# Cream Holdings (Taunton) Limited

# Wilton House

## Inspection report

Upper High Street
Taunton
Somerset
TA1 3PX

Website: www.creamcare.co.uk

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16 November 2018
19 November 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Outstanding ☆ |

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

# Summary of findings

## Overall summary

This inspection took place on 16 and 19 November 2018 and was unannounced.

Wilton House is situated close to Taunton town centre. The home can accommodate up to 12 people and it specialises in providing care to adults who have a learning disability and concurrent physical disability. Twelve people were living in the home at the time of the inspection.

The care service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of the inspection there was a registered manager in place. 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 we rated the service good with one domain outstanding. At this inspection we found the evidence had improved with two domains rated outstanding this meant the overall rating for the service moved to outstanding.

The registered manager and staff went above and beyond what was expected of them to ensure people received care and support in a caring, respectful and dignified way. Even with limited verbal communication people could express an opinion about the care provided and contributed to their care plans.

People received responsive care and support which was personalised to their individual needs and wishes. Staff were innovative in finding ways to improve people's lives and help them to achieve their goals and expectations. People were supported to live meaningful and active lives with staff emphasising what people could do not what they could not do. Staff were passionate about ensuring people continued to have a say about the way they were supported and the activities they took part in. People enjoyed a variety of activities which included joining in at local clubs and going on holiday.

Staff used and explored innovative ways to assist people to express their views and enhance their ability to communicate. The provider employed an assistive technology development manager who provided support and training to staff and people who lived at the home.

People indicated they felt safe living at Wilton House. One relative told us, "[The person] is really safe living here, the staff are brilliant and very well trained, but above all they really care about the residents."

There were processes and practices in place to keep people safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable

people. All staff had received training in safeguarding vulnerable people. All staff spoken to were able to tell us what they would look for and how they would report anything they thought put people at risk of harm or abuse.

People received effective care and support from staff who had the skills and knowledge to meet their needs. All staff attended an induction which included the companies' mandatory training before they started to work with people. The in-house induction was focused on people's specific needs and the way they preferred to live. Staff also received training about specialist needs people had for example, the safe management of epilepsy.

People were supported by a team that was well led. Everybody spoken to said they thought the service was well led. Staff, relatives and health professionals spoke highly of the registered manager. They all said they were open, approachable and honest. The registered manager was passionate about making people's lives meaningful and different; this was reflected by all the staff we spoke to. During the inspection we noted that the registered manager always spoke with people when they passed her or she passed them.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised. The provider learnt from issues raised at CQC inspections at other services in the organisation and shared them with the registered managers to ensure improvement was ongoing and cascaded through the organisation. The registered manager closely monitored the progress being made in the home with the adoption of the new working practices and kept staff informed.

Further information is in the detailed findings 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?**<br>The service remains Good. | **Good** ● |
| **Is the service effective?**<br>The service remains Good. | **Good** ● |
| **Is the service caring?**<br>The service remains Outstanding. | **Outstanding** ☆ |
| **Is the service responsive?**<br>The service has improved to Outstanding. | **Outstanding** ☆ |
| **Is the service well-led?**<br>The service remains Good. | **Good** ● |

# Wilton House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 16 and 19 November 2018 and was unannounced.

It was carried out by one adult social care inspector.

The provider had completed a Provider Information Return (PIR). The PIR 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 spoke with other health and social care professionals and looked at other information we held about the service before the inspection visit.

Some people who lived at the home were unable to verbally express their views to us. We therefore used our observations of care and discussions with staff to help us form our judgements. We spoke with two people who used the service and spent time with others carrying out observations. We spoke with six staff as well as, the registered manager, deputy manager and area manager. We also spoke with three relatives. We received feedback from two health care professionals.

We looked at three people's care records. We also looked at three staff files, information received from the provider, staff rotas, quality assurance audits, staff training records, the complements and complaints system, medicines records, health and safety records and a selection of the provider's policies.

