

## Aitch Care Homes (London) Limited

# Fleetwood 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 

### Overall summary

This inspection was unannounced and was carried out on the 25 November 2014. Fleetwood House is a service which is registered to provide accommodation for 11 people with a learning disability. It is also able to provide support for people who may have additional conditions, such as autism, epilepsy, chromosome disorders, complex needs and people who may present challenging behaviours. The registered providers are Aitch Care Homes (London) Limited. Accommodation is provided over three floors and there was a lift available to provide

access to all floors. There were a total of 23 members of staff employed including the deputy manager and the registered manager. On the day of our visit 10 people were living at the home.

The service had a registered manager in place. 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

# Summary of findings

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.

People told us they felt safe. Relative's told us they had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

Care records contained risk assessments to protect people from any identified risks and helped to keep them safe. These gave information for staff on the identified risk and guidance on reduction measures. There were also risk assessments for the building and emergency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Recruitment checks were carried out on newly appointed staff to check they were suitable to work with people. Staffing levels were maintained at a level to meet people's needs. People told us there were enough staff on duty and this was also confirmed by staff.

People told us the food at the home was plentiful and of good quality. They were involved in planning meals and staff provided support to help ensure meals were balanced and encouraged healthy choices.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Two people living at the home were currently subject to DoLS. We found the manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. People were able to make day to day decisions for themselves. The manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

Each person had a plan of care which provided the information staff needed to support people and staff received training to help them meet people's needs. Staff

received regular supervision including observations by management of staff carrying out their duties. Monitoring of staff performance was undertaken through annual staff appraisals.

Staff were supported to develop their skills by receiving regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Care Diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard). All staff had completed training to a minimum of (NVQ) level two or equivalent. People said they were well supported and relatives said staff were knowledgeable.

People's privacy and dignity was respected and staff had a caring attitude towards people. In order to provide additional support, each person was allocated a key worker who was the main point of contact for the individual. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

The manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication between all staff was good and they always felt able to make suggestions and confirmed management were open and approachable.

A health care professional told us that the manager and staff were very approachable and had good communication skills; they said the staff were open and transparent and worked well with them to meet people's needs.

The provider had a policy and procedure for quality assurance. The manager carried checks to help to monitor the quality of the service provided. The provider also employed an area manager who carried out monthly monitoring visits to the home to help ensure quality.

People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular staff meetings took place and also meetings with people, minutes of these meetings were kept. These meetings helped the manager and provider to monitor how the home was meeting people's needs.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People felt safe and relatives had no concerns about the safety of their relatives. There were always enough staff around to offer support. Staff had received training on the safeguarding of adults and this helped to keep people safe.

Risk assessments were in place to help keep people safe. Where risks had been identified there were risk reduction measures in place for staff to follow.

Medicines were stored and administered safely by staff who had received training and had been assessed as competent.

Good



### Is the service effective?

The service was effective. People got on well with staff and they were well supported. Relatives told us the staff provided people with the right care and support they needed.

Staff understood people's needs and wishes, and people received care from staff who had appropriate training to give them the knowledge and skills to meet people's needs.

The provider manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People had enough to eat and drink. People were involved in planning the week's menus and supported to maintain a healthy diet.

Good



### Is the service caring?

The service was caring. People told us they were treated with kindness. Relatives said they were very happy with the care and support provided.

There was a friendly rapport between people and staff and they got on well together. People's privacy and dignity was respected.

Staff understood people's needs and preferences and encouraged people to be involved in decisions about their care and activities.

Good



### Is the service responsive?

The service was responsive. People knew they had a plan of care and relatives spoke positively about the support provided. Staff communicated effectively with people to involve them in decisions about their support.

People's care plans were personalised and gave staff the information they needed to provide appropriate support to people.

People were supported to maintain relationships with their family and take part in activities that interested them.

Good



### Is the service well-led?

The service was well led. There was a registered manager in post who promoted an open culture. Staff confirmed the manager was approachable and open to new ideas.

Good



## Summary of findings

The provider sought the views of people, families and staff about the standard of care provided. Staff confirmed they received regular supervision and told us they were well supported by the manager.

The registered manager and the provider monitored the quality of the service it provided to people. An area manager carried out monthly audits of the service, in addition to routine audits completed by the registered manager. This ensured the service provided was of a good standard and identified any areas where improvements could be made.

# Fleetwood 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 25 November 2014 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We also looked at notifications sent to us by the provider. (A notification is information about important events which the service is required to tell us about by law). This information helped us to identify and address potential areas of concern.

