Tees, Esk and Wear Valleys NHS Foundation Trust

# 367 Thornaby Road

## Inspection report

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22 February 2016

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We carried out this inspection on the 29 January 2016 and 22 February 2016. The first day of inspection was unannounced which meant the staff and registered provider did not know we would be visiting. Due to people who used the service being out throughout the day we returned early evening on the second day to observe.

367 Thornaby Road is a small home providing personal and nursing care for five people with learning disabilities and additional support needs. The bungalow is purpose built, and each room has an en-suite bathroom. Two of the bedrooms are adapted to meet the needs of people with a physical disability.

The home had a registered manager in place who has been registered with the Care Quality Commission since November 2014. 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.

At our last inspection January 2015 we asked the registered provider to take action to make improvements in the management of medicines, good governance, assessing and monitoring the risks relating to the health and safety and welfare of service users, seeking and acting on feedback from relevant persons, acting on complaints and supporting staff through supervision and appraisals. The registered provider sent us an action plan stating they would be compliant by 31July 2015.

During this inspection we found that the registered provider had put systems in place to manage medicines safely. The registered provider was now assessing, monitoring and improving the quality of the service. Risk assessments were now in place to protect the health, safety and welfare of people who used the service and others. The registered provider was now seeking and acting on feedback from relevant persons. Complaints were now acted on and recorded effectively and staff were receiving regular supervision and an appraisal.

Staff we spoke with understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

The registered manager had knowledge of the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager understood when an application should be made, and how to submit one. At the time of our visit all five

people living at the service were subject to a DoLS authorisation.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents were too few to identify any trends.

Staff received relevant training and competency assessments took place in subjects such as safe handling of medicines..

Staff were observed to know people well and to be caring and respected people's privacy and dignity.

People were supported to access healthcare professionals and services.

Activities took place more on a one to one level with the occasional group outing to the beach. People who used the service had a busy social life.

People's care records were person centred. Person centred planning (PCP) provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. Care plans provided evidence of access to healthcare professionals and services. Care plans contained relevant risk assessments.

We found people were cared for by sufficient numbers of staff. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

We saw that the service was clean and tidy and there was plenty of personal protection equipment (PPE) available.

People were provided with a meal choice and enjoyed the food on offer.

Staff were supported by the registered manager and were able to raise any concerns with them.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and water temperature checks.

## 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 knowledgeable in recognising signs of potential abuse and knew how to report any concerns.

Assessments were undertaken to identify risks to people using the service and others. Risk assessments were in place.

Medicines were stored securely and administered safely.

There were sufficient numbers of staff to care for people's needs.

### Is the service effective?

Good

The service was effective.
Staff had the knowledge and skills to support people who used the service.

People were supported to have their nutritional needs met.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS]

People were supported to access healthcare professionals and services.

### Is the service caring?

Good

The service was caring.
Staff were caring and respected people's privacy and dignity.

Staff knew people who used the service well.

Wherever possible  independence was promoted.

### Is the service responsive?

Good

The service was responsive.
People's needs were assessed and their care planned, care plans were person centred.

People had access to opportunities for social stimulation or

activities that met their individual needs and wishes.

A complaints and compliments process was in place

## Is the service well-led?

Good

The service was well-led.
Staff said they were supported by their registered manager and felt they were open and honest.

Issues and learning were raised at regular staff meetings.

A wide range of regular audits were completed to monitor and assess the
quality of the service provided.

# 367 Thornaby Road

**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.

This inspection took place on the 28 January 2016 and 22 February 2016 and the first day was unannounced. Due to people who used the service being out throughout the day we returned early evening on the second day to observe.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at statutory notifications that had been submitted by the home. Statutory notifications include information about important events which the provider is required to send us by law. This information was reviewed and used to assist us with our inspection.

The registered provider was not asked to complete a provider information return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

People who used the service were unable to communicate verbally, therefore during the visit we observed the five people who used the service, the registered manager, the house coordinator and three staff members on the first day and three staff members on the second day. We also spoke on the telephone with two relatives of people who used the service. We undertook general observations and reviewed relevant records. These included three people's care records, four staff files and other relevant information such as policies and procedures.

Good

# Is the service safe?

## Our findings

At our last inspection in January 2015 we found the registered provider was not protecting people against the risks associated with the unsafe use and management of medicines, as appropriate arrangements were not in place for the recording, handling, using, safe keeping and safe administration of medicines. During this inspection we looked at medicines. Medicines were safely managed and securely stored in appropriate conditions. For example locked cupboards. The service had installed an air conditioning unit where they store the medicines to ensure safe and effective storage. We examined records of medicines received, administered, disposed and looked at a random sample of medicines held against records and did not find any discrepancies. Weekly and monthly medicine audits were now in place. Medicines' training was up to date and we saw evidence of staff competency checks. This meant that medicines were now managed safely.