During the inspection we asked for further information including quality assurance documents to be emailed to us. We received all of this information in the time scales given.

Good

# Is the service safe?

## Our findings

People continued to receive care that was safe. We observed safe practices during the inspection and people indicated that they felt safe with the staff who supported them. Relatives told us they were confident that their loved ones were safe and well cared for. One relative said, "I have never had any concerns about [the person's] safety. They are safe and very well cared for. I have the highest opinion of the staff at Wilton House."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. Records showed staff had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. One staff member said, "We have a very open and honest approach in Wilton House. I am very confident anything we reported would be acted upon properly."

People's care plans included detailed risk assessments linked to people's needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Staff we spoke with were aware of these risks and could tell us how they would keep people safe in line with their care plan. Care plans included risks related to nutrition and hydration, epilepsy and choking. One person had a very clear risk assessment around managing their mobility. They needed to keep mobile and walked regularly in the park and the grounds of the home.

The Provider's Information Return (PIR) stated, "Daily plans are completed every day to ensure residents receive the correct support and are able to actively take part in their support in a culture of positive risk taking." Risk assessments showed staff considered ways of ensuring least restrictive practices were followed to ensure people could have a fulfilled life.

People also had risk assessments in place to take part in activities. These included, the risks associated with cycling, sailing, sunburn, heat stroke and the use of vehicles. Risk assessments were reviewed with people and their relative or relevant person when care plan reviews were carried out and if people's needs changed.

When people had been identified as having behaviours which could challenge themselves or others there were directions for staff to follow. These helped to reduce people's anxiety and reduce the likelihood of them becoming distressed. For example, staff were aware of the music they could play for one person in they appeared upset or distressed.

People were supported by enough staff to meet their needs. Each person had their own named staff so they

got to know them and could build relationships with them. Staff spoken to said they felt there were enough staff and during the day we observed people receiving care in a timely manner. Relatives spoken with said they always saw plenty of staff and people's activities were never stopped due to lack of staff.

People required assistance with their medication. Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and were assessed as competent before they could administer people's medicines. Clear risk assessments and agreements were in place to show how and when assistance was required. Medicine records included clear guidance on the use of specific medicines related to epilepsy. There were clear instructions in place in the event of an epileptic episode and all staff were aware of the process to follow.

Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons.

Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.

Good

# Is the service effective?

## Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. One relative said, "All the staff are very well trained they know everything they need to know about [the person]."

The provider supported staff to deliver care and support in line with best practice guidance. Information on supporting people living with specific health conditions was available and included in people's care plans. This meant staff could provide appropriate and person-centred support according to individual needs.

Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. They also showed how risks would be minimised. Each person and their relative had been involved in writing and agreeing their care plan. The registered manager explained how they had started to use an electronic care planning system and how everything was available for staff to view at a glance. Staff said they thought the electronic systems was good and gave them up to date information.

People were supported by staff who had access to a range of training to meet their needs. The provider had a full training programme which staff confirmed they attended. One staff member explained how they had recently attended training updates for some of the providers mandatory training. Another staff member said, "The training is brilliant. If you need it, it is provided and if you think something you found will support you in your job you only have to ask."

All new staff were supernumerary to the staff team until they were signed off as competent. This meant they had the time to work through induction booklets which showed they had received training in how to support each person individually.

Staff told us they were supported by the registered manager through regular supervision and an annual appraisal. Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided. Staff meeting records showed the registered manager used innovative ways to re-visit training and understanding people's needs. Meetings included the use of board games and role play to make the learning experience have more meaning and impact on staff on the way they supported people.

Each person had a hospital and health passport which clearly showed what their needs were. This meant people's specific needs could be communicated to other health care professionals. Regular health care checks were arranged with people and if a person required support when in hospital a member of their staff team could stay with them to minimise the risk of them becoming distressed and ensured they understood what hospital staff were telling them.

