

Heathcotes Care Limited

Heathcotes (Eversley)

Inspection report

10 Eversley Park
Chester
Cheshire
CH2 2AJ

Date of inspection visit:
06 September 2017
11 September 2017

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27 September 2017

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

The inspection was carried out on 6 and 11 September 2017 and was unannounced.

Heathcotes (Eversley) is registered to provide accommodation with personal care needs to eight people who have a learning disability or autistic spectrum disorder. There were eight people living at the scheme during our inspection. The service is set over three floors and has a large communal lounge, kitchen and dining room. There is access to front and back gardens with a patio area.

There was a registered manager in post who was on planned leave on the first day of our inspection but present on the second day of our inspection. 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 inspection on 26 and 26 June 2015 the service was rated as Good. At this inspection we found the service remained Good.

People continued to receive care and support that protected them from the risk of harm and abuse. Staff knew how to recognise and report the signs of abuse and poor practice. There were enough suitably trained staff employed to meet people's complex needs. The provider followed safe recruitment checks to ensure prospective staff were suitable to work at the home

People were supported to have choice and control over their lives. Where people were unable to make certain decisions for themselves, these were made in their best interests by people who knew them well.

People were supported by staff who had the skills and knowledge to meet their individual needs. Staff were very positive about the variety and quality of training available to them. Staff felt well supported and valued.

Staff monitored people's health and supported them to access and follow healthcare advice. People received their medicines as prescribed and accurate records were maintained.

Staff encouraged people to follow healthy diets and ensured they had enough to eat and drink. People's dietary needs were assessed and met by staff to reduce the risk of choking.

People were cared for by staff who were kind and considerate. Staff had formed positive working relationships with people and their relatives. Staff treated people with dignity and respect and supported them to be as independent as possible.

People received care and support that was tailored to their individual needs and wishes. People and their relatives were actively involved in planning and reviewing their care plans. Staff knew people well and were

responsive to changes in their needs.

People and their relatives had not had cause to complain but felt confident that any issues they did raise would be dealt with effectively.

The registered manager had a clear vision for the service that was shared and worked towards by staff. There was an open and inclusive culture at the service where the views of people, their relatives and staff were actively sought and worked towards.

The registered manager was enthusiastic in their approach and lead by example. People, relatives and staff found them friendly, approachable and effective in their role.

The provider had a range of checks in place to monitor and drive improvement in the service.

Further information is detailed in the report below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Heathcotes (Eversley)

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 6 and 11 September 2017 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection, we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events, which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection, we met with six people who lived at the home. We spoke with four relatives and four healthcare professionals following the inspection. We spoke with eight staff, which included the regional and registered manager, two team leaders and four support staff. We viewed four care records, which related to the assessment of needs and risk. We also viewed other records which related to the management of the service, such as medicine records, incident reports and two recruitment records. We spent time observing how staff supported people and how they interacted with them.

Is the service safe?

Our findings

People were helped to stay safe by staff both in their home and when they went out. With minimal prompts, one person was able to tell us what they would do in the event of a fire at the home. A staff member confirmed they involved people in fire drills at the home. Relatives were reassured that their family members were safe and well cared for. One relative told us, "I feel very confident [family member] is safe and well looked after." Another relative said, "I don't worry about [family member] when they are there." This was a view echoed by healthcare professionals we spoke with. One healthcare professional told us, "I am absolutely confident that the staff team adhere to all risk assessments, guidelines and care plans, ensuring that the safety and wellbeing of all the residents are maintained."

Staff supported people to manage risks to their safety and wellbeing. One person chose to smoke. Staff told us they had provided the person with information about the risks of smoking to ensure they could make an informed choice. The person told us they went outside when they wanted to smoke. A relative told us, "I've no worries about [family member's] safety. They [staff] all know how to handle them in the right way." They explained that staff had to use lifting equipment to help their family member to move around, and knew how to use this safely.

Staff told us and we saw that they had access to detailed risk assessments. These covered risks associated with people's mobility, road safety, skin care and behaviours. Guidelines had been developed to support people's independence and minimise the risks. These were kept under regular review and staff were able to tell us about the risks and actions they took to keep people safe. For example, one person was at risk of skin breakdown. Staff told us this person slept on a special mattress and they helped them reposition themselves to alleviate the risks. Records we looked at confirmed the measures taken by staff. We also saw that the provider conducted health and safety checks to ensure the environment and any equipment used by people and staff was well maintained.