At our last inspection the registered provider was not assessing, monitoring and mitigating the risks relating to the health, safety and welfare of people who used the service. We saw risk assessments were now completed as part of people's care and support plans which identified a range of social and healthcare needs and risks. Risk assessments covered general areas such as medicines compliance, self-harm and specific areas that were relevant to each individual person. For example one person had an eating disorder that meant they were at risk of eating inedible things such as stones and coins etc. There was fully documented guidance to reduce this risk and what to do in the event of the person eating an inedible object. Staff could explain well how they worked with this risk such as keeping small objects out the way, tidying up straight away after personal care took place. Assessments included positive risks that were deemed appropriate and acceptable for the promotion of recovery and independence. For example one person loved attending the theatre. Staff and the persons relative ensured this person had the same seat each time they attended, this made them feel safe and secure, as well as helping to maintain the persons safety and the people around them. Staff were knowledgeable about each person, including risks and recognised triggers and signs of deteriorating well-being.

The service promoted positive risk taking. The registered manager said, "One resident had not had successful overnight stays and last year went instead on days out, which they enjoyed. Their key workers feel that if we can address some of the issues from their last holiday attempt they could have a better chance of enjoying a break away on their own for several days. There has been careful planning around the venue and activities on offer to try to ensure, as best as possible, a positive and successful outcome for them."

There were five people who used the service who had lived together for nearly 30 years. None of the people could communicate verbally, therefore we observed people and staff interactions and spoke to peoples relatives. Most people who used the service were out throughout the day with one person returning on the afternoon. Therefore we observed the care provided to this person. We asked peoples relatives if they felt the person who used the service was safe. One relative said, "My [relative] could not be safer, I am very very pleased with the situation." Another relative said, "[Relative] is without a doubt safe, doors are locked, they have to be as they [relative] have no sense of danger."

We asked staff if they thought that people living there were safe. One staff member said, "They [people who used the service] are very safe, we keep the front door locked but they have the back door open and access to garden, the home is big enough for them to walk around safely." Another staff member said, "We [staff] are all aware of keeping things safe, [person who used the service] has no sense of danger and would walk in and pick a potato out of a boiling pan to eat, therefore we keep the kitchen door locked whilst cooking, it is open every other time of the day and they can enter whenever they want."

We looked at the arrangements that were in place for safeguarding vulnerable adults. The service had policies and procedures for safeguarding vulnerable adults, whistle blowing, accidents and incidents. Staff answered our questions about safeguarding which showed they understood the different types of abuse, how to report, escalation of concerns and whistle blowing procedures. They were confident that any safeguarding concerns raised would be dealt with appropriately. Staff were also aware of how to raise concerns with external agencies such as the Local Authority or Care Quality Commission (CQC).

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and we saw evidence of water temperature checks being taken weekly and at bathing. We saw evidence of Personal Emergency Evacuation Plans [PEEP] for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The registered provider should note that the last fire evacuation test had taken place in March 2015, there was no time recorded, therefore we could not establish if any night staff had been involved. We recommend that the registered provider looks at the latest guidance from the Cleveland Fire Brigade regarding staff training for both day and night shift staff.

Accidents and incidents involving people were appropriately recorded providing information about what happened and any actions taken at the time and subsequently. Staff told us that handovers took place between each shift. The handover gave staff the opportunity to be made aware of any incidents on the previous shift and how people were feeling or behaving.

The service had an up to date business continuity plan which contained arrangements that the Trust had in place to ensure effective management of a disruption. This meant if an emergency was to happen the service was prepared.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. The registered manager said staffing was flexible and if people wanted to do a group activity such as attend a show, extra staff would be brought on shift.

We looked at the recruitment records for four members of staff. The majority of staff had worked at the service for a number of years some as long as nearly 30 years. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. We saw the registered manager had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service [DBS] check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

We saw that the service was well maintained, clean and tidy and there was plenty of personal protection equipment [PPE] available.