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff supported people to see health care professionals according to their individual needs. The PIR stated,

"An example of collaborative working is with the local NHS Epilepsy Nurse Specialist. The epilepsy nurse works closely with residents in the home, reviewing and implementing epilepsy protocols, linking with families, undertaking training with staff and advanced epilepsy training with the manager and deputy manager and responding when changes are communicated by the staff team." On the first day of the inspection the epilepsy nurse specialist was reviewing one person's epilepsy care plan. They involved the person, their relatives and staff in the meeting.

Everybody needed some level of support when eating. Each person had an eating a drinking plan following an assessment by the speech and language therapy team (SALT). We observed people being supported at lunch time. Staff were knowledgeable about the individuals needs and how they would support them to have a good dining experience. One staff member explained how they supported one person at their own pace so they could be more independent. We saw staff followed the person's care plan and enabled them to maintain personal control over the speed they ate their lunch.

The cook knew everybody's dietary requirements and likes and dislikes. They were trained in level three catering, level two diet and nutrition, and had undertaken a course with the University of Edinburgh on presenting meals as well as a dysphagia study day. (Dysphagia is a medical term used when people have trouble with swallowing). The cook told us how they provided sensory cooking sessions when they encouraged people to experience the preparation and cooking of meals even if they were unable to physically join in. People were encouraged to go in the kitchen and experienced the smells and texture of the ingredients being used.

People only received care with their consent. We observed staff asking people for consent throughout the inspection. People were asked it the inspector could look at their rooms and their records. One staff member asked the person if they could share their photo diary to show the activities they took part in. Another staff member asked a group of people if we could observe the activity they were joining in. One person indicated with the thumbs up sign that they were always asked for their consent.

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. One care plan showed how staff had assessed that a person had the capacity to understand the outcome of an appointment with the GP and the medication they had been prescribed.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). These had been completed for all people living at the home because they were monitored closely by staff and unable to leave the premises alone. Records showed the registered manager liaised with the local authority to find out the progress for the applications and to renew those that had expired.

Each person had their own room which had been decorated to reflect their individual likes and interests. Family members had been involved in designing people's rooms. One relative said, "I had total input into [the person's] room I knew exactly what I wanted and they [the staff] supported that." Each room had a built in electronic hoist system which meant people could be transferred safely around the room and into the bathroom/toilet. Furniture had been chosen to enhance people's lives and fit in with their needs. For example, one person had a specialist bed that enabled them to understand it was time to sleep.

Staff told us how they had discussed the use of the lounge which had looked like a conventional lounge but was not suitable for all the people's needs. They had decided to change the lounge into a sensory room with mattresses and raised areas where people could lie or sit and enjoy the lights and sounds. During the inspection we saw this was a popular room with people taking part in relaxation and music sessions.

The people who lived at the home had very complex needs and required a range of specialist mobility equipment. The home had been specially adapted so people could access their rooms, the communal areas and garden with ease.

Outstanding ☆

# Is the service caring?

## Our findings

The service continued to use and explore innovative ways to assist people to express their views and enhance their ability to communicate. The provider employed an assistive technology development manager who provided support and training to staff and people who lived at the home. They continued to support one person to use a software programme which had been installed on the person's computer which would enable them to move the cursor around the screen using only their eyes. They were also supporting another person to work with switches, improving, "Cause and effect, understanding and participation in their environment." Records showed the person had explored loud noises, followed by quiet time with fibre optics. Using switches, they could develop an understanding of the outcome of the action they took.

In the PIR the registered manager stated, "Examples of bespoke communication systems include eye gaze technology, communication apps on tablet devices, objects of references, switch devices, individual sign/Makaton systems" Throughout the inspection we observed staff understood people's preferred way of communicating and supported them to maintain personal control over the decisions they made.