Some people required support to manage their behaviours to reduce the risk to them and others. Relatives and healthcare professionals we spoke with felt that staff managed people's behaviours well and in doing so reduced the risk of harm. A relative who told us, "They [staff] encourage interaction to prevent aggression between people." They went on to tell us that staff knew people well and were able to recognise the triggers and took action to prevent their behaviours escalating. A healthcare professional told us, "They [staff] have a good understanding of [person's] behaviour and have managed this appropriately during any escalations." Heathcotes (Eversley) uses Non Abusive Physical and Psychological Interventions (NAPPI) which is a specific approach to managing challenging behaviour with an emphasis on Positive Behaviour Support (PBS). NAPPI is accredited by the British Institution of Learning Disability (BILD) and provides a framework for providers to assess, manage and prevent challenging behaviour. All staff received NAPPI training before they were able to support anyone who had a tendency to present with challenging behaviour. Staff told us and we saw that restraint was only used as a last resort. One staff member said, "Redirection is key. We don't use restraint because staff know people so well. We use distraction and redirection; it really works." All the staff we spoke with were aware how to distract people by redirecting them to activities or things they enjoyed doing. One staff member told us they had found the NAPPI training really beneficial, as it had shown the importance of

observing people's behaviour, the triggers and ways of de-escalating situations reducing the use of restraint. Staff told us they recorded any incidents that occurred and these were passed to the registered manager for review. Records we looked at confirmed this.

All the staff we spoke with had received training in how to keep people safe from harm and abuse. They demonstrated a clear understanding of the different types of abuse and knew how to recognise and report any abuse or poor practice. One staff member told us, "I'm not the type of person to sit back and not say anything. That person gets my individual attention. They are my priority." They went on to tell us they would report any concern to the registered manager and were confident that their concerns would be dealt with. Staff told us they had access to the provider's safeguarding procedures and that these were discussed at staff meetings and with people living at the home. The registered manager had referred safeguarding concerns to the relevant agencies as they occurred. We saw that any safeguarding concerns were appropriately investigated and action taken to reduce the risk of further harm. We observed that easy-read copies of safeguarding information was prominently displayed in the home and discussed at monthly 'house meetings' held with people living in the home.

Relatives we spoke with felt that there were enough staff to meet people's needs. One relative commended the registered manager's efforts to ensure correct staffing levels. They said, "They've [registered manager] done a lot to negotiate support hours. They dedicated themselves to sorting it out." This was a view shared by another relative who told us, "I think [registered manager's name] does very well. It is not easy to arrange staff and fulfil people's commitments." The regional manager told us that staffing levels were adapted to suit people's needs. They were able to use staff from other schemes to cover staff sickness and holidays. During our inspection, we observed that there were enough staff to meet people's needs in a timely and person-centred manner. We saw that staff communicated effectively with each other to ensure that people who required one-to-one support received consistent and safe support.

Staff we spoke with told us the provider completed recruitment checks before they started work at the home. These included the provision of references from previous employers, identity checks and Disclosure and Barring Service checks (DBS). The DBS service allows employers to make safe recruitment decisions about potential new employees. Records we looked at confirmed that the provider followed safe recruitment procedures. The provider demonstrated that they had a clear process in place to ensure poor staff performance was managed.

People were supported to take their medicines as prescribed. Where people were prescribed medicine to be taken only 'when needed', we saw that there were clear protocols in place. Staff kept accurate records of medicine given and we saw that medicine was stored safely and securely. When people needed to take their medicine out with them, we saw that there were safe procedures in place for medicine transfers in and out of the home. Only staff who had received training on the safe administration of medicine supported people to take their medicine. Staff told us that they received competency checks to ensure on-going safe management of medicine.

Is the service effective?

Our findings

Relatives were confident that staff had the skills and knowledge to meet people's needs. One relative we spoke with told us, "I think they [staff] are excellent. They are so understanding and sensitive to [family member's] needs." Another relative said, "I can say they [staff] are outstanding." Healthcare professional we spoke with were positive about staff's approach and abilities. One healthcare professional told us, "My client has been very happy and settled at Heathcotes (Eversley) and I attribute this to the professionalism of the whole staff team and the high standard of support that they provide to all of the residents." Another healthcare professional said, "In my professional opinion the service have a good understanding of people with a diagnosis of autism and challenging behaviours."

