Quality Care (EM) Limited

Adams House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 9 February 2017.

Adams House provides accommodation and personal care for up to 24 people living with learning disabilities and an autistic spectrum disorder. At the time of our inspection there were 23 people living at the service. Accommodation included four bungalows and eight individual apartments and one shared apartment within the same grounds.

Adams House is required to have a registered manager in post. 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 the time of the inspection a registered manager was in place.

Staff were aware of the safeguarding procedures and had received appropriate training. Safeguarding incidents had been reported and appropriate action taken to reduce further risks. People received their medicines as prescribed; some minor concerns were identified with the management of medicines but this did not impact on people's safety. Safe recruitment practices meant as far as possible only people suitable to work for the service were employed.

Accidents and incidents were recorded and appropriate action was taken to reduce further risks. Improvements to the analysis and review procedure to help identify any themes, patterns or concerns were being made. Risks plans were in place for people's needs and were regularly monitored and reviewed. The safety of the environment and equipment was checked regularly.

There were sufficient staff to meet people's needs. People's dependency needs were reviewed on a regular basis for changes.

Staff were appropriately supported, this consisted of formal and informal meetings to discuss and review their learning and development needs. Staff additionally received an induction and ongoing training.

People's rights were protected under the Mental Capacity Act 2005 although some inconsistencies were found with the completion of capacity assessments.

People received sufficient to eat and drink and their dietary needs and preferences were met and choices promoted.

People's healthcare needs had been assessed and were regularly monitored. The staff worked with external health professionals in meeting people's healthcare needs.

People and relatives reported that staff had a good, caring approach. They described staff as caring, compassionate and knowledgeable about their needs. People's preferences, routines and what was important to them had been assessed and recorded. Support was provided to enable people to pursue their interests and hobbies. Some inconsistencies were found with how staff communicated with people.

The provider supported people to be actively involved in the development and review of the care and support they received. This included regular discussions with people and formal meetings. Person-centred planning records showed gaps in how people were supported to achieve their future goals and aspirations.

People told us they knew how to make a complaint and information was available for people with this information. Confidentiality was maintained and there were no restrictions on visitors.

The provider had checks in place that monitored the quality and safety of the service. People and their relatives and representatives, received opportunities to give feedback about their experience of the service. The provider was aware of their regulatory responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood what action they needed to take to keep people safe and risks had been assessed and planned for.

People were supported by sufficient number of staff that were deployed appropriately to meet their needs. New staff completed recruitment checks before they started work.

People received their prescribed medicines; some minor inconsistencies were identified with the management of medicines.

Is the service effective?

Good

The service was effective.

Staff received an induction, ongoing training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed. Some inconsistencies were found with how capacity assessments were completed.

People received appropriate support with eating and drinking and food preferences were included in menu planning.

People had the support they needed to maintain good health. The service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported people. Some inconsistencies were identified with how staff communicated with people.

People were supported to access independent advocates to represent their views when needed.

People's privacy and dignity were respected by staff.

Is the service responsive?

Good

The service was responsive.

Care was personalised and responsive to people's needs. Activities were available to meet people's individual preferences and interests.

People and their relatives or representatives were involved as fully as possible in reviews and discussions about the care and support provided.

People's views were listened to and there was a system in place to respond to any complaints.

Is the service well-led?

Good

The service was well-led.

The provider had systems and processes that monitored the quality and safety of the service.

People and their relatives or representatives were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and vision of the service. The provider was aware of their regulatory responsibilities.

Adams 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 9 February 2017 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor in behavioural support needs and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider 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 reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the commissioners of the service, healthcare professionals and Healthwatch to obtain their views about the care provided at the service.

On the day of the inspection we spoke with five people who used the service about their experience of the care and support they received. Due to some people's complex needs associated with their autism and learning disability, we were unable to communicate with them and used observations to help us understand their experience.

During the inspection we spoke with the registered manager, deputy manager, care director, training provider, nine staff that included senior support workers and support workers. We looked at the relevant parts of the care records of nine people, three staff recruitment files and other records relating to the management of the service. This included medicines management and the systems in place to monitor quality and safety.

After the inspection we spoke with five relatives for their feedback about how the service met their family member's needs.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Adams House. One person said, "It's a safe place, gate, locking systems, this is a nice safe environment. I do feel my things are safe." Relatives were positive their family member was protected from avoidable harm. Two relatives told us that whilst there had been safeguarding incidents, these had been responded to effectively and that they were satisfied with the action taken. One relative said, "I'm pleased staff use the whistleblowing policy. There has been a couple of incidents but I've attended meetings, been kept informed of the action taken and I've been pleased with the outcome." Another relative said, "When there has been issues action has been taken quickly, I feel [relative] is safe."

A 'whistleblower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us that they would not hesitate to act on any concerns and were confident their concerns would be addressed. A staff member said, "I'd speak with a senior. We have an on-call officer to call to offer support if abuse has taken place." Staff were aware of the different categories of abuse and what their role and responsibility was in protecting people from harm.

Records confirmed staff had received adult safeguarding training. Information was on display advising people who used the service, visitors and staff, of the action they could take if they had a safeguarding concern.

Effective processes were in place to reduce the risk of people experiencing financial abuse. We did a sample check of money the provider was managing on behalf of people. We found the amounts recorded tallied with the amounts stored in the service's safe.