During the inspection we spoke with four people and to the registered manager. Some people living at the home had limited verbal communication so we spent time observing staff working with them. We spoke with five members of staff, four relatives, an independent advocate, a health and social care professional and a learning and development consultant.

During our inspection we observed how staff interacted with people and how they supported them in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as activities, menus accidents and complaints as well as quality audits and policies and procedures.

The last inspection of this home was in December 2013 where we found our standards were being met and no concerns were identified.

# Is the service safe?

## Our findings

People felt safe at the home. They said there was always staff around to help them. Family members said they considered the home was a safe place for their relative to live. They said the staff made sure people were safe and knew how to support them. One relative told us “I have no concerns, the staff know what they are doing”. Another said they were confident the management and staff would deal with any safeguarding concerns appropriately. They said “It gives me peace of mind to know my relative is safe”.

The provider had an up to date copy of the local authority safeguarding procedures. The manager knew what actions to take in the event that any safeguarding concerns were brought to their attention. Staff were able to describe the types of abuse they may witness or be told of and said they would report any concerns to the manager. Staff also knew how to report any safeguarding concerns within or outside the service.

Risk assessments were contained in people’s plans of care and these gave staff the guidance they needed to help keep people safe. For example one person who used a wheelchair regularly used the home’s mini bus. The risk assessment explained how the person should be positioned in the bus and for staff to check the person was comfortable. It explained to staff how to ensure the wheelchair was correctly secured and reminded staff to allow sufficient time to enable the person to get on and off the mini bus safely. The home had an up to date fire risk assessment for the building. Each person had a personal evacuation plan which recorded any specific actions required in the event of an evacuation and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

Staff confirmed there was a whistleblowing policy and they were aware of its contents. This policy encouraged staff to raise concerns about poor practice and to inform management without fear of reprisals. Staff said they would be confident in raising concerns with the manager and felt that they would take appropriate action.

The manager told us that regular maintenance checks of the building were carried out. Any defects were recorded in

a log and reported to the provider’s head office. The manager said that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises.

The home had a stable staff team and recruitment records for staff included proof of identity, two references, application form and the Disclosure and Barring Service (DBS) had carried out checks. These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who may be at risk. Staff confirmed they did not start work until all recruitment checks had taken place.

The manager told us about the staffing levels at the home. There were a minimum of six members of staff on duty between the hours of 7am and 9.30pm. At night two members of staff were on duty who were awake throughout the night. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. Additional staff were organised as and when required to support people with appointments or for social events. Staff said there were enough staff on duty to meet people’s needs. On the day of our visit we observed there were sufficient staff on duty to meet people’s needs. Relatives said whenever they visited the home there were always enough staff on duty.

The home kept an accident book where any accidents were recorded. The manager was aware of the procedures to follow should there be a need to report accidents to relevant authorities. Records showed that any accidents recorded were appropriately dealt with by staff and medical assistance had been sought if required.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements were secure and in line with current legislation and best practice guidelines. Medicines Administration Records (MAR) were up to date with no gaps or errors and medicines had been administered as prescribed. People were prescribed when required (PRN) medicines and there were risk assessments and clear protocols for their use. MAR’s showed medicines were administered as prescribed.

All staff had completed training in the safe administration of medicines, records and staff confirmed this. Two

## Is the service safe?

members of staff were involved in administering medicines. One person acted as an observer to help ensure safe practice. We observed that medicines were administered safely and in line with the providers policy.

# Is the service effective?

## Our findings

People told us they got on well with staff and they were well supported. People received care from staff who had the knowledge and skills to meet their needs. We observed that staff understood people's needs and wishes. This enabled them to engage with people in the way that people preferred. Relatives told us the staff provided people with the right care and support they needed. A relative said the staff understood what support people needed and had the skills to deliver effective care.

A training and development plan enabled staff and management to identify training needs, skills development and to monitor their progress. Training was provided through a computer based social care training programme and the manager could check staff progress and see what training had taken place. This training was also supported by classroom based training and practical training. This helped staff to obtain the skills and knowledge required to support people. Following any training course a certificate was awarded to evidence that the training had taken place. The manager told us they worked alongside staff and were able to observe staff practice so they could be confident that staff had the skills and knowledge to support people effectively. Observation of staff working practice was recorded in staff supervision records.