People were cared for by kind and caring staff who went above and beyond what was expected of them to provide people with a homely all-inclusive environment. Staff worked with people and relatives to ensure their rooms and the environment reflected their interests. One staff member explained how they looked at the person and not the disability. They said, "When I am talking to new staff I don't talk about their condition because that is not who they are. They are a person with their own rights and the disability is just a part of them."

The registered manager told us how staff often gave up their own time to support people on activities; and that they accompanied people away from the home on holidays which meant they committed to providing 24 hour live in care.

Throughout the inspection there was a happy cheerful atmosphere with plenty of laughter and general banter that was friendly and appropriate to the people joining in. Staff explained that Wilton House was not a work place it was people's home and they respected that. One staff member said, "We come into their home, it is not like going to work. I love working here and the guys (people living in the home) are an inspiration."

Staff continued to emphasise that their role in the home was to support people to do what they wanted, when they wanted and at the pace they wanted. We observed people decide at the last minute that they wanted to go out or contact a family member on their tablet and staff acted immediately to enable them to do the activity they had chosen. One relative said, "It is amazing how they [the staff] support [the person] to make their own decisions and do the things they do. They [the staff] really go out of their way to make their life fun and interesting."

Staff continued to encourage people to be as independent as they could be. Staff saw their role as supportive and caring but were keen not to disempower people. Staff explained passionately how they

ensured people maintained control over their lives and were not told what to do and when. For example, one person maintained control over their medicines. They indicated when they were ready to take their medicines, they went to their room then went through with staff the medicines they needed at the time.

People were supported to express their views. The registered manager explained how each person had an annual care review. This meant the person, family, friends, social workers and keyworkers met to discuss what had gone well over the year and any plans for the next year. The meeting would be held where the person preferred so often took place in their room, however one person had decided to go home for their review. Staff used innovative ways to record the goals achieved through the year. Staff told us that they used different ways of showing what the person had achieved such as picture diaries or projections and iPad based reviews for those who related to light and sound. One staff member showed us the picture diaries of two people. We observed them ask the person if they could share their diary with us. The person was very happy for us to look at the pictures and memorabilia from activities they had joined in through the year.

One staff member explained how they had been working with people and their families to develop "Life books." These books meant everyone supporting the person could understand who they were, their history and what was important to them. A sensory life book had been created for one person who was visually impaired so they could feel the memories they held. This meant they could also be involved in their care review as they were able to identify and Comment on the memory in their diary.

The registered manager explained how people had developed questions to be asked at interviews for new staff, however they were looking at ways of supporting people in feeding back their views on prospective staff once they had met them during the recruitment process.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. Each person had their own bedroom with en-suite facilities and built in hoists. This meant staff could support people with their personal care needs in the privacy of their own bedroom.

Staff used innovative ways to support people to feel relaxed about expressing their emotions. One staff member explained how they used an "emotion tree" in one person's room. During their morning routine they would use leaves on the tree with their feelings on to discuss any negative emotions the person was feeling and work out how to manage their feelings in a supportive way agreed with the person. This meant the person was able to express their feelings freely and could start their day with a more positive outlook. Staff said they had seen a "marked" improvement in the person's mood since they had started the project.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Individual records were securely stored to protect people's personal information.

Outstanding ☆

# Is the service responsive?

## Our findings

People received care and support which was personalised to their needs and abilities. Staff were outstanding in the way they supported people to achieve life changing goals. Staff thought "outside the box" when it came to supporting people to achieve their goals and expectations. One relative told us, "This is an amazing place, [the person] is so happy here and we are happy with the way they are supported to be in control of their own life. It is home from home."

The registered manager told us how staff enabled people to have fulfilled lives outside of the home and records showed how staff had been innovative in supporting people to access the local community and take part in a variety of meaningful activities. There were communal activities such as a visiting musician which people and relatives said they enjoyed, a local choir, parties and BBQ's. However, people also pursued activities relevant to their personal interests and goals. For example, records showed people went to the cinema, the theatre, bike riding, sailing, various clubs and local events. During the inspection one person expressed the wish to go out on their bike and staff took them out.