The provider is required by law to notify CQC of safeguarding incidents. We were aware that there had been a high level of safeguarding incidents reported to us. We discussed this with the registered manager who explained why this was and the action they had taken to reduce risks to people. This included using the provider's staff disciplinary procedure when concerns had been identified about unsafe practice of staff. Records confirmed what action the registered manager had taken to reduce risks and this was found to be responsive and effective.

Processes were in place to ensure people's freedom was not unnecessarily restricted. We noted that a person had been given a key fob that gave them the ability to leave and enter their bungalow without the assistance of staff. This person said, "I've got a key to my bedroom and kitchen."

Relatives told us that they were involved in discussions and decisions about how risks associated to their family member's needs were met. One relative said, "I've seen risk plans, I'm always involved in decisions about what staff need to do to keep [relative] safe." Another relative said that due to their relative's complex needs staff were required to be vigilant at all times and that they were confident risks were managed well.

Staff told us that they had sufficient information about how to support any identified risks people had and they said risk plans were informative and provided appropriate guidance and support. Additionally, staff

said that any concerns about risks were discussed in staff handover meetings and risk plans were reviewed. Records viewed confirmed what we were told. We found staff were knowledgeable about people's individual risks and the action required to keep them safe. This told us that people could be assured that any risks were known and understood by staff.

The premises and environment internally and externally, were found to be secure to protect people's safety. Maintenance checks were being carried out internally and by external contractors and these were found to be up to date. A business continuity plan and personal emergency evacuation plans were in place to inform staff of how to support people effectively, during an unexpected event that could affect the safe running of the service.

Relatives told us that they had no concerns about staffing levels. One relative said, "I can only comment on what I find when I visit and there is always enough staff. [Relative] needs one to one staff at all times indoors and two staff when going out and I see from the communication book that's used that they get this." Another relative said, "I have no concerns about the staffing levels."

Staff were positive that there were sufficient staff available at all times to meet people's individual needs and safety. One staff member said, "There are plenty of staff around. Where people need one to one or two to one support, there are always staff in place to provide this."

The registered manager told us how staff were deployed to meet people's needs. Due to people's complex needs they either had one to one staff support or two staff to support them. The staff roster confirmed appropriate staffing levels were provided and our observations found people were supported effectively.

There were safe staff recruitment processes in place. Staff told us they had supplied references and undergone checks including criminal records before they started work at the service. Records confirmed what we were told.

Relatives were positive that medicines were managed safely. One relative said, "When [relative] visits us they come with their medicines and with the form staff have to complete when they have given medicines and I do too, it confirms its been given so I'm confident it's all ok."

Staff told us how they supported people with their medicines. This included the ordering of repeat prescriptions, safe storage, management, and the returns of any unused medicines back to the pharmacy. Staff also told us what training they had received including competency checks completed to ensure they followed best practice guidance. Records confirmed what we were told.

We observed staff administer people's medicines. Best practice was followed including staying with the person to check they had taken their medicines safely.

Some people had medicines prescribed as and when required (PRN) and protocols were in place to advise staff of when this should be applied. However, we found that information lacked detail in places. For example, one person's protocol said, 'Take one or two when required', but gave no indication of when this should occur or the signs to look for. We also noted that people's preference to how they liked to take their medicines were not recorded. We found some minor inconsistencies in that temperature checks of some of medicines cabinets were not fully completed. Body maps to instruct staff where creams should be applied were not always present. We discussed this with the registered manager who said they would bring this to the attention of staff immediately.

Medicine Administration records (MAR) were used to confirm whether each person received their medicines at the correct time and as written on their prescription. We saw these had on the whole been fully completed. The provider had an audit system that was completed daily to check medicines were being safely managed. We did a sample stock check and found these to be correct. Where senior staff had found discrepancies with the administration of medicines we saw these were investigated and appropriate action had been taken to reduce further mistakes.

Good

Is the service effective?

Our findings

Relatives told us they felt staff were competent in meeting their family member's needs. One relative said, "The senior staff are very good at listening and taking action." Another relative told us, "I have to put a lot of trust into staff and they do a good job and know [relative] very well."

Staff were positive about their induction. They said this included a period of shadowing experienced staff until they became confident in meeting people's needs. Staff told us they felt well trained and received regular refresher courses to ensure their current knowledge was in line with current best practice guidelines. One staff member said, "I have had a lot of training. I take every bit of training I can get." Staff said that they received regular opportunities to meet with their line manager to discuss their work. Staff were positive that this was a good experience and supportive. One staff member said, "I've had four or five supervisions this past year. They are really helpful. If I want an additional supervision then I can just ask for it."

Some staff told us that whilst they had received training in autism awareness and communication they felt they would like more in depth training in these areas. We shared this with the registered manager who agreed to talk with staff about their training needs. After our inspection the training provider sent us detailed information about the training plan for 2017. This included how training needs were identified. We found staff training was appropriate for the needs of people that used the service. This told us that training was based on people's needs who used the service and that the provider kept up to date and utilised best practice guidance within health and social care.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Relatives told us that they were involved in best interest discussions and decisions. One relative said, "I'm aware of this legislation and what it means." Another relative told us, "Yes, I'm consulted and involved."

Staff showed an understanding of the principles of the MCA and DoLS. A staff member said, "If people cannot retain and process information, then we step in and make decisions for them." Another staff member told us, "We can make day to day decisions but bigger decisions have to discussed and agreed by other people such as relatives and professionals."

We found inconsistencies with how the MCA was applied. Where people lacked mental capacity to consent

to a specific decision in areas such as medicines and finances, we found either MCA assessments and best interest documentation was missing, not completed correctly or was in place and correