

Evington Grange Ltd

Evington Grange

Inspection report

291 Green Lane Road
Leicester
Leicestershire
LE5 4NG

Tel: 01162152448

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09 October 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

The inspection took place on 28 September and 9 October 2018. The visit on 28 September was unannounced; the visit on the second day was announced as we required the registered manager to be in the office to assist with the inspection.

This was the first inspection of the service since they were registered on 7 August 2017. At this inspection we found evidence to support the rating of Requires Inspection.

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.

Evington Grange 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.

Evington Grange accommodates up to 6 people in one adapted building.

The inspection was a first rating inspection.

The provider carried out some quality monitoring checks in the home supported by the registered manager and home's staff. However, there were shortfalls in the training matrix, fire and evacuation system, the recruitment application form, statement of purpose and medicines system and competency of staff when administering medicines were also out of date.

The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours if an emergency arose, or an equipment repair was necessary. Staff had access to the maintenance diary to manage any emergency repairs. The provider had developed opportunities for people to express their views about the service, however, not many of the current people living in the home had the chance to participate in the latest questionnaire. These included the views and suggestions from people who used the service.

We found that applications had been made to the local authority to legally deprive people of their liberty. The registered manager and care staff had been trained in the Mental Capacity Act (MCA) 2005. They were also aware where best interests meetings would be planned to ensure people's treatment was in line with the MCA and Deprivation of Liberty Safeguards. People or where appropriate their representatives were asked for their written consent to care following their admission to the home.

Following their recruitment staff received on-going support and training for their job role. Staff were able to

explain how they kept people safe from abuse and were aware of whistleblowing and what external assistance there was to follow up and report suspected abuse. Staff were subject to a thorough recruitment procedure that ensured staff were qualified and suitable to work at the home.

People were supported to continue with their chosen dietary and cultural needs. Staff supported people to undertake a range of activities that were tailored to people's interests and needs. Staff had access to information and through this had developed a good understanding of people's care and support needs. Care and support plans were updated to include changes to people's care and treatment and people were involved in the review of their care and support plan. People were offered and attended routine health checks, with health professionals both in the home and externally.

People were able to maintain contact with family and friends and visitors were welcome without undue restrictions. We observed staff interacted positively with people throughout the inspection, people were offered choices and their decisions were respected.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Recruitment paperwork did not allow the recording of people's previous employment history or referees. Medicines PRN protocols, safe storage and some missed signatures detracted from the overall safety of medicines.

Support plans included risk assessments which informed staff of areas where people required support to ensure their safety. Staff understood their responsibility to report any observed or suspected abuse. Staff were recruited and employed in numbers to protect people. People were protected from infection by control measures being put in place. The staff employed provided a culturally appropriate service.

Is the service effective?

Good 

The service was effective.

Staff had completed essential training to meet people's needs safely and to a suitable standard. People received appropriate support and guidance that prompted people to continue a well-balanced diet that met their nutritional and cultural needs. Staff understood the requirements of the Mental Capacity Act 2005 and sought people's consent to care or counselling before it was provided.

Is the service caring?

Good 

The service was caring.

Staff were caring and kind, treated people as individuals and recognised their privacy and dignity at all times. Staff understood the importance of providing care and support for people in a dignified way. People were encouraged to make choices and were fully involved in decisions about their care.

Is the service responsive?

Good 

The service was responsive.

People received personalised care and support that met their needs. People were involved in planning how they were supported. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. People were confident to raise concerns or make a formal complaint if necessary. People were supported to plan for a dignified and pain free death.

Is the service well-led?

The service was not always well led.

Quality audits and checks were not used effectively to ensure people were provided with good safe care and support.

There was a registered manager in post. People who used the service had opportunities to share their views and influence the development of the service.

Requires Improvement 

Evington Grange

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.

The inspection was a first rating inspection following a change of registration.