People enjoyed holiday activities when they either spent a day or week away where they pursued interests, for example one thank you card received from a relative said, "Big thank you to everyone who was involved with [the person] going to the monster truck show. It reminds me how wonderful Cream Care is and how very special the staff are."

One staff member explained how one person liked to go to a local comedy night whilst another person liked to go to "open mike" nights to play their harmonica. This person was observed during the inspection being supported to share a "jamming session" with a relative online. Staff said this was a regular event looked forward to by both the person and their relative. Other planned activities included ice skating, Christmas shopping and a pantomime.

People also invited other people from homes within the organisation to parties or events. For example, they held a, "Great British Bake off" event. People entered their cakes and local café owners judged the entries. The cook explained how all the people had been involved through the use of a sensory experience when they baked their cake with an emphasis on touch and smell. During the inspection people were being supported to go to another of the organisations homes with their cakes for a "Children in Need" party to raise funds for the charity event.

People looked at the achievements they had made through the year at their annual care review. They then decided with the support of their relative and staff what they would like to achieve in the following year. One staff member told us about one person who had wanted to go to a famous theme park in France and how they had been supported to "live the dream." Another staff member told us how they promoted a family atmosphere in the home as family was very important to people living there. Relatives were always welcome and included in activities and decisions made about the care and support and changes in the home.

Another staff member explained how people had been involved in planting bulbs in the drive and how they

had helped the neighbour during the snow. The neighbour was happy with the support and said, "Every time I see staff go out with the guy's [people living in the home] it is just full of love and care."

One staff member explained how they had supported one person in developing a community noticeboard in the home. The person showed us the board which had notices about events happening in the area for people to choose from. The person was very proud of the board and the information they had gathered. They indicated they had enjoyed the project which was on-going and being added to daily.

People were also involved in developing personal skills, one person with an interest in gardening went to a local college to study horticulture. They were involved with the gardener in planning and developing the garden to be more user friendly for people in a wheelchair. Their plan included raised planting areas so people could grow their own vegetables to be used in the home.

People with religious and cultural differences were respected by staff. The registered manager explained that they had one person who regularly attended a local church. The person had built up a relationship with the vicar and congregation. The registered manager was also aware of how they could access community links for people with other religions or cultural needs.

People's care plans contained a large amount of detail and guidance to provide staff with information about their health and care needs. All staff knew people incredibly well when we spoke with them. Care plans were personalised to individual people. For example, one care plan stated, "[The person] enjoys people who are cheerful, upbeat and confident." The registered manager told us this was considered when allocating a member of staff to their team. Another care plan indicated a person liked to dance when supported by a sling to a specific type of music. During the inspection we observed the person enjoying dance time in their room. Whilst another person's plan indicated what type of music they liked and how staff could use the music if they became upset or distressed.

As well as detailed plans for personal care and keeping safe there was detailed information about how people communicated and what each action or body language meant. Each part of a person's plan described the support they needed and identified any risks. All records were kept up to date and reflected people's current needs. The care plans were also provided in an easy read format so people could look at them during reviews.

One staff member commented on the new electronic care plans, they said, "The care plans are changed immediately so there is no need to make sure you read a communication book. Any message is there at the start and you can't move on until you have confirmed you have read it." This meant any changes were readily communicated and people would be supported appropriately.

Some people had lived at the home for a number of years and their needs had changed as they aged. Staff had responded to changes in people's needs by ensuring appropriate professionals were involved in their care to support their changing needs. Relatives told us they were always involved and any changes were communicated promptly. One relative said, "[The person] has flourished since they came here we are always involved in reviews and the communication is really good."

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The majority of people who lived at the home had no verbal communication. Assessments had been carried out by speech and language therapists to promote good communication for people. Each person had a communication profile in their care and support plans which gave staff some indication of how people communicated and what

certain sounds and gestures meant for that person.

