another member of said, "We can't impose on clients what they should or should not do." We observed staff asking people for permission and waited for the person's consent before carrying out any required tasks for them. Care records demonstrated staff respected each person's right to make a decision and supported them appropriately. The registered manager and staff had a good understanding in relation to the DoLS and protected people's liberty both in and outside of the service. The registered manager had applied and received authorisations to restrict people's movement as appropriate. Records showed staff supported people in line with the authorisation.

People were supported to maintain good health. Each person had a separate 'health care plan' folder which provided comprehensive information on people's individual health care history and support needs. A wide range of health care professionals were regularly involved to support people to maintain good health such as occupational therapists and physiotherapists. Routine appointments were scheduled with, podiatrists, opticians and dentists. On the day of our inspection people were visited by a podiatrist. Another person was supported to attend a routine dental appointment. Staff had requested they visit as clear guidance could be provided on how best to support a person whose mobility needs had recently changed. If an adjustment was made to a person's support in light of a change to their health a copy was placed in a staff 'read and sign' folder which staff checked when they came on to shift. For example a person's health action plan had been recently updated and was included in the folder to ensure staff were aware of changes in their health.

Meals were planned and alternated in line with people's choices and preferences. A member of senior staff evidenced new plans they were close to introducing which would improve the way people were included in selecting their meal choices. The service's kitchen was clean and organised and systems were in place to ensure checks such as food probe testing and fridge temperatures were recorded. People were supported to eat and drink a balanced and appetising diet. Whilst staff supported people to eat they sat at eye level and engaged positively and offered encouragement to people. Most people living at the service had been assessed as at risk of swallow difficulties and had clear guidelines from speech and language therapists (SALT). Staff were seen to follow these recommendations such as using specialist equipment. Meals times were relaxed and calm and people sat in their preferred positions. Staff documented how people had eaten at meal times, this included when they were out of the service. People's body weight was recorded; staff told us this was used as an indicator of potential changes in health and wellbeing. Care records identified one person who had been assessed as at risk of weight loss had, during this period, been weighed more frequently.

Good

# Is the service caring?

## Our findings

People were supported by caring and friendly staff. People appeared happy and relaxed in their surroundings. Staff interaction with people was seen to be kind and caring; however we overheard one occasion when a staff member did not protect a person's dignity. The staff member whilst, completing care documentation, asked another staff member who was standing in another room a question regarding a person's personal care. We spoke to the registered manager regarding this observation who committed to address this with the staff member and place this concern on the agenda of the next staff meeting.

We observed staff interactions with people throughout our inspection. People appeared relaxed and comfortable with staff. People had developed positive and supportive relationships with staff and it was evident strong bonds and good rapport with people had been created. A staff member said, "I love working here and supporting our clients, they are a big part of my life." Staff spoke about people with genuine affection. A staff member said, "They (the people) are our main focus looking for ways to improve the quality of their lives is important to me." A staff member was observed gently stroking a person's hair whilst sitting talking to them. This person was quietly vocalising while this was being done. The staff member later told us this was something the person enjoyed. This person care plan documented this was something they enjoyed and for staff to be aware of.

People were involved in the flow and daily routines of the service such as assisting with laundry and meal preparation. Staff were patient when explaining tasks or planned events. One person was keen to go out on the service's minibus and staff kept them informed of why they were waiting to leave. One person spent time in the kitchen selecting the potatoes they wanted to use for people's lunchtime meals. Another person regularly gravitated towards the laundry room, staff used this as an opportunity for them to support with laundry.

Staff were proactive in ensuring people's privacy was respected. For example knocking on people's doors before entering and ensuring doors were closed whilst people were being supported with daily aspects of personal care. A staff member said, "You can't lose sight of thinking about how you would like to be treated and protecting people's modesty is all part of it." We observed staff discreetly communicate with people when they were about to support them with personal care during the day. One staff member spoke to a person about, 'Freshening up before lunch.'

People's preferences for daily living were clearly documented throughout care plans. For example, types of music, trips out and favourite foods. One person enjoyed sports and staff were aware of this and other things important in their life. A staff member said of this person, "They really enjoy spending time on the floor in their room. When their young relatives come they love the interaction, they are a proper man's man." A section within people's care documentation identified what a 'good day' would look like for them and how they could appear on a 'bad day'. Staff told us this information was helpful and served as a useful reminder when planning goals and activities with people. Staff spoke to us about their involvement in improving the physical environment of the service. Staff spoke with pride that they had been involved in supporting people to choose colour schemes and decorating sections of people's rooms. One said, "I am chuffed I've been able

to help make their room more personal to them."