Inspection site visit activity started on 28 September and ended on 9 October 2018. It included direct observations of the staff group and how they offered care and support to people, speaking with the people using the service, the management, staff and a visiting health professional. We visited the office location on 28 September to speak with the registered manager and staff; and to review care records and policies and procedures.

The inspection on 28 September was unannounced and was carried out by one inspector and a specialist adviser. The inspector returned alone on 9 October and this visit was announced.

Before the inspection visit we looked at the information we held about Evington Grange including any concerns or compliments. We looked at the statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. Therefore, we used the short observational framework tool (SOFI) and other observations to help assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who cannot talk with us.

We spoke with three people who lived in the home to gain their experiences of Evington Grange. We were assisted on the inspection by the registered manager, deputy manager and three support staff. We asked the registered manager to supply us with information that showed how they managed the service, some of

which we received following the inspection visit.

We looked at three people's care plan records in the care home to see how they were supported to regain or maintain their wellbeing. We looked at other records related to people's care such as medicine records, daily records and risk assessments. We also looked at staff recruitment and training records, quality audits, records of complaints, incidents and accidents and safety records.

Is the service safe?

Our findings

People's safety was not supported by secure recruitment practices. We looked at the application form which was used to record people who applied for employment. However, there was no space for people to provide an employment history or to confirm referees. Two of the forms had referees written on the back of the application form and there were references in all three files. However, there was no way to confirm the references supplied related to the member of staffs file they were placed in. Neither was there any way that the registered manager could check the applicant's previous employment history as there was only a list in one of the three recruitment files.

People told us they felt safe in the home. One person said, "I suffer from nightmares, I feel safer after I've spoken with the [night] staff." The person clarified they felt supported by the staff group, which increased their feeling of security.

People were safeguarded from potential harm. Staff we spoke with understood their responsibilities to keep people safe. Staff confirmed they had received training and were enabled to recognise when people may be at risk of harm. Staff were able to explain what they would do if they suspected or witnessed abuse of any person who used the service. They told us they would share their concerns with the registered manager or team leader.

Support plans and associated risk assessments were regularly updated and identified the risks to people's health and wellbeing. The support plans provided clear guidance for staff in respect of minimising risk.

Staff were aware of the support people required to stay safe. We saw people were offered the care detailed in their support plan and risk assessments. People's care records included the activities related to their health, safety, care and welfare and a wellness recovery action plan (WRAP). People's WRAP plan was developed following a risk assessment and identified key areas that the person and staff felt necessary to improve their mental health and well-being to the point of regaining their stability.

People were observed to be interacting well with the staff group, there was no hesitation by people to approach staff when requiring assistance. We observed people were relaxed when staff engaged them in conversation, and when they offered assistance and support to them, which indicated people were comfortable with the staff group.

The home had a safe environment. Staff were regularly reminded about people's safety, safety around the environment and their personal safety. Staff had access to a maintenance diary and were aware who to contact out of hours if an emergency arose, or an equipment repair was necessary.

We found the premises were adequately maintained to ensure the safety of people who used the service. Personal emergency evacuation plans (PEEPs) had been completed and staff knew how to support people in the event of an emergency. Fire safety procedures and checks were also in place.

We saw from records and staff confirmed that staff had attended regular fire drills until June 2018. A record of the staff who attended these events was kept which ensured those named had adequate instruction on the procedures involved in ensuring people's safety in the event of a fire. We spoke to the registered manager about the period of time since the last fire drill. They said they would ensure these were performed more regularly and continue to record everyone's inclusion.

We found that staff were employed in sufficient numbers to provide support and guidance for people safely. One staff member said, "There is enough staff to allow us to take some or all of the people out."

We spoke with the registered manager who explained the staffing numbers were adjusted in line with people's dependencies and individual one to one needs, to ensure there was enough staff to continue to provide a safe environment for people. Staff confirmed the number of staff on duty each day varied but still ensured a safe environment for people. The registered manager was being assisted by the deputy manager and five support workers on both days of our visit. We confirmed the staff numbers were typical with the current staffing rota.

Staff we spoke with confirmed that they did not commence employment until they had the required pre-employment checks in place. This included a disclosure and barring check (DBS) and references. A DBS disclosure can help employers make safer employment decisions. Staff were recruited to match the cultural make-up of the local area and people who resided in the service.

We found that medicines were administered with people's safety in mind. One person we spoke with said, "Staff give me all my tablets, I can't look after them yet, as I can't remember what to take when."

Medicines were stored securely and when refrigerated at a temperature to ensure they remained active. Staff kept records of the fridge temperatures and were knowledgeable about what to do if they were above or below the recommended storage temperatures. The room temperature was not being monitored although there was a place on the temperature recording sheet. That meant staff could not ensure that medicines were stored within recommended temperatures, and so remained active. The registered manager said this could have been due to the wall thermometer being removed. The registered manager said this would be replaced and staff instructed to undertake temperature readings for the storage room.

People had been risk assessed to determine if they were safe to continue to control their own medicines though none were at the time of the inspection. The registered manager said that where this was deemed safe people would have limited access to their medicines and monitoring to ensure their safety.

We looked at the medication administration records (MARs) for four people. Most of the MAR charts were signed appropriately, though there was one missing signature. Most people who were prescribed 'as required' or PRN medicines had instructions along with the MAR charts which detailed what circumstances they should be administered and the maximum dose the person should receive in any 24-hour period. Those that were missing were provided before we completed the inspection.

Staff understood the signs and symptoms that people displayed, which would prompt the use of PRN medicines to be offered. The staff records around PRN medicines, could be more detailed. Staff mostly recorded the times these additional medicines were required on the back of the MAR chart which is the recognised method of recording, though sometimes not at all. This is inconsistent and could lead to an overuse of PRN medicines. Information about identified allergies and people's preference on how their medicine was offered was included. This helped to ensure that people received their medicines safely. We spoke with the registered manager who said changes to the medicines system would be actioned

immediately and staff informed of the correct procedure.

The registered manager undertook internal checks of the medicines system regularly to ensure people were receiving their prescribed medicines. External audits were performed by the chemist who dispensed medicines to the home. We viewed their report which did not reveal any shortfalls with the administration system.

People were protected by the prevention and control of infection. We saw that staff performed an annual infection control audit to ensure the risk of infection in the environment was minimised. Staff had been trained in the control of substances hazardous to health (COSHH) and were aware how to handle chemicals safely.

Staff received training around people's safety, for example in food hygiene and infection control. There were policies and guidance for staff's reference. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness. Chemicals were locked away in the kitchen to support people's safety and were accessed by staff when required.

The registered manager stated any changes or outcomes from investigations would be documented and any lessons learnt fed back to staff. We saw from the minutes of staff meetings where outcomes were explained, and staff prompted to ensure their practice was changed accordingly. For example, at a general staff meeting specific details were discussed about people's personal hygiene and the steps all staff needed to take and promote that for the person's dignity. The provider stated if necessary issues would be followed up at one to one meetings, to ensure people's confidentiality. Any development for the staff group would be in the form of a meeting as a team exercise, so all the staff could build on the learning experience.

Is the service effective?

Our findings

People's needs and choices were assessed to provide effective support plans that guided staff to providing the correct levels of support that met people's cultural, physical and mental health needs. The registered manager explained how people's needs were assessed prior to them moving into the home. This assessment then formed the basis of the support plan, which was then developed and amended throughout the person's stay to reflect any needs that change. Staff completed WRAP plans, which captured the person's recovery needs. We saw that support plans were updated regularly.

Staff were suitably experienced for their roles. A member of staff said, "I prefer face to face training as we some on computer. I would also like to know more about conditions like schizophrenia, voices and hallucinations." We mentioned this to the registered manager who stated they would follow this up.

Staff commenced their training with an induction and then had access to courses, which directly related to their role within the staff team. The registered manager confirmed the staff induction training and on-going training were linked to the care certificate, which is a nationally recognised training course.

Staff told us that they had received an induction when they commenced work at the service and this included training and shadowing of more experienced staff. A staff member told us, "Internet training is used to ensure we retain a knowledge about certain subjects, but I prefer face to face training."

We saw evidence in the training matrix that some staff had updated training, but there were missing names from the record, so we could not be assured that these staff had appropriate training. The registered manager said the training matrix needed to be updated and would do so immediately.

Staff confirmed that they had support through regular supervision meetings. Supervision is one way to develop consistent staff practice and ensure training is targeted to each member of staff. We spoke with the registered manager who showed us the record of staff supervisions that had been undertaken and the future planned dates. All staff also an annual appraisal as part of the supervision regime, which enabled the registered manager to plan any additional specialist training people requested.

People's food was prepared sometimes by themselves in the home's kitchen. People were encouraged to shop for their own food ingredients and to retain the skills they had and to continue a diet that met their cultural needs. Staff monitored and disposed of any food, which was past the recommended consumption date, and advised people about their personal food safety. The registered manager said if a person was considered to have additional nutrition needs they would be referred to the dietician or another suitable health worker.

Staff worked together to deliver effective care and support. One member of staff said, "We work together as a team manager and deputy included."

There was evidence that staff had access to a wide range of mental health professionals who worked

together to achieve the best possible outcomes for people. We saw evidence that community psychiatric nurses were regularly used to review people's care and treatment. Joint working with mental health community services is good practice to ensure people's mental health is closely monitored. This is designed to reduce the likelihood of relapse and re-admission to hospital.

The home had regular, effective and well-coordinated handovers. Staff held a handover meeting each morning, afternoon and evening to share information on service users, which discussed their progress and potential risks around each individual.

People had timely and responsive access to healthcare. We asked staff how people were supported to access health services. A member staff stated, "If someone isn't well, I would contact the GP or in an emergency would call 999."

All bedrooms were designed for the current group of people who used the service. Bedrooms were single occupancy, and all had en-suite showers. One person said, "I like it here it's quiet." A second person said, "[I think the place is] Homely, a nice place to live."

People were offered a key to their bedroom. However, one person said to us they did not want a key for their bedroom or the door to be locked at night, "Because locked doors frighten me." Personal locking facilities were provided for their personal possessions, and if appropriate their medicines.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw that people were on deprived of their liberty where an appropriate application had been made to the local authority.

Is the service caring?

Our findings

People were treated with kindness and compassion by a caring staff group. We heard staff speaking with people in a compassionate and meaningful way. We heard a discussion about children and impending birth of a person's grandchild. Staff took time to include all those that wanted to be engaged in the conversation. Another conversation was around what people wanted to do that day, and a trip to the shops was organised at short notice, as well as other decisions about people's choice of dress, hair and make-up. That demonstrated that people were encouraged and enabled to express their views and were involved about making decisions about their care.

We spoke with people about the staff and one person said, "The staff know me, and I know them and can talk to them when I need to."

The registered manager told us WRAP plans reflected people's needs and were reviewed regularly to ensure they were up to date. However, none of the people we spoke with could confirm they were involved in reviewing their plan.

We observed that staff were available to support people throughout the day. One member of staff said, "I like the one to one [support], we can sit and talk to them [people who used the service] and find out what they want to do."

Individual choices, preferences and decisions made about people's care and support needs were recorded. Daily records included the care and support people received and demonstrated that staff supported people's decisions about how they wanted to be supported. People had access to advocacy services where they had no family support.

People's privacy and independence was mostly recognised and promoted. One person said, "Staff always give me privacy, they always knock and wait before entering [my bedroom]." A second person said, "I think staff respect me as I respect them."

However, people's dignity was not always fully recognised, we saw a member of staff with keys hung around their neck. This is not dignified to the people in the home as a visual reminder of their limited freedom.