Staff were pleased with the variety and quality of training opportunities available to them. One staff member told us, "I've not worked in a place where the training is so good; it is brilliant." Another staff member said they found all the training they did was relevant to their role and beneficial to the people they supported. They said they were provided with training to meet people's specific needs and could ask for any further training they felt they required to further their knowledge and career. The regional manager confirmed that they were keen to develop staff and equip them to deal with changes in people's needs. We saw that there were systems in place to monitor staff's training requirements and when refresher training was required.

New staff were provided with a structured induction where they received essential training to support people safely. They also worked alongside experienced staff members until they were confident and deemed competent in their role. New staff were also supported to undertake the Care Certificate. The Care Certificate is a nationally recognised programme that trains staff about the standards of care required of them.

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. Staff demonstrated a sound understanding of the MCA and enabled people to make their own decisions wherever possible. One staff member told us, "We get to know how they [people] communicate and we explain things in the best way so they can understand. Even if they can't make a big decisions, it's about getting them involved in a way they can contribute." Another staff member explained that some people were able to manage their day-to-day finances with support from staff. They said, "[Person's name] understands they need money to pay for things. We help them budget and we help them manage their money. [Person's name] knows to give their receipts and change to staff to look after." Staff told us they always sought people's consent before supporting them. If a person declined support, they would go back later or try a 'change of face', where another staff member would support the person.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. The provider had submitted DoLS applications for everyone living at the home. However, none of these had been authorised by the respective local authorities. We were told and shown that the registered manager had contacted the local authorities to chase these applications but were told there was a backlog.

People were encouraged to follow healthy diets. We saw that there were pictures of healthy eating options displayed at the home. People's nutritional needs were assessed and advice provided by the speech and language therapy team was followed by staff to reduce the risk of people choking. This was confirmed by a relative who told us, "[Family member] has problems swallowing. They [staff] religiously put thickener in their drink. They take the thickener out with them when they go out. They [staff] are all very organised." Staff told us one person had lost their appetite and felt that this may have due to the appearance of a pureed diet. After trialling food moulds themselves, staff had moved to supporting the person to purchase ready prepared moulded meals as these looked more appetising. One staff member told us, "[Person's name] is able to have a moulded bacon sandwich. It's nice for them to feel a part and not be singled out from others." Staff told us and we saw that they monitored and recorded that people ate and drank enough to maintain their wellbeing. We observed some people had adapted crockery to enable them to eat independently.

People were supported to see healthcare professionals as and when required. A relative was pleased with the improvements in their family member's health since moving to Heathcotes (Eversley). They said, "[Family member's] health is much better. The GP told us if they did not move from their previous placement they would die." They went on to say, They [staff] manage their mental health needs very well." Another relative said, "When [family member] has been unwell with pain in their side, they [staff] were on to it straight away." A healthcare professional told us, "My client recently experienced a medical emergency (heart attack), and the prompt actions of the staff in administering cardiopulmonary resuscitation literally saved their life." Following this event, this person had been accessing rehabilitation sessions to aid their recovery. We saw that staff supported them to follow the exercises they were advised to complete. People had comprehensive health action plans in place which provided a detailed account of their individual health and support needs.

Is the service caring?

Our findings

Staff had formed positive working relationships with people and their relatives. When asked what the best thing about living at Heathcotes (Eversley) was, one person said, "the staff". Another person told us, "We are all best mates here." A relative told us, "Everyone is lovely; staff are caring and kind. [Family member] thinks the world of them [staff] they really do." Another relative said, "Staff are very considerate, caring and loving." Healthcare professionals we spoke with praised the caring nature of staff and management. One health care professional told us, "I have found the support staff members very caring towards the service users who live at Heathcotes (Eversley) when I have visited this service." Another healthcare professional said, "Staff are friendly and welcoming. They are helpful and accommodating during visits and always have a good update available. They evidently have positive and close relationships with service users. There is a relaxed atmosphere in the home." Staff talked warmly and with affection about people and enjoyed working at the home. One staff member said, "It's such a nice place to work. They [people] are all happy." Another staff member told us they loved working at the home. We observed that people were comfortable in the presence of staff and enjoyed friendly chats and laughter with them.