People's care documentation evidenced that staff had taken steps to involve people in the design and review of their support plans. Support plans contained a section which indicated how much involvement people had. For example one stated, 'X sat with me whilst I typed up sections of their support plan.' Staff told us when routine larger reviews were planned a wider invite was extended to social care professionals, people's family and advocates. The registered manager was very clear on which people's families chose to be involved in meetings. They said, "Although the uptake to be involved from families is less here than at some other services we will extend invites."

Staff had a good understanding of the importance of confidentiality of care documentation. A staff member said, "There is obviously the confidentially issue but we also have to bear in mind that any paperwork left may be destroyed by one of our clients." Care records were stored securely in the registered manager's office. When the office was not in use the door was locked closed. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Safeguards had been put in place by the provider to ensure the electronic software package had different levels of permissions to protect staff and people's confidential data.

Good

# Is the service responsive?

## Our findings

People received appropriate support and care which had been designed to meet their individual needs and preferences. Staff responded to people's changing needs and provided support and care which met their assessed needs and preferences. Staff regularly reviewed care plans to ensure they were up to date and when changes in people's needs occurred. For example, we saw where a person's general health had deteriorated and their mobility had reduced, staff had updated their care plan and reflected the increased support they required. Staff received updates about changes in people's health and support needs during handovers meetings and from senior staff. Staff knew people's needs and how they wanted their support provided and what they could do for themselves. For example one person's care plan, in relation to personal care, stated, 'I can raise my arms and legs when asked.'

People's care plans provided clear guidance for staff on people's support needs and reflected individual preferences for all aspects of daily living. Care documentation contained a personal profile and where available a background history. A member of staff said, "The support plans here are very good, really helpful." During our inspection a new member of staff, who was supernumerary, spent time reading and familiarising themselves with people's care plans. A senior member of staff said, "We have people living here who have complex support needs and staff need to have a good understanding of these before they start." People who were unable to verbally communicate had clear guidance within a communication profile. One person who used vocalisations to communicate had a non-verbal dictionary within their care plan. This identified what different pitches of sound may mean. It stated, 'High pitch means they would like to be interacted with.' Staff told us they were given time to ensure care documentation was up-to-date. Daily care records provided clear descriptions of activities people had been involved with and their associated moods and behaviours. One person's notes identified how they had slept poorly and staff would need to consider whether they plans for the subsequent day may need to be reviewed. Staff told us these were useful for reference if they had been off work for a period of time. Care plans were reviewed regularly, followed by a more comprehensive six monthly review involving family and/or advocates, social workers and the person's facilitator. A facilitator is like a 'key worker', a named member of staff with additional responsibilities for making sure a person receives the care they need.

The provider used a rota system which scheduled staff to work the full range of shifts available. This meant support staff were familiar with people's care needs and routines at different times of the day and night. A staff member said, "Knowing how clients' behaviour during the night gives you a better insight into their personality during the day."

People were supported to do the things they enjoyed and were important to them. People's participation in their individual interests, activities were promoted by staff. One staff told us about a recent trip where they had supported a person to watch a sports event which they enjoyed. This person's room was decorated with some memorabilia from the trip and staff had a good knowledge and understanding of why this activity was important to them. People's care plans contained personalised goals which had been mutually agreed with the person and their facilitator. Throughout our inspection we saw staff were proactive in encouraging people to be involved in outings away from the service. At one point during our inspection all people were

away from the service. For example involved in shopping trips, walks in the local area and coffee in cafes. A staff member said, "Most of our clients love being out and doing things." A staff member told us that they were currently supporting two people to plan a joint party for a significant birthday. They had made a booking at a local village hall and invites had been sent to out to their friends. The provider had a dedicated minibus for people living at Jasmine Lodge. Most staff were able to drive the vehicle and we saw it was used regularly to transport people to different events and activities.

Several people at the service had been assessed as having high sensory needs. These people's rooms contained specialist equipment which enabled their sensory need to be stimulated. We saw one person spending time in their room enjoying a sensory experience with lights and sounds. Staff took pleasure in describing how this person enjoyed specific times of the day when they were able to have time out of their wheelchair.

People had been canvassed for their opinions to determine satisfaction levels with the service provided. There were multiple examples of how people had been supported to be involved in making choices which impacted on the daily running of the service, for example planning meals, trips out and holidays.