We observed staff knocking and calling out to people through closed public area doors and people's bedrooms, so seeking permission to enter. That demonstrated staff were aware of the need to ensure people's privacy and dignity.

People's personal information was stored and managed securely. Staff were aware of the confidentiality policy and their responsibilities when handling people's information. That showed the provider met the requirements of the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual support needs.

We looked at care files for three people. People's needs had been thoroughly assessed prior to them moving to the service. This information was gathered through, referral information, which included past, present and potential future associated risks with their current support needs.

The information gained from the assessment process was used to develop the support plan which also included a wellness recovery action plan (WRAP). This was to ensure that the person was at the centre of their recovery and through the WRAP was encouraged to take gradual control of achieving mental wellbeing. Support plans also included a full mental health assessment which included signs where a person may be having a relapse.

Staff spoke to us about people's individual needs. For example, one member of staff spoke about when one person gets distracted they could be hallucinating. They were able to tell us what deflection techniques they could use to comfort the person and bring them back to reality. That meant staff had a detailed plan and information about the person's individual needs and how to care for those needs.

When we spoke with staff regarding people's support needs, they were able to tell us what these were and specifically for one person what specialist social support groups they were keen to engage with to aid their recovery. Staff were able to tell us what people's likes and dislikes were and mirrored what was recorded in the support plan. One staff member said, "Our job is to help them do for themselves." A second staff member said, "I love my job. I like supporting people to become more independent."

People living at the home had a support plan, which set clear goals of what they wanted to achieve during their stay and this encouraged people's independence where ever possible and was also set out in the vision and values document produced by the provider.

The home was active in contacting commissioners and care coordinators to ensure the needs of people were adequately met particularly where they had developed additional support needs that required further intervention to enable, or following, their discharge back to hospital or into the community.

On the day of the inspection, we reviewed people's support plans and found these contained structured goal setting with the people actively involved in the setting and reviewing of these. We saw these had been reviewed regularly and confirmed that peoples' changing needs were being supported and their physical and mental health needs were being addressed in a timely manner.

The registered manager looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand

information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how to communicate with them in a way they understood.

Health professionals were involved in reviewing people's needs. We saw there was regular input from community psychiatric nurses who attended reviews and provided professional guidance. Where necessary they also provided medicine changes to ensure the person remained well and their rehabilitation continued uninterrupted.

Staff had access to people's support plans and received updates about their care needs through regular handover meetings. Staff told us handovers took place, so staff could be updated about people's needs and if any changes in their care had been identified.

There was no specific activity co-ordinator employed within the staff group. The emphasis for the staff was that of support and to arrange what people required at that time. For example, we saw staff accompanied two people to the shop to purchase items to promote their independence.

People were supported to raise their concerns or complaints. People told us they were aware how to make a complaint, and the provider had a system in place to record and deal with complaints. People told us they would approach staff with any concerns and were aware the registered manager and staff were available for their support. Staff felt they could raise concerns and issues with the registered manager and were confident these would be listened to and acted on.

The registered manager told us there had not been any complaints made in the last 12 months. They did say that any complaints that were made would be responded to in line with the providers' complaints policy and an outcome would be provided for each. Where necessary changes would be made to the service, and information fed back to staff through staff meetings or individual supervision sessions, so that staff were aware of any issues and any changes that had been required.

The registered manager would support people to prepare for the end of their life. The provider had a policy to enable staff to intervene if required, that could be used in the final stages of a person's life, to assist them to have a dignified and pain free death. The registered manager said no one had required or expressed an interest when the subject was discussed with them. They added that plans would be drawn up with people when the person felt the time was right.

Is the service well-led?

Our findings

We found the provider's audit processes to monitor the quality of the service provided, were not detailed or comprehensive enough to ensure people received safe levels of care on a consistent basis. For example, when we looked at the training records we saw three members of staff that were not represented on the training matrix but were employed and were confirmed on the staff rota. Audits on the medicines system and competency of staff when administering medicines were also out of date. Checks on the fire and evacuation system were up to date, but there had been no recorded fire drill since 16 June 2018. No audit of the recruitment procedure or application form had been undertaken, that resulted in the form being incomplete. The statement of purpose had not been updated to reflect the single sex unit that the location had become. We spoke to the registered manager following the inspection and they said they would update these documents. None of these issues had been picked up by the audit process. This does not demonstrate a well led service.

