East View Housing Management Limited

East View Housing Management Limited - 51 Chapel Park Road

Inspection report

51 Chapel Park Road
St Leonards On Sea
East Sussex
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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 took place on 30 September 2015. To ensure we met staff and the people that lived at the service, we gave short notice of our inspection.

This location is registered to provide accommodation and personal care to a maximum of four people with learning disabilities and autism. Three people lived at the service at the time of our inspection.

Summary of findings

People who lived at the service were younger adults below the age of sixty five years old. People had different communication needs. However, everybody was able to communicate verbally. We talked directly with people and used observations to better understand people's needs.

The home had a registered manager. 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear control measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed and were continually reviewed.

Staff were competent to meet people's needs. Staff received on-going training and supervision to monitor their performance and professional development. Staff were supported to undertake a professional qualification in social care to develop their skills and competence.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to assess whether a person needed a DoLS.

The service provided meals and supported people to make meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and needs.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. People were satisfied about how their care and treatment was delivered. People's privacy was respected and people were assisted in a way that respected their dignity.

People were involved in their day to day care and support. People's care plans were reviewed with their participation and relatives were invited to attend the reviews and contribute.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves. People were involved in planning activities of their choice.

People received care that responded to their individual care and support needs. People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

There was an open culture that put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

People and staff were encouraged to comment on the service provided and their feedback was used to identify service improvements. There were audit processes in place to monitor the quality of the service.

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.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager or to the local authority.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment systems were in place to ensure the staff were suitable to work with people who lived in the service.

Good

Is the service effective?
The service was effective.

Staff had received regular supervision to monitor their performance and development needs. The registered manager held regular staff meetings to update and discuss operational issues with staff.

Staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Good

Is the service caring?
The service was caring.

Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Good

Is the service responsive?
The service was responsive.

Staff consistently responded to people's individual needs.

People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

Good

Is the service well-led?
The service was well-led.

There were quality assurance systems in place to drive improvements to the service.

Staff held a clear set of shared values based on respect for people they supported. They promoted people's preferences and ensured people were as independent as possible.

The registered manager was visible and accessible to people and staff. They encouraged people and staff to talk with them and promoted open communication. Staff were motivated and said they felt supported in their work.

Good

East View Housing Management Limited - 51 Chapel Park 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

Before an inspection, we ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager, deputy manager and two members of staff. We spoke with people who lived at the service. We made informal observations of care, to help us understand the experience of people who lived at the service. We looked at two care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we received written feedback from two health professionals that had direct knowledge of the service.

Good

Is the service safe?

Our findings

People were supported to keep safe. Staff had a good understanding of people's needs and how to keep people safe. Staff said, "I have completed training in safeguarding adults. I always look out for any signs of bruising, and changes in people behaviour, for example if people became less sociable I would be looking to see why. I would look out for anything unusual. I know people well."

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and were able to describe these to us. Staff understood their duty to report concerns to the registered manager and the local authority safeguarding team. Records showed staff had completed training in safeguarding adults and that safeguarding policies were discussed in staff meetings. Contact details for the local authority safeguarding team were available to staff if they needed to report a concern.

There was a whistleblowing policy in place. Staff were aware of the whistleblowing policy and told us they would not hesitate to report any concerns they had about potentially poor care practices.

There was an adequate number of staff deployed to meet people's needs. The registered manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. Staff were available when people needed to attend medical appointments, social activities or other events. One person's health needs deteriorated for a period of time and the registered manager ensured that additional staffing hours were allocated to appropriately support the person. This meant that additional staff were deployed when necessary to meet people's needs.

Staff retention was high amongst the core staff team. This promoted a positive environment and consistent support service for people. One professional wrote, 'I am impressed by the fact there has been very little change within the home in relation to management and staffing. This provides people with the security of a consistent approach from staff that know them well and stability with familiar faces. This is something I believe to be very important in terms of providing a person-centred service.'

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for the role.

Personal Emergency Evacuation Plans (PEEP) were in place. The PEEPs identified people's individual independence levels and provided staff with guidance about how to support people to safely evacuate the premises. Evacuation drills were completed monthly to support people and staff to understand what to do in the event of a fire. All staff had attended fire safety training and first aid training. The fire alarm was tested weekly and all fire equipment was serviced every year.