Good

# Is the service effective?

## Our findings

At our last inspection we found that the staff did not receive appropriate support through supervision and appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. During this inspection we found evidence to show that staff now received regular supervision and yearly appraisals. The four staff files we looked at showed that staff had received five supervisions since the last inspection and one appraisal. Topics covered in supervision were training, health and wellbeing and roles and responsibilities. The yearly appraisal consisted of two sections one was for the staff member to complete showing what they had learnt and how they reflected on their experiences. Section two was objectives, outcome of past objectives and date new objectives were to be completed by. We asked staff if they found the supervisions useful. One staff member said, "Yes they are useful, you can share concerns or receive updates, we all help each other." Another staff member said, "They are times to have a good discussion."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us they had worked with relevant authorities to apply for DoLS for people who lacked capacity. This ensured people received the care and treatment they needed and there was no less restrictive way of achieving this. At the time of our inspection five people living at the service were subject to a DoLS. Staff had received training in MCA and DoLS and demonstrated a clear understanding

People were supported by staff with the knowledge and skills they required to carry out their role.

We saw the training chart and matching certificates. All mandatory training was up to date in subjects such as moving and handling, health and safety and safeguarding. Staff had also received training in specialist subjects such as epilepsy, autism, information governance and equality and diversity.

We were told that new staff undertake a thorough induction process. The service had recently employed a house coordinator who was in the process of looking through policies and familiarising themselves with the people who used the service. The service had not employed any new care staff or nurses for a number of years but the registered manager said, "There is an induction process for all staff and they also need to carry out mandatory and statutory training for their role alongside training that is required and desirable for our service. Their compliance and competence in this is managed and monitored through the supervision of that person with any issues being dealt with an appropriate and supportive manner. The induction process ensure the confidence of the new staff member and the supervisor prior to taking full responsibility."

The service supported people to have sufficient food to eat and drink. A few people who used the service

could go into the kitchen and point to a cupboard or take out a box of cereal for example to show what they wanted to eat at that time. the majority of staff had worked with the people who used the service for about 27 years and knew people's likes and dislikes well. This information was also documented in each person's care plan. For example some people needed their food cut up small, or mixed with moisture such as a sauce, cream or gravy. Peoples likes and dislikes were documented such as one person loved spicy food and another liked their first cup of tea in the morning. The service used the eatwell plate. The eatwell plate highlights the different types of food that make up a diet, and shows the proportions that should be eaten to have a healthy, balanced diet. Staff we spoke with said, "[Person who used the service] chokes on rice, so we avoid it," Another staff member said, "We try to give a variety of meals, but know their likes and dislikes." On the second day of inspection Italian beef casserole with mashed potato and vegetable was planned for the evening meal. One staff member said, "They all love Italian beef casserole." We asked how people tell staff if they were not happy with the meal. A staff member said, "They can soon tell us, such as turning their face away, or keeping lips tightly shut if they do not want the meal provided, we would then find an alternative or try something later." The staff member explained how they [staff] have to show patience, the staff member said, "They may not want to eat at that time, so we respect that and try at different times or with different food."

Health monitoring was in place such as monthly weight recording. The registered manager said that they liked to keep an eye on people's weights to keep people at a healthy weight.

People were supported by staff to appointments with external healthcare professionals such as the community psychiatrist, GP and optician, evidence of visits were documented in their care files. Care plans included a health action plan which included information on the person's health and wellbeing, vision, hearing, nutrition and medicines. The health action plan also included dates of annual health checks, dental checks and visits to the GP. Each file we looked at included a hospital passport, this provides important information for hospital staff which includes, current medicines, medical history, things that are important to that person and likes and dislikes.

The premises were in very good condition and people had space for times they may want to be alone other than in their own rooms. The back garden was always available and the service had laid astro turf which made the garden suitable for all weathers. The registered manager said, "We are continuing to seek, with the help of our volunteer gardener, to develop the space at the back of the residence, ease the access and make better use of the land for the benefit of our residents. We have plans around putting a 'poly tunnel' in place so that residents can, as they like, take part and experience growing their own crops – even if that may only mean sharing the rhubarb crumble." They also said, "We have installed a new more accessible bath improving the bath time experiences of our residents." And "We aim to make further environmental improvements in the home with the addition of a patio door in the bedroom of one resident. Not only will this allow them to access the garden, but in a way, it also means the garden is 'brought indoors'. Additionally it means that the bungalow will have a fire resistant 'compartment' that the residents can horizontally evacuate to in the event of a fire, which means that the experience will be less traumatic for them and safer for the staff to support."

Good

# Is the service caring?

## Our findings

We observed the care between staff and the five people who used the service. Staff knew people well. For example they knew when one person wanted company, when to leave alone and what their current needs were. Another person liked to have coffee on their return from the day centre, staff would have this ready. Another staff member said, "They [people who used the service] all have different expressions or different noises that mean different things, and we know what they are."

We spoke with two relatives of people who used the service. One relative said, "I cannot stress enough how brilliant the staff are, I could not wish for anything better for my relative." And "All my relatives needs are met, they [staff] do a marvellous job." And "I have a lot of respect for the staff, they treat [relatives name] as if she were one of their own." Another relative said, "The care to my relative could not be any better." And "The staff are very very caring."

Staff we spoke with said, "I love it here, we all get along very nicely, we have all been here a while." Another staff member said, "We are very client focussed, the care all evolves around each person as an individual, it is what they want." And another staff member said, "I love it here, I love my job, I have been here 27 years, I look after them [people who used the service] like I would my own family." And "I give them [people who used the service] the best care they need."

We were told by staff that independence was fully encouraged. Staff we spoke with said, "We know what each person is capable of, for example they can put their arms into clothes so we encourage them to do this." Another staff member said, "We have to be patient, one person chooses their own clothes but may take a while putting them on, they may want to walk around their room for a while, this is fine, as long as door is closed and their privacy is protected they can take as long as they want." Another staff member said, "We encourage them all to be as independent as possible, we encourage people to eat and drink on their own, everyone has different capabilities."

Care plans also documented how to promote independence. For example one care file stated, "I will help to get dressed and undressed, I can step out of clothes, I like to wear fashionable clothes."

We saw through observation that people were treated with dignity and respect, we saw staff were polite and caring and were guided by the person and what they wanted rather than what the staff member wanted. Staff explained how they promoted this. One staff member said, "We have a shower curtain as well as a shower door as some people don't like the door shutting so we can then close the curtain."

People were able to make choices. We saw staff walking with a person who used the service and at each room they asked would they like to watch a video, would they like to go in the garden, would they like to sit on the rocking chair. The staff member also knew when the person wanted some alone time and although staff could still observe them, the person was left alone.

We were told that two people who used the service had access to an advocate. This advocate was an

Independent Mental Capacity Advocates ('IMCAs'). The IMCA visited the person for half a day each month to check if they were okay. We were told that the IMCA sits with the person who used the service and they have built up a relationship and close bond. We evidence of the IMCA's visits and they had made a comment which said, "The visit has made my day, it has restored my faith in care homes."

The registered manager said, " We are advocating on behalf of one of our residents and with the agreement of their family, to procure an electric wheelchair – this will be a benefit to them in having readier, easier access to the community, opening up a greater range of venues and locations."

Good

# Is the service responsive?

## Our findings

At our last inspection we found that the registered provider was failing to listen, act on and record complaints effectively. At this inspection the registered manager had a complaints, concerns and compliments file. The service had received one complaint since the last inspection and we saw this was fully documented with an outcome to show the person who made the complaint was happy. The service had received numerous compliments. We asked relatives of people who used the service if they had made a complaint and if they knew how to make a complaint. One relative said, "I have never complained but I know how to." Another relative said, "I did have problems in the past, which was mentioned at the last inspection, but everything is all sorted now, I am a lot happier now."

The care plans also contained relevant risk assessments for each person and focussed on people as an individual. Individual choices and decisions were documented in the care plans and they were reviewed monthly. Staff were aware of people's needs and preferences and demonstrated their knowledge in conversations with us.

The registered manager said, "We have been successful in making our care planning and risk assessment process more person centred and meaningful."

We looked at care plans and saw they were person centred and addressed a wide range of people's needs. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The care files documented any medical alerts, for example allergies and recent operations. The care files also contained a 'pen picture.' A pen picture is a life story and captures all the important information about a person. Care files documented non verbal signs to show if a person was uncomfortable, how a person likes to look and communication needs. For example one care file stated, "I do not speak but I understand a lot." Another persons communication plan said, "I like to hum, I love it when staff hum along with me." During observation we saw the person who used the service stand by the door to suggest they wanted to enter the garden. The staff member quickly open the door and went out into the garden with the person.

Daily records were kept separately in a file to discuss at handover, these included information on what was needed for that day for example how people were feeling, who is going out, who is staying in and any specific appointments to attend.

Staff explained that due to people's different capabilities and needs, activities were mainly one to one, such as the sensory room, massages and music. One staff member said, "They [people who used the service] all enjoy different things, we do some group activities such as we will all go to the coast, to Whitby or Seaton Carew and have fish and chips." Another staff member said, "This is their home, their sanctuary for relaxing, they come back from day centre, shoes off, have a meal and we go from there, whether it is a movie, music." And "We did try activities such as finger painting, but they have done things like that all day, when they come home they just wan to sit back and relax." Another staff member said, "It is great when the light nights come, we are out all the time then."