People told us staff supported them to maintain contact with friends and relatives who were important to them. One person told us they often went to stay with their relatives and sometimes went camping. Another person said they visited their relative and also sent them emails. A relative told us, "We get invited out for lunch with [family member]. We get birthday cards. The little extras which I think is lovely." The provider had a system in place where each person was assigned a keyworker who was a staff member they had developed a good relationship with. The keyworker met with the person they were keyworker for on regular basis to discuss their care and support and any changes that were necessary to meet their needs and wishes.

People and their relatives were involved in decisions about their care and provided with choice. A relative told us, "We are involved in care planning. They [staff] always inform me of things and let me know what is happening." They went on to say, "They [staff] involve [family member]; they are in the room at the same time. They don't talk across them; when staff talk they include [family member]." Another relative said, "They [staff] explain things in a way [family member] understands. It comes really natural to them [staff]. They always explain what they are doing." A healthcare professional we spoke with said, "They [staff] clearly advocate on [person's] behalf and promote choice." Staff recognised the importance of offering people choice and involving them in decisions. One staff member said, "No matter how small the decision, it is about getting them [people] to be part of it." They went on to explain that staff gave one person choices by showing different options with their hands and the person would tap the relevant hand to indicate their preferred choice. Another staff member said when they supported one person to get dressed, they got different items of clothing out of the wardrobe for the person to choose from. The person would point to the preferred option or at the wardrobe if they did not like the options offered. Throughout our inspection, we saw that people were given choice and supported to make decisions, such as how they would like to spend their time and what they would like to eat and drink.

People were able to personalise their rooms to their individual taste. One person's room had memorabilia of

the football team they supported and pictures of animals they liked. We heard one person tell the registered manager they no longer liked the wallpaper in their room. The registered manager told them they would download some samples of different wallpapers to allow them to choose an alternative.

People were supported to be as independent as possible. People told us and we saw that they were supported to clean their own rooms. A relative told us, "They [staff] promote [family member's] independence." They went on to explain that staff supported their family member to do their own washing, make their meals and taught them about daily living skills. All the staff we spoke with told us their focus was to enable people to become as independent as possible. One staff member explained they supported people to do as much of their personal care themselves as they were able, to increase their self-esteem. Where people were not able to make their own hot drinks, they still got them involved by asking them to get the milk and stir in their sugar.

All the relatives we spoke with told us staff were respectful to their family members and took care to ensure that their dignity was maintained. One relative told us, "If [family member] needs changing, they [staff] don't do this in front of anyone. This is done in privacy." Another relative explained that their family member was reluctant to maintain their personal care. Over time, staff had worked with them to overcome their reluctance. They said, "They've [staff] actually got [family member] to shower. They've never liked a shower or personal care." The person's relative felt that this success was due to staff knowing them well and how to approach them. Staff told us they were mindful of people's dignity and ensured people's they kept people's door and curtains closed when supporting them with personal care. Some people liked to spend private time in their room and this was respected.

Is the service responsive?

Our findings

People received care and support that was tailored to their individual needs and preferences. With minimal prompts, people told us staff supported them to do things they enjoyed doing, such as going to the cinema; the gym, baking cakes and growing vegetables. Relatives we spoke with told us that their family members were provided with opportunities to broaden their life experiences and lead fulfilled lives. One relative explained that staff asked their family member about their preferences. They said, "They [staff] ask me questions, but in the main they do it [care planning] with [family member] to suit their needs." They went on to say, "They [staff] work around what [family member] wants to do. They [staff] take them to Manchester airport to watch the planes; they love that." Another relative told us their family member liked going in a jacuzzi. They said staff took this into consideration when arranging holidays for them and looked for locations with these facilities. A healthcare professional told us staff had engaged the person they worked with in a range of community activities. During our inspection, we saw that one person attended college. On the first day of our inspection, two people told us they were going to a disco that night.