The premises were safe. A member of staff stayed overnight which meant emergencies could be responded to promptly. This system also ensured that people were able to access advice, support or guidance without delay. The registered manager completed a weekly health and safety inspection of the home. All electrical equipment and gas appliances were regularly serviced to support people's safety. The registered manager had reviewed and adapted the environment based on people's needs. Handrails were fixed on walls throughout the home, a non-slip flooring had been fitted in the kitchen and a wet room was fitted in a person's bathroom. This supported people to walk around safely and carry out daily tasks to reduce the risk of falls.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed incident forms, informed the registered manager and other relevant persons. Staff discussed accidents and incidents in daily handover meetings and regular team meetings. One incident recorded that someone had a fall. The registered manager referred the person to a physiotherapist and occupational therapist. Staff supported the person to complete exercises to increase their muscle strength. The person was given equipment to reduce the risk of falls, to include a handling belt and a lifting cushion. Comments from the occupational therapist read, 'All of you really have been as proactive as possible in terms of making X safer and reducing the falls risks.' These risk management measures were taken to reduce the risk of incidents occurring and people's care plans were updated with any changes made.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk

Good

Is the service safe?

assessments took account of people's levels of independence and of their rights to make their own decisions. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately. One person had a risk assessment in place to support them to reduce the risk of falls. Staff were given training by both professionals in how to use the equipment safely to support the person to walk around the home. The person chose a helmet to reduce the risk of possible head injuries. The person chose to wear this during the day as this gave them confidence when mobilising. The person was given shoes with rubber grips to support their balance. They also had a wheelchair to enable them to go out safely in the community with support from staff. Staff recorded any falls sustained and were vigilant to changes in the person's health which might increase the risk of falls.

People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed by the registered manager. Records showed that staff had completed medicines management training.

All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The MAR included people's photograph for identification. Individual methods to administer medicines to people were clearly indicated. The registered manager carried out audits to ensure people were provided with the correct medicines at all times. Any medicines incidents were recorded, for example a member of staff had omitted to administer medicines to someone at the scheduled time. This was reported to the local authority and investigated by the registered manager to reduce the risk of reoccurrence. Staff received additional supervisions and completed competency assessments before resuming this role.

Good

Is the service effective?

Our findings

People were satisfied with the support they received from staff. We observed people had a good rapport and warm, friendly interactions with staff and the registered manager. People appeared happy, smiling and relaxed in their home. Staff promoted effective communication with the people they supported.

Staff had appropriate training and experience to support people with their individual needs. Staff had a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. One professional wrote, 'The manager is very experienced and has been in post for a number of years and provides the staff team with support and guidance and plenty of opportunities for accessing training, either externally or directly provided within the service.' Essential training included medicines management, fire safety, manual handling, health and safety, mental capacity and safeguarding. This training was provided annually to all care staff and there was a training plan to ensure training remained up-to-date. This system identified when staff were due for refresher courses.

The registered manager was due to implement the new 'Care Certificate' training for all new staff from October 2015. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care.

People received effective support from staff that had been trained to help them to maximise their independence and increase their quality of life. Staff had completed specialist training in 'Common Health Standards'. This training supported staff to understand the signs and symptoms of Parkinson's disease and other health conditions. Staff said, "This has helped me understand how to approach people with these health needs and have a greater understanding of how people may feel when experiencing these changes in health." One staff member talked about epilepsy management training they had completed. They said, "It talked about medical needs for people with epilepsy and how to support people if they had a seizure." Staff said the training helped them to consistently support people to enable them to maximise their independence and quality of life. One healthcare professional wrote, 'The registered manager has liaised with me with regards to the levels of support required to support the changing needs of one individual and has sought to ensure that the care team are suitably trained and skilled to provide for their on-going needs.'

Staff were satisfied with the training and professional development options available to them. Staff were supported to achieve further qualifications in social care. One member of staff was nominated by their apprenticeship assessor for their hard work and dedication to their apprenticeship. The assessor wrote about their 'enthusiasm' and 'passion' for care work. Staff had not received formal annual appraisals of their performance and career development. However, this had not affected the standard of care the staff provided for people because they had been well supported through regular supervision and staff meetings.

People gave their consent to their care and treatment. Care plans were provided in an accessible format to help people understand their support needs. Staff sought and obtained people's consent before they supported them. One staff member talked about how they sought the consent of someone they supported, "I got to know X and how they communicate. Sometimes they will acquiesce and agree to something when they do not necessarily really agree. I will always check this out with them to find out what they really want. I give them time to reflect and get a feel as to whether they are enthusiastic about doing something. I use a relaxed approach as they do not respond to any kind of pressure" and "People make their own decisions. I check to see that people understand information. I check their reactions. For example do they like this? or do they want to do this? If people's mental capacity changed, I would report this to the manager and monitor this." When people did not want to do something their wishes were respected, staff discussed this with people and their decisions were recorded in their care plans.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager. They understood the processes needed to assess people's mental capacity to determine

whether people could make certain decisions. Such decisions included consenting to their care and treatment. When people did not have the relevant mental capacity, meetings would be held with their legal representatives to make decisions on their behalf in their best interest. One healthcare professional wrote, 'The service provider has shown good awareness of DoLS and the need for best interests meetings and discussions in the last 12 months with regards to X's on-going health needs.' At the time of our inspection no-one was subject to a DoLS at the service.