The PIR identified a complaints policy was available to people within the home. People's support plans identified how and when staff had covered the key information contained within the policy to ensure accessibility. At the time of our inspection there were no open or recent complaints.

Requires Improvement

# Is the service well-led?

## Our findings

Staff spoke positively about the leadership at the service. Comments included they were friendly, knowledgeable, available. Despite positive comments we found some aspects of the service were not consistently well led in regard to records and quality assurance systems.

The service was currently recruiting for additional staff. To cover these shortfalls the provider used agency care staff. The registered manager stated they were generally happy with the quality of agency staff and the continuity provided. We reviewed the agency 'staff profiles' sent through to the service prior to an agency staff member working a shift. These profiles did not clearly identify what experience or training they had undertaken to ensure they had the experience and were suitable to support people living at Jasmine Lodge. The registered manager had established local systems to reassure themselves these staff were suitable prior to them working unsupervised; however acknowledged having more detailed information on the agency carers prior to them working would be helpful. They said, "I have previously raised this issue at a more senior level and feel the information we receive from the agencies is something that could be improved."

We found examples where the effectiveness of the provider's quality assurances systems required improvement. The minor shortfalls we found with medicines had not been identified by the medicines audit. For example the staff 'sample signature' documentation within people's MAR required updating. This is used to provide clear accountability of which staff member administered medicines. The medicines audit at Jasmine Lodge had been completed in March, May and September 2016. However a senior member of staff told us they understood it should be completed monthly. The provider's medicine policy did not provide clarification on the frequency of this audit. The registered manager offered assurances the medicines audit process would be reviewed.

The provider had undertaken a satisfaction survey with people's families and health care professionals in April 2016. The responses from this survey had been returned to the provider head office. The registered manager had not received these back or had oversight of the responses in the five months since the survey was completed. On the second day of our inspection the registered manager had obtained the completed forms. Although all responses were positive and did not require responses the registered manager acknowledged it was good practice for them to have had this information.

We found one example where the provider had not notified the CQC of an incident where alleged abuse had occurred. Under the Health and Social Care Act 2008, providers are required by law to submit statutory notifications. A notification is information about important events which the provider is required to tell us about. However the provider had fulfilled their requirement to inform the Local Authority safeguarding. During our inspection the registered manager informed us they had researched the reason for this omission and evidenced they had established new systems which would negate a reoccurrence of this oversight.

The registered manager was supported by an area operations manager who routinely visited the service to complete quality assurance reviews on a wide range of areas such as people's finances and support and health care documentation. We saw these audits identified actions for the registered manager and staff to

complete for example a they had recommended a 'bio waste' kit was purchased for the service. This had been actioned and signed off once completed.

The provider had established clear vision and values; these themes ran through the homes policies and procedures which staff signed as read and understood. On a notice board staff had key 'values' which were important to them. Staff were very clear on the philosophy of the service. One member of said, "I really think we support people to have the best life possible." There were examples of an open and transparent culture within the service. We saw positive examples of this within incident reporting at the service, for example when there had been a medicine error. A staff member told us, "I will always support other staff but I would never hide errors and I would expect the same back."

Staff meetings were held regularly. Staff spoke positively about these as an opportunity to share information and ideas. On the day of our inspection staff were overheard speaking to each other about the upcoming staff meeting. One staff member told us about the ideas they intended to share regarding improvements to general household cleaning routines. The registered manager said these meetings offered them the chance to remind colleagues about key operational issues. Meetings were held 'offsite' at the provider's head office. Staff told us this was helpful, one said, "It is good to be aware from the home, gives the meetings a more business like feel." The provider also held wider 'staff forums' for areas such as health and safety, each service nominated a staff representative to discuss key issues related to the area. We reviewed meeting minutes and noted clear action points and time scales had been set.

The registered manager told us they felt well supported by the provider and their direct line manager and communication between themselves and the head office was effective. The registered manager said, "You can't be an expert in everything so it is great having the support from head office." During our inspection we saw senior staff, via the phone and email, routinely liaising with colleagues at other services both offering and seeking advice. The registered manager told us about the training and support events they had attended such as internal and external manager forums and workshops. All staff were positive about their roles, clear on their responsibilities and the lines of accountability. Throughout our inspection staff engaged with the inspection process very positively. One told us they felt prepared for the inspection as they had discussed what to expect during a previous team meeting.