The regional manager told us they assessed people prior to them moving into the home to ensure that they could their needs and expectations. This allowed them to provide staff with any specific training that may be required to meet people's individual needs. They felt that effective care planning enabled people to be the "best they can be." People's care plans were developed and reviewed with them, their relatives and, where required, healthcare professionals. Relatives confirmed that staff ensured that care planning took account of people's abilities and that staff worked at a pace that was suitable to each individual. One relative told us, "They [staff] know [family member] does not like crowds. They build them up slowly. They slowly introduce them to new things." Another relative said, "I think they [staff] are really good. It's good that [family member] has staff that are familiar with their needs and who understands them." We saw that care plans were personalised to the individual, gave clear details about each person's needs and how they liked to be supported. A healthcare professional who supported the service told us, "When I have attended reviews, the records kept appear to be accurate and up to date and staff are well trained."

Staff told us they were made aware of people's needs and preferences by reading their care plans and by spending time with them. One staff member said, "The more you get to work with them, the more you get to know them." Another staff member said, "I feel that you get to know people, their routines and 'quirky' things, which is nice." Staff told they continuously shared information with other staff during shifts to ensure consistent and effective support. They recognised the diverse needs of people who used the service and strove to empower people to meet their aspirations. One staff member said, "They [people] are all different and individual. We make sure they are treated as equal and make sure they are not misjudged. We make sure they all get the same opportunities as everyone else." They went on to tell us they ensured people's wishes were central during the care planning process. Another staff member told us they looked out for opportunities for people to try new things they might enjoy. They supported people with such activities and reviewed their experience to establish if this was something they would like to do again.

Staff had in-depth knowledge of people's needs and the support needed to meet them. This was confirmed by relatives and healthcare professionals we spoke with. One relative said, "The carers know the residents

inside out." Another relative told us, "They [staff] know [family member]; they have got them down to a T." A further relative said, "They understand [family member's] small expressions; they read them very well." One healthcare professional said, "The staff know all of the residents very well and support them all in a respectful, person-centred manner which makes the atmosphere within the home a very pleasant and welcoming one."

People received a flexible service which was responsive to their changing needs. A relative told us that their family member's mobility had deteriorated. As a result, the provider had arranged equipment and adaptations to enable them to remain living at the home. They said, "They [Heathcotes (Eversley)] go out of their way to accommodate [family member]." The registered and regional manager recognised the importance of enabling people to remain in their own home and, where able, adapted people's environment and support to allow them to do so. The registered manager showed us the plans they had drawn up with the provider's architects and the on-going negotiations to ensure that the adaptations would meet the person's requirements.

People were given opportunities to share their views on the quality of the service and to put ideas forward for improvement. One person told us that they had meetings at the home where they could tell staff what changes they wanted to make. We saw that people got to talk about meals, activities and where they wanted to go on holiday. The minutes were presented in an easy-read format and had actions for staff to complete. People and their relatives had not had cause to complain but felt able to approach staff or management if they had any problems. One relative told us, "Any concerns I have raised have been dealt with quickly." Another relative told us, "If I had any concerns I would go straight to [registered manager's name]. I have every confidence they would deal with them."

Is the service well-led?

Our findings

Relatives we spoke with were very complimentary about the service and what had been achieved for their family members. One relative told us Heathcotes (Eversley) was the first place their family member had called home. They said, "I can't fault them (staff) at all. I've got a new lease of life because of them. [Family member] is so happy." They said their family member was no longer reluctant to return home after visits to family, as they had been when they lived at other homes. This enabled them to spend quality time together. Another relative told us, "I've been worried when [family member] has been in other places. [Family member] used to get agitated. They are never agitated now. A further relative said, "I think Heathcotes (Eversley) suits [family member] down to the ground." They went on to say, "Their all-round care is as good as you get."

People and their relatives knew the registered manager well and found them easy to talk with. One person told us they often sat in the office with the registered manager and helped them with their work. One relative told us, "[Registered manager's name] is very pleasant. They have a way about them; they are very reassuring." Another relative said, [Registered manager's name] is very easy to talk with, approachable, on the ball and is keen to get things organised for [family member]. A healthcare professional told us, "I have a good working relationship with [registered manager's name]." Another healthcare professional said, "The manager is a visible presence within the home and is very approachable." We observed that people were happy in the company of the registered manager and chatted to them about everyday things.