People liked the food and were able to make choices about what they wanted to eat. Staff supported one person to manage their weight. All weight monitoring records were accurately maintained and signed by staff. This person was actively involved in menu planning and did their own grocery shopping to enable them to meet this objective of eating healthily and losing weight. They had lost a significant amount of weight, they lived an active life and did lots of sports activities which they told us they enjoyed. A member of staff said, "I am supporting someone to cut down on fizzy drinks and encourage them to have diet drinks. They have also chosen a variety of healthy meals to eat as part of their action plan" and "We educate people about healthy food, food portions and explain about nutrients in food." Staff supported them to ensure they controlled their meal portion size to support and encourage them to maintain a healthy weight.

One person needed support with eating as they were at risk of choking due to swallowing difficulties. The person had been referred to a Speech and Language Therapist (SALT) to assess their needs. Staff followed SALT guidelines which were available in the person's care plan to ensure the person's specific dietary needs were met. Guidelines were available in the kitchen for staff to follow to reduce the risk of the person choking. Information was available on food types the person could eat and foods they should avoid eating. Staff were able to describe in detail how they supported the person to eat safely. We observed the person was fully supervised at lunchtime and was encouraged to eat slowly, pace their meal and take regular sips of their drink to encourage safe swallowing.

Staff knew people's dietary preferences and were able to give us detailed information on people's assessed dietary needs. They told us they had a duty of care to support people to eat healthily. The menu planner showed healthy meal options were available for people. A menu board was fixed to a wall in the kitchen which included people's meal preferences. There was information in pictorial format on different healthy food groups. This helped people to understand and make informed decisions about healthy meal options. One person had requested to have 'fisherman's pie' and this was put on the menu. Their care plan recorded their choices and support needed to achieve this goal. This was recorded to ensure staff provided them with food of their choice. Staff understood people's food preferences and acted in accordance with people's consent.

People had health care plans which detailed information about their general health. Records of visits to healthcare professionals such as G.P.'s, physiotherapists, occupational therapists, SALT and psychiatrists were recorded in each person's care plan. One professional wrote, 'I have supported the home with a number of client referrals over the years. This has included providing direct training to the staff team to ensure people's complex health needs are met and maintained and care planning to ensure people's deteriorating complex health care needs continue to be met. Appropriate medical interventions are planned for and are in the clients best interests.' Staff supported someone to attend a G.P. appointment on the day of our inspection to ensure they were fit to continue with sports activities. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

Good

Is the service caring?

Our findings

People said they liked the care staff. We observed staff talked with people in a caring and respectful way. People had developed good relationships with staff. There was appropriate humorous banter between people and staff. People presented as relaxed, happy and comfortable and interacted positively with staff. We observed staff engaged with people to talk about things of interest to them, to include sports activities they were involved in and their plans for the day. We observed one person became anxious during lunchtime and staff demonstrated caring practice and encouraged the person by responding, "It will stop in a minute, take a deep breath, that's it." They encouraged and reassured the person until they felt better. An education assessor wrote comments about a member of staff, "I have observed X with people and they have a lovely caring empathetic approach to their work." One healthcare professional wrote, 'The registered manager is always courteous and professional when in communication with us and demonstrates good knowledge of the people they support along with their staff team.'

Staff promoted people's independence and encouraged them to do as much as possible for themselves. Support plans clearly recorded people's individual strengths and independence levels. People chose what to wear, when to get up and go to bed, and what to do. We observed at lunchtime that someone was supported to eat their meal with adapted cutlery. This supported them to grip the cutlery and enabled them to eat their meal independently and with dignity. One person chose to eat their lunch in their room and staff respected their wishes. Where people could complete activities independently this was clearly recorded in their support plans. People spent private time in their rooms when they chose to. Some people preferred to remain in the lounge, kitchen or their bedroom and staff respected people's space.

One person liked to collect items of interest which had led to them having lots of things stored in their room. The person was supported to manage this. Staff provided them with storage boxes and they were also encouraged to recycle their newspapers as this practice was of importance to them. The person set aside a day each week to tidy their room and sort through their belongings and recycling needs. This supported them to manage their anxiety about letting go of items of importance and helped them to develop their independent living skills.

Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. One person liked to do football and was involved in the '1066 Specials' football team. They regularly attended football group every week. They enjoyed other sports to include cricket, basketball and banger racing. They also had a keen interest in wrestling and staff had recently obtained tickets for them to attend a local wrestling match, which they were really looking forward to. People's care plans reminded staff that the person's choices were important and staff were aware of people's preferences.

People were involved in their day to day care. People spoke daily with staff and their keyworker about their care and support needs. A key worker is a staff member who spends additional dedicated time with people to maintain communication and to support people with their needs and wishes. People's care plans were written in an accessible format to help people get involved in their own care planning. Risk assessments were reviewed regularly to ensure they remained appropriate to people's needs and requirements.

We observed staff treated people with respect and upheld their dignity. A staff member said, "I ensure people have privacy in their rooms. I knock on doors before entering people's rooms. I ensure that doors and curtains are shut when supporting people with personal care. I support people to do things for themselves where they can, for example one person likes to wash their own hair. I keep things light and ensure a good rapport to put people at ease." People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. Respectful language was used throughout care plan records. People were treated as individuals and were given choices.

Advocacy services were available to people. Information was available on the notice board in the hallway and included pictures to support people's understanding of this service. Advocacy services help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out

Good

Is the service caring?

about issues that matter to them. Staff ensured people were informed of their rights and supported people to access this service to make independent decisions about their care and support needs. One person regularly attended an advocacy service. They had recently met with the police and the fire service due to their involvement with this advocacy service. This enabled them to develop a positive relationship and perspective of these services and to talk to them about subjects of importance to them.

Good

Is the service responsive?

Our findings

Staff responded to people's needs. People communicated with staff to talk about what they would like to do and any issues of importance to them. One person said they liked the house, their room and the staff. A professional's feedback read, 'They have a good relationship with myself keeping me updated on relevant issues.' Another professional wrote, 'The registered manager has always been quick to communicate changes in need and in my opinion is very professional in the way they communicate and engage with health and social care services.'

Peoples' care plans included their personal history and described how they wanted support to be provided. Their care plans contained information about different activities they liked to do and what was important to them. Each person had a key worker who they had chosen. One staff member said, "X likes to have one to one sessions with me. They particularly like to have a chat in the evenings. They don't like sit down meetings, so we tend to discuss things informally." They said that they had got to know the person and developed a relationship of trust. This had taken time, but the person was coming out of their room more often and was getting more involved in activities around the home. The person told us they liked the staff. They particularly liked cooking and had recently made 'fisherman's pie' a meal of their choice. They helped plan the menu and prepare the meal. Staff talked with people and ensured people were consulted and involved with the planning of their care and support.

People were supported to pursue interests and maintain links with the community. One person was passionate about football and had previously worked as a referee at football matches. They were passionate about a particular football club and enjoyed all sports. They liked watching television. Staff described them as having 'A great sense of humour' and they enjoyed banter with staff. We observed this during our observation at lunchtime. They joked and bantered with staff in a relaxed and humorous way. They liked to observe trains. The person was supported to go to their local train station on the day of our inspection to see the trains, say 'hello' to the train driver and blow their whistle, which they particularly liked to do. Another person expressed an interest in returning to college. They had previously attended a local agriculture college and had certificates to show their achievements in working with animals and horticulture. They were supported by staff to apply for another college course of interest to them. They also liked to attend discos and local clubs and had previously been on holidays. People's preferences were clearly documented in their care plans and staff took account of these preferences. Staff reviewed people's care and support plans regularly or as soon as people's needs changed and these were updated to reflect the changes.

One person had the early stages of a health condition which affected their mobility and put them at greater risk of falls. Staff observed that they had a tendency to want to get up too quickly and were not always clear on their physical limitations. Staff had observed changes in their ability to take in information communicated by staff. This could increase the risk of falls as they did not always respond to instructions to support them to walk safely. The registered manager sought advice from a Speech and Language Therapist (SALT) about how staff could best support the person. Two SALT professionals visited on the day of our inspection. We observed the registered manager talking about the person respectfully and demonstrating detailed knowledge of the person's needs. They listened to professional advice about how best to support the person. The professionals said, "The manager is really good. They take things on board, seek advice and follow through with guidance given. Staff are knowledgeable about peoples needs. I have no concerns" and "They were amazing when X was poorly. They did everything they could. They implemented strategies to support the person." Another professional wrote, 'Staff have been quick to respond with appropriate recording methods and they are quick to pick up on any trends or issues that may reflect changes in people's health needs. Another strength of the manager is how they respond to any change in health and or behaviours of clients. The manager also would not hesitate in contacting other health professionals for support and advice, within the wider health care system.'