People could complain if they were unhappy. Records showed that generally people were very settled, so were happy with their care. People would not be able to use the complaints procedure independently; they would need staff or relatives to help them. There had been no complaints made in the last 12 months. Relatives spoken with did not raise any concerns with us; they knew they could complain if they needed to and knew who to complain to.

At the time of the inspection no one at the home was receiving end of life care. However, there were systems in place to support people if the need arose. The registered manager confirmed they could access training and support from a local hospice and the community nursing team. Staff explained how they had supported people and relatives following the loss of one person who had lived in the home for some years. People had planted flowers and held a memorial BBQ in the home to remember the person. The PIR said, "Cards and a memory box was provided for staff to write messages to family after the passing of a resident, these were sent and much appreciated by the family.  A Memorial BBQ was arranged to celebrate the life of a resident this provided closure for staff and a chance to spend time with the family."

Good

# Is the service well-led?

## Our findings

The service was well led. There was an established management team with clear roles and responsibilities. Relatives told us they knew the registered manager and they felt the service was well managed. One relative said, "[The registered manager] is always available and happy to talk to anyone. They really understand all the residents and I know I can chat at any time."

There was a registered manager in post. A registered manager is a person who has registered with CQC 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 spoke highly about the registered manager. One member of staff said, "She [meaning the registered manager] is brilliant, she gets stuck in and helps. Everybody really works well together we are all a team. Brilliant place to work." Another staff member said, "We are really valued as staff and I would not wish to work anywhere else." Staff were supported by management at all times. The provider had an on-call service for out of hours to support the management and staff.

The registered manager was passionate about making people's lives meaningful and different; this was reflected by all the staff we spoke to. During the inspection we noted that the registered manager always spoke with people when they passed her or she passed them. All the people in the home recognised her and responded happily when spoken to.

Staff worked in partnership with other health and social care professionals. Staff had developed good links, with GPs, community nursing teams, specialist epilepsy nurses and the learning disability nurse. The PIR said, "Working with the district nurses and GP on a urine retention protocol has enabled us to have a direct route to the nurses. This has meant a resident gets a quick response when needed, in his own home with the least restrictive option." The provider also employed some care professionals, such as an Assistive Technology Development Manager to support people with communication needs.

People were supported by staff who received regular supervisions to discuss work practices, training needs and any concerns. One member of staff informed us they met with the registered manager regularly however they also said they could talk to the registered manager at any time. The registered manager had set up a delegation of roles for senior staff so they carried out staff one to one supervisions. However, they monitored this to ensure all staff received a one to one meeting within the provider's guidelines.

The registered manager told us the provider completed regular audits. These included specific medicines and quality audits and a recent review which was carried out in the style of a mock CQC inspection. This demonstrated the provider was learning from experiences and ensuring improvements were made when required. There were systems in place to monitor the service and care provided; these systems identified areas that required improvement and an action plan was put in place.

When suggestions had been made or shortfalls identified lessons were learnt and action taken. For example, relatives felt they did not readily know new staff. The registered manager had developed "staff profiles" which were kept in the home for relatives to read. This meant they could build relationships with new staff quicker as they felt they got to know them sooner.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People and their families were able to comment on the service provided. Some people living in the home could not fully express their views verbally but staff knew people well enough to know what they were feeling by their behaviour and could support them to voice their views through assistive technology. Relatives said they were given opportunities to comment on the care provided and peoples care plans. The company held "team talk" sessions. This involved two representatives from each home within the organisation meeting with the care director and support manager to discuss any ideas and any areas of development. The PIR stated that this process had meant positive changes had been made.

The registered manager and provider were aware of when notifications should be sent in line with current legislation.  There had been notifications received in line with statutory requirements to inform the Care Quality Commission (CQC) when people had been hurt or there was a death. There was a system which was in place to monitor all incidents. This would highlight if appropriate action had been taken including sending notifications to external parties such as CQC.