The registered manager told us their vision for the service was to be the best that they could be, and to ensure that people got the good quality care they deserved. They said they were very passionate about their work and wanted the best for everyone. This was a vision shared and worked towards by staff. One staff member said, "We aim for them [people] to have fulfilled lives, to be as independent as possible, and to fulfil their goals and aspirations." The registered manager was motivated to deliver their vision and lead by example. This was recognised by healthcare professionals who supported the service. One healthcare professional said, "They [registered manager] act as a role model for the staff and offers practical support to them when needed."

There was a positive working culture at the home where staff felt valued and well supported. One staff member told us, "I really like [registered manager's name]; they are really bubbly. You know you can go and talk to them at any time." Another staff member said, "[Registered manager's name] is really supportive. They have an open door policy. If I have ever got any concerns they are there for me." They went on to say they found the regional manager to be "brilliant". Staff said they were asked their views about ideas for improvement through staff meetings and annual surveys and felt their contributions mattered. One staff member said, "It is a good team. If we don't agree with a care plan, they [management team] are more than willing to take this on board." Staff felt that there was a good sense of teamwork with the goal of achieving the very best for people living at the home. They said they were able to ask colleagues and managers for guidance as and when necessary and they were very supportive. Staff told us and we saw that they had regular one-to-one meetings with their line managers where they were able to discuss any points of concern. They also discussed their training and development needs.

There was a clear management structure in place. Staff were supported by an 'on call' service where they could contact manager's for support outside office hours. Staff were clear about their roles and responsibilities and were able to ensure the service ran smoothly in the absence of the registered manager. This was recognised by a health care professional who told us, "There is a clear management structure and hierarchy within the staff team." They went on to tell us the needs of the person they supported were consistently met by the staff.

The provider and registered manager prided themselves in their achievements. They were an Approved Centre of Excellence with Non Abusive Physical and Psychological Interventions (NAPPI) uk. They found that following NAPPI guidance enabled them to reduce the need to use restraint when supporting people to manage their behaviours. They were determined to build on this success and kept abreast of best practice through a range of methods. This included training offered by the local college and the local authority. They also referred to CQC website and National Institute for Health and Care Excellence (NICE) guidance. The registered manager told us they used staff meetings to share their knowledge with their team.

The registered manager and provider were keen to seek continual improvement in the service and had a range of quality assurance checks in place to identify and drive improvements in the service. These included audits of care plans and medicines. In addition to audits completed by the registered and regional manager, the provider's quality assurance team completed visits to the home and looked at areas related to the care and support of people living there. They also looked at other areas, such as, staff files and training records. Where issues were found during audits, action plans were developed and reviewed at subsequent quality checks. The provider kept people and their relatives aware of any developments and events within the service through a quarterly newsletter.

The provider invited views about the quality of the service from people, their relatives, staff and other stakeholders through annual quality assurance questionnaires. We found that, on the whole, these reflected positively on the service and the support staff received to fulfil their roles. One stakeholder wrote, "There is an excellent manager in post who is very knowledgeable and skilled around the needs of people with learning disabilities and this reflects in the practice within the home. The manager ensures all care staff have the skills to support the client group. The manager is very approachable and will always seek advice and support when needed."

The registered manager and management team monitored staff practice by working alongside staff on a daily basis. They operated an instant supervision system where staff were given instant feedback on both positive and negative aspects of their practice. This was documented and reflected on in one-to-one meetings held with the staff members. Records we looked at confirmed this process.

There were systems in place to review accidents and incidents that occurred. The registered manager had oversight of the forms completed and analysed them to ensure procedures were followed and to establish any trends. A debrief took place with staff following any incidents to reflect on the situation and if it could have been handled any better. Where required the registered manager sought advice of other professionals to help them better manage people's behaviours. We saw advice provided by other professionals was incorporated into people's care plans and followed by staff.

People maintained good links in the community. Some people used public transport to visit local amenities. We heard staff asking people if they wanted to go to the pub. Staff told us one person liked to go and watch the local football team. People also supported a homeless charity by taking along donations of clothes, toiletries and food. We saw pictures of people taking part in the 'memory walk' to raise money for the Alzheimer's Society.

The registered manager was present during our inspection and demonstrated a clear understanding of the Regulations and the requirement to meet them. They had submitted statutory notification as necessary. They had also clearly displayed the ratings of the previous inspection in the reception area of the home and on the provider's website.