The registered manager demonstrated some quality assurance audits that were regularly undertaken by staff within the home. These included regular checks on the care plans, risk assessments, accidents and incidents, and people's nutritional and dietary requirements. These had resulted in follow up appointments being arranged for people at risk of malnutrition. That meant the registered manager and staff had undertaken some audits that demonstrated how the service protected people.

We asked the registered manager for the records of safety tests. The periodic test of gas and electrical appliances and water safety tests were all in date. That demonstrated the registered manager ensured those tests home was safe and demonstrated good management skills

Staff told us they felt there was an open culture between the registered manager and the staff team who told us they were well supported. One member of staff told us, "If I had any concerns, the [registered] manager or deputy and they would deal with them." A second staff member told us, "I would speak to the [registered] manager, they are very good, and approachable."

The registered manager understood their responsibilities and displayed a commitment to providing good quality care. Staff were aware of their accountability and responsibilities to support and protect people and knew how to access managerial support when required. Staff felt the registered manager was approachable, understanding and told us they were supportive.

We spoke with the registered manager about the visions and values of the provider. The provider has produced a vision and values document which outlines the types of support provided for people. The detailed document talked about providing 'a clear pathway for people with mental health issues to progress living a more fulfilling role within their community' and where appropriate moving to more independent living.

The registered manager said there was also an emphasis on openness and honesty throughout the home. They told us about the open agenda at people who used the service's and staff meetings where items could

be added for discussion. However, one person using the service said to us that no meetings had taken place. We asked the registered manager who confirmed the meetings had been arranged but could not produce any record or minutes. The deputy manager said these were recorded verbally on a staff members mobile phone, but this had been lost. That does not demonstrate a well led service. A written record of meetings or where appropriate produced in a format that people understand, is necessary to enable them to understand and recognise decisions that have been made on their behalf and record events and changes about the home.

The registered and deputy managers regularly oversaw people's activities and spoke with people and staff whilst in the home to ascertain how effective the staff group were. They said to us they also operated an 'open door' policy, where any person, visiting professional or staff could speak with which ever one was on duty at that time.

We asked the registered manager for the records of safety tests. The periodic test of gas and electrical appliances and water safety tests were all in date. That demonstrated the registered manager ensured those tests home was safe and demonstrated good management skills.

Staff were aware of the process for reporting faults and repairs and had access to a list of on call contact telephone numbers if there was an interruption in the provision of service. Other information available to staff included instructions where the gas, electrical and water isolation points were located. Chemicals were locked away to ensure the environment remained safe for all.

Quality assurance questionnaires were sent out earlier in the year by the provider, however there was no evidence of the outcomes, and people's relatives and professionals such as community nurses were not included. Where appropriate inclusion of these other groups would help in the development of people's experience in the home. People we spoke with could not remember any quality assurance questionnaires being given to them. We asked the registered manager about that, they said that none of the people currently living in the home were resident at the time they were last circulated.

The registered manager had a clear understanding of what they wanted to achieve for the people at the home and they were supported by the deputy manager and staff group. There was a clear management structure in the home and staff were aware who they could contact out of hours if needed.

Staff were provided with detailed job descriptions and had regular supervision and staff meetings. The registered manager explained individual supervision was used to support staff to maintain and improve their performance. Staff confirmed they had attended supervision sessions and had access to copies of the provider's policies and procedures, which were updated regularly.

The registered manager understood their responsibilities and ensured that we were notified of events that affected the people, staff and building. Prior to our inspection visit we contacted the local authority commissioners responsible for the care of people who used the service. They had positive comments about the registered manager, the staff and the quality of care provided.