The manager had a training plan which was on display in the office and this showed what training each staff member had completed. It also included the dates for future training and the dates when any refresher training was required. Staff had completed training in the following areas; First aid, manual handling, nutrition, safe handling of medicines, mental capacity awareness, care practices and understanding mental health. This training helped staff to develop their skills and staff confirmed the training provided was good and helped them to give people the support they needed. Staff knew how people liked to be supported and were aware of people's care needs.

All new staff completed an induction and were allocated an existing member of staff as a mentor, to help and support them. There was a standard induction to enable people to get to know the routines in the home. Staff completed an induction workbook within the first three months of starting work. An induction checklist was kept in staff files and these had been completed and signed by the

manager. Staff told us they had a good induction and shadowed other staff during this period to gain experience. Staff received regular one to one supervision and annual appraisals. Records and staff confirmed this.

The provider encouraged and supported staff to obtain further qualifications to ensure the staff team had the skills to support people effectively. The home employed a total of 23 staff; this included the manager and deputy manager. All staff had completed or were undertaking additional qualifications such as NVQ or care diplomas. (These are worked based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability and competence to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications.

People had different communication skills and staff used a range of methods to ensure effective communication. Staff used verbal communication, pictures, body language and hand gestures. One person had a computer they could use to show staff what they wanted. Staff said people were able to understand what was said to them but needed support and encouragement to make their wishes known to staff. We contacted a learning and development consultant who had worked with the service to support staff. They told us staff worked well with them and in their opinion staff were very good in all areas of service delivery and they communicated with people very well.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the home had policies and procedures to guide staff. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff confirmed they had received training in the MCA and this helped them act in accordance with the legal requirements. The manager told us people had capacity to make day to day decisions regarding their care and support. However for more complex decisions about care and treatment capacity assessments were undertaken. If the person was assessed as lacking capacity, Best interest meetings were convened, relevant professionals and relatives invited and a decision taken on a person's behalf. The registered manager made appropriate DoLS referrals to the local authority where necessary. These safeguards protect the rights of people by



## Is the service effective?

ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Two people currently had DoLS authorised and the manager had applied to the local authority for other people on a priority basis.

People's healthcare needs were met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. Staff said appointments with other health care professions were arranged through referrals from their GP. Each person had a health file which contained important information including a medical contact list with names and contact details of relevant healthcare professionals. The file also contained information such as "about me", "my health", "about my family", "my health now" and "my medicines". A record was kept of all healthcare appointments and staff organised and accompanied people to these appointments if they were unable to attend on their own. Following any appointment staff completed a health care form and this

had information about what was discussed, any treatment of medicines prescribed and details of any follow up appointments. These helped to provide a health history of the person to enable them to stay healthy.

People were complimentary about the food and always had enough to eat and drink. People were provided with suitable and nutritious food and drink. People had a weekly meeting with staff to help plan menus. Each person was able to choose a meal they liked and staff provided support to ensure a balanced diet. Staff took it in turns to cook meals at the home and all staff had completed a basic food hygiene course. An environmental health officer visited the premises in June 2014 and awarded the home the highest food hygiene rating of Five.

There was a recipe book with pictures so people could choose what they would like to eat and this guided staff on how to prepare the meal. There was a notice board in the dining area and the day's menu was displayed in picture format so people could see what meals were on the menu for the day. The manager told us they were contacting a dietician for advice and support for one person to ensure they received a healthy balanced diet.

# Is the service caring?

## Our findings

Both people and their relatives were happy with the care and support provided by staff and said all the staff were kind and caring. Relatives said they were happy with the care and support provided and said staff were kind. One relative said “I could not be happier, the staff are wonderful” and “I do not always let them know when I visit, so I see the home as it is and I always get a warm welcome”. Another said “The rapport between staff and my relative is wonderful, the staff are so patient and caring, they go to great lengths to make their life meaningful and fulfilled. They could not be in a better place.” Another relative told us “The staff are always cheerful warm and friendly. My relative likes living at Fleetwood House and gets on well with staff”.

Each person had an individual plan of care. There was information about the support people needed and what each person could do for themselves. For example one person who used a wheelchair liked to have a shower. The care plan explained that staff had to ensure the water temperature was suitable before they went in the shower. The plan detailed what the person could do for themselves and what support they needed from staff. Staff were informed of the need to keep the person aware of what they were doing and to ask permission before they gave any support. Staff said the care plans reminded them to ensure people's rights were respected. Staff told us they would always respect people's wishes and treat them with dignity and respect. Observations showed staff were knowledgeable and understood people's needs.

The registered manager told us staff supported people to have the same opportunities as everyone else. He said they had been working for over a year to obtain a passport for one person. They had involved an independent lay advocate to support the person with their application and this was still ongoing. We spoke to an independent lay advocate who had been involved in supporting a person to be more involved in community activities. They said the home had worked with them as the person had no verbal communication and they found staff were always polite caring and professional.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in

public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in the home's communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People had weekly group meetings to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings, showed people were involved in planning meals, activities, decoration of the home and trips out into the local community and holidays.

People also had an allocated key worker who had a monthly one to one meeting with them to discuss any individual issues. Records of these meetings were kept and they provided information on what goals and plans people had for the month and gave information if these had been achieved. These keyworker meetings gave people the opportunity to express their views and make choices about their care.

Staff knocked on people's doors and waited for a response before entering. The manager asked one person if they could show the inspector their bedroom, the person said “No” and the manager respected this decision. We observed staff took time to explain to people what they were doing and did not rush people, they allowed them time to take in the information and respected whatever decision they made. Staff used people's preferred form of address, showing them kindness, patience and respect. When speaking to people who were in wheelchairs, staff got down to the same level as them and maintained eye contact. People were supported to dress in their chosen style. Staff said they enjoyed supporting people and observations showed they had a caring attitude towards people and a commitment to providing a good standard of care.

There was a good rapport between staff and people and there was a relaxed and caring atmosphere. Staff chatted and engaged with people and took time to listen, showing kindness, patience and respect. People were supported in a way that respected their decisions, protected their rights and met their needs. Staff spoke to people in the ways described in the care plans. Staff and people got on well, they were laughing and joking and the atmosphere in the home throughout our visit was warm and friendly.

# Is the service responsive?

## Our findings

People had a plan of care that identified their assessed support needs. People told us they knew they had a care plan but did not fully understand its contents. Relatives said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said “Staff discuss any ideas or suggestions they may have to help improve my relative’s quality of life and always keep in touch to let me know what is going on”.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual’s life were kept in their care plan file. A relative told us the home organised a regular computer video call so they could talk with their relative and also see them. They said this was very reassuring and kept them in touch, as they lived over 200 miles away.

Staff were given appropriate information to enable them to respond to people effectively. Plans of care contained information that staff needed to be aware of so they could respond and interact with people. For example the care plan for one person explained how the person communicated their needs and informed staff that they should speak slowly and clearly and to give the person time to respond. The plan guided staff to offer the person a quiet place and to use the white board in the person’s room to record information so they could take it in. This made it easier for the person to understand and plan their day.

Care plans were personalised and had information on the support people needed together with information on what the person could do for themselves. Care plans also contained information on their medical history, mobility, domestic skills and essential care needs including: sleep routines, personal care, communication, continence, care in the mornings, care at night, diet and nutrition, mobility and socialisation. There was information such as “dates I want to remember”, “top six things that are important to me”, “my feelings and behaviour”, “what I am good at” and “how you can help me do more for myself”. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred.

Daily records compiled by staff detailed the support people had received throughout the day. Staff recorded the

support that had been given to people in a booklet in each person’s file. It was recorded what support had been given and also prompted staff to ensure people’s needs had been met. The records provided evidence of care delivery.

Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual’s current needs. Reviews contained an evaluation of how the plan was working for the person concerned and detailed any changes that needed to be made. We saw changes had been made to people’s plans of care as required. For example one person had a bereavement and the care plan reflected the advice from a GP on how staff could offer support to help them through a difficult time. Another care plan review had identified that a person’s health needs had changed. Staff had arranged for a health review which included specialist input. The care plan had been amended to provide staff with updated information about the support needed to maintain this person’s health.

The senior person on duty for each shift completed a planning sheet and this informed staff of their responsibilities. It gave details of what staff would be supporting individual people on activities, who would be cooking, who would have driving responsibilities, and who would support people if they had any appointments. Staff were consulted and were able to have input to help ensure people were appropriately supported in a meaningful way and that allocations were not just task led.

When we arrived at the home three people had already gone out for the day on a trip to London and one person was at a day service. During our visit we saw staff supporting two people to go out into the local community. Staff supported people to participate in a range of activities and these included swimming, days out, trips into the local community, shopping, cooking, attending day services, college, games, puzzles, music, watching TV and films. The home also had a sensory room in a separate building in the garden. A sensory room is a special room designed to develop people’s senses, usually through special lighting, music, and objects. Staff told us that people enjoyed spending time in the sensory area relaxing.

All people were supported to go on a holiday of their choice and this could be anywhere in the UK or overseas. People had been on holiday to Devon and Spain and other people had made the choice to go on day trips. One person had a goal to go to New York. Staff were supporting this

## Is the service responsive?

person to improve their mobility so this could be achieved. The manager said that staffing was arranged to ensure people were properly supported when they went on holiday.

People, their representatives and staff were asked for their views about the care and treatment provided at Fleetwood House through surveys which were sent to them. The manager told us they looked at these and took appropriate actions to address any issues raised. For example as a result of feedback from people, one resident stated they would like to have more one to one time with staff and to use some of their own money to have extra days out. Management and staff spent a month recording exactly how much time they currently had and what hours they were using. Staff engaged with the individual responsible for managing the person's finances to discuss the possibility of paying for a member of staff to enable them to have an extra day out each month. The provider looked into all the costs and came up with a budget to allow this to happen. This was agreed by all concerned and had now been put in place.

People had regular meetings to discuss any issues they had and these gave people the opportunity to be involved in

how their care was delivered. Minutes of these meetings, showed people were involved in planning meals, activities, trips out into the local community and holidays. We looked in the bedrooms of three people with their permission. The bedrooms were decorated to their own choice and were personalised, homely and contained pictures of family members. The home currently had one vacancy and this room was plainly decorated. The manager said once someone made a decision to move in, the room would be decorated to the persons own choice and they would be supported to bring in their own personal possessions and to personalise their room.

There was an effective complaints system available and any complaints were recorded in a complaints book. There was a clear procedure for staff to follow should a concern be raised. Staff said they knew how to respond to complaints and they would support any one to make a complaint if they so wished. No complaints had been received in the past 12 months. Relatives said they knew how to raise any concerns or complaints. The homes policy and procedure was in a suitable format for people to understand and helped ensure comments and complaints were responded to appropriately.

# Is the service well-led?

## Our findings

People said the registered manager was good and they could talk with him at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with him or a member of staff. They told us staff kept them informed of any issues regarding their relatives and they were kept up to date by phone or whenever they visited. Relatives confirmed they were consulted about how the home was run by completing a questionnaire. One relative said, "I do get a questionnaire, but I talk with the manager over the phone and can meet with the manager whenever I want. The manager and staff are completely open".

Communication between people, families and staff was encouraged in an open way. The registered manager told us he operated an open door policy and welcomed feedback on any aspect of the service. He said they had a good staff team and felt confident staff would talk with him if they had any concerns. Staff confirmed this and said the manager was open and approachable and said they would be comfortable discussing any issues with him. Staff said that communication was good and they always felt able to put their views forward and felt they would be listened to.

People who used the service and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular staff meetings took place and also meetings with people. Minutes of these meetings were kept. Staff and people confirmed this and said the meetings enabled them to discuss issues openly with the manager and the rest of the staff team.

A training and development consultant who regularly visited the home told us that the manager and staff were very approachable and had good communication skills, they said the all of the staff were open and transparent. They said "The manager was knowledgeable and led by example. Nothing was too much trouble and staff went out of their way to provide the best possible support for people".

Staff said the manager and deputy were good leaders and they knew they could speak with them at any time. These meetings helped the manager and provider to monitor how

the home was meeting people's needs. Staff confirmed they received regular one to one supervision with the manager and had an annual appraisal. The manager said they regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. This enabled the manager to identify any areas that may need to be improved. The manager also said they felt well supported by the provider and regularly worked with the area manager who was very supportive and they were able to contact them for help advice and support at any time.

The provider had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider and manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The manager carried out weekly and monthly checks to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, fire alarm system, fire evacuation procedures and care plan monitoring. Audits of medicines were conducted daily and an annual check was carried out by the supplying pharmacist. The provider's area manager visited the home on a regular basis. They checked that the managers audits had been undertaken and produced a monthly report on how the home was performing. If the area manager identified any shortfalls the manager produced an action plan and signed and dated when each action had been carried out. The area manager checked that all actions had been completed at their next visit to the service.

The provider and manager worked well with other agencies and had regular support from community nurses, training organisations and advocates. We also spoke with a health care professional who told us that the manager and staff were very approachable and were open and transparent and worked well with them to meet people's needs.

Records were kept securely. All care records for people were held in individual files which were stored in the homes office. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. People's personal records including medical records were consistently maintained, accurate and fit for purpose.