One person who used the service liked going to the theatre and would go at least once a month. Staff we spoke with said, "[Person's name] loves the theatre, they go a lot and always have the same seats, it needs to be at the front circle as they like to rest their arms on the banister." We were told they all go on holidays to places like the Lake District or Blackpool, a staff member said, "We usually go to Haven sites as the entertainment is great." Another person enjoyed going to the Edinburgh Tattoo. One staff member said, " [persons name] is going to a log cabin with a hot tub, they love talking about it." We observed the staff member chatting about this holiday and explaining what there was to do when they got there.

One staff member said, "We always take them [people who used the service] out for a meal for their birthday, one person is not keen on noise so if we stop at a pub, one staff member runs in to make sure it is not too noisy before we all enter." Another staff member said, "It is all about making their lives as pleasant as possible, we do what they want, they soon tell us such as [person's name] will go and stand by the door so we know they want to go out, [another person] will get their coat and bring it to you."

Relatives we spoke with said, "In the summer it is hard to find them in, they are always off out to places like Whitby for fish and chips." Another relative said, "They do what they can for [person's name] they bring them home to have tea with me, they take them on lovely holidays, I could not ask for more."

The registered manager said, "We have completed all of the environmental enhancements on the gardens and now have open space for our residents to enjoy.  We now have three volunteers in the service; two of whom are adults with learning disabilities. Our volunteers enrich our environment with the skills they bring to the garden, to the house and musically."

Good

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since November 2014.

At our last inspection the registered provider was not assessing, monitoring and improving the quality and safety of the services provided. The registered provider was not seeking and acting on feedback from relevant persons to continually evaluate and improve the services.

At this inspection we found audits were now regularly undertaken to assess and monitor the quality of the service. We saw evidence of weekly and monthly audits carried out by both staff and the registered manager, as well as monthly service audit carried out by the Matron. For example, staff carried out a weekly medicines audit on stock levels. The registered manager also completed a series of audits once a month. These audits covered areas such as the kitchen, medicines, staff files, cleaning, infection control, health and safety and care records. The monthly matrons service audit checked on the greeting they received, appearance of staff, people who used the service and environment, safety, staffing and supervisions. The trusts hotel services also carried out a quarterly infection prevention and control audit. All audits produced an action plan with dates of when an action had to be done by and who was responsible. These actions plans were checked before the start of the next months audit. This meant that the registered provider was now analysing information about the quality and safety of the service.

The registered provider was now seeking and acting on feedback from relatives and staff. They had completed a staff and relatives survey. The staff survey showed that staff felt valued. The relatives survey had not been successful due to non being returned. The registered manager was trying different ways to obtain relatives views. One of the ways they were trying at the time of inspection was quarterly visits to family members.

We asked relatives what they thought of the service, the registered manager and the staff. One relative said, "The manager always keeps in touch with me, they communicate well, it is a home from home, I can turn up anytime and I am always welcome." And "I have put them forward for awards." Another relative said, "[Registered managers name] is lovely, they have a caring soul, they were ace from the start." And "I have no qualms they provide the best care, my relatives support worker is unbelievable, he is a really good bloke, he does sign language with them and everything. I love my relative being there, I would fight to keep them there."

The registered manager said, "Our residents needs are paramount to staff and this is demonstrated through the behaviour & actions of the staff. We receive and collate feedback from family members, visitors and other agencies that ensure we are demonstrating the values & behaviours that are important in delivering a quality service. We observe our residents in their day to day lives to ensure that they appear to be happy with the care they are offered and if this were found not to be the case then we would make all efforts to rectify this."

We asked staff if they felt supported by the registered manager. Staff we spoke with said, "[The registered manager] is very supportive, brilliant, nothing is a problem at all they are very approachable." Another staff member said, "[The registered manager] is a really good manager, best manager I have ever had, very supportive, understanding, kind, caring and they listen. They listen to everybody."

We asked the registered manager how they promote the services visions and values, they said, "We have held training days with the staff around values and behaviours run by a local advocacy group including some service user supporters, who were able to offer us insight into their experiences of the care they have received."

Staff we spoke with thought that the service had an open and honest culture. One staff member said, "Nothing is hidden here, what you see is what you get."

We saw records to confirm that staff meetings had taken place every other month. Topics discussed were any updates, lessons learnt, care plans and any other business." Staff we spoke with said, "The staff meetings are good, we can voice opinions and these get acted on, such as we were struggling to get staff in to go to the theatre, we have sorted this now."

We asked the registered manager what links they have with the community. They said, " We access many local services and venues including the local pub, local cafes and restaurants, the GP's, chiropodist & dentist. Our residents also have links into their community supported by their day service, who we work closely with in order to ensure that those links are maintained."

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and they had complied with this regulation.