People were encouraged and supported to develop and maintain relationships with people that mattered to them. One person was supported to see their family and also liked to write notes to family members. Another person liked to see their family regularly. A staff member told us about how they encouraged a family reunion for someone they supported. This led to the person having regular visits from the family member who was thrilled to be reunited with the person. People liked to attend clubs, events and college to enable them to meet people and make friends.

Good

Is the service responsive?

One staff member said, "I take a back seat when I support X at their club. This gives them an opportunity to be around their friends and more socially engaged with others." One staff member told us about how they supported someone to stay in touch with a friend that was ill. They encouraged the person to write to their friend and since then they both sent letters and pictures to each other which the person was very happy about. This information was written into people's care plans and staff supported them to do this. People met with friends at college and social events. People could invite people of importance to them back to their home when they wanted to.

Questionnaires were sent to people, relatives and visitors so they could give feedback to develop the service. The satisfaction questionnaires were however sent to people within all of the provider's services and was not specific to this service. The questionnaires were last sent out in October 2014 and were due to be sent out again in October this year. We read questionnaires where positive comments included, 'The relationship between the residents and staff is kind', 'Carers are excellent' and 'Excellent communication with management – recommended actions are always followed up.' People attended weekly menu planning meetings where they were consulted about meal options they would like. Their preferences such as 'spaghetti' and 'cod and chips' were transferred to the menu in response to their feedback. People were consulted and involved in how the service was developed to meet their needs.

The complaint policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. No complaints had been recorded since our last inspection. There was a complaints policy that the registered manager followed to ensure complaints were reviewed and resolved in a timely manner.

Good

Is the service well-led?

Our findings

We observed people approach the registered manager and staff to ensure their individual needs were met. Staff said there was an open culture and they could talk to the registered manager about any issues arising. Staff said, “I can’t fault the management. Service users are their main focus. It is a happy home with a happy team.” Another staff member said, “The management is very good. They are flexible where possible. They are firm, yet respectful of staff.” One professional wrote, 'I believe the staff team are very dedicated and led by a strong manager who in turn is supported within the organisation through their own management structure.'

The quality monitoring manager completed quarterly ‘home audits’ and the registered manager completed monthly audits. We saw that action plans were developed where any shortfalls had been identified. This audit identified the need to reduce gaps in recording of cleaning tasks. The registered manager created a more detailed cleaning schedule with a breakdown of cleaning tasks which staff needed to sign off as completed. This system ensured all areas of the home were regularly cleaned to meet essential infection control and health and safety standards.

The registered manager completed monthly care plan audits to ensure that they were up-to-date and that actions had been addressed. Records and care plans were up-to-date and detailed people’s current care and support needs.

The registered manager completed monthly medicines audits. An audit had been completed by a pharmacist on 22 September 2015. One recommendation identified that staff needed to record when they gave PRN medicines to people. The registered manager discussed this with staff in a team meeting and ensured this was addressed by all staff. This system helped ensured that people received their PRN medicines safely and this was accurately recorded.

The home had recently undergone some refurbishment to include repainted communal areas and bathrooms. Maintenance work was completed based on a priority system taking account of people’s safety in their environment. Repairs had been recorded as part of the maintenance audit and had been completed to ensure the environment was safe for people.

Staff recorded incidents and accidents when they occurred. The registered manager regularly analysed records of incidents which took place to review any patterns of incidents. Effective control measures were in place to reduce risks to people and the likelihood of incidents reoccurring.

The registered manager promoted continuous service improvements. Staff said, “Ideas we have are taken up by management. We had an idea about having a co-keyworker system, so when a person’s key worker is absent the co-keyworker can step in to support the person.” This system was set up at the service. Staff influenced how the service was delivered to support continuity of care for people. Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people’s support needs, policy and training issues.

The registered manager and staff shared a clear set of values. The registered manager promoted openness of communication. They said, “We help people to make their views known and support them to be independent” and staff said, “We help people to have better lives, to have family involvement and to do lots of activities.” Staff understood the need to promote people’s preferences and ensure people remained as independent as possible.

The registered manager attended quarterly ’Care Home Association’ forums to inform them about leadership and care sector initiatives to support best practice at the home.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008. The registered manager demonstrated they understood when we should be made aware of events and the responsibilities of being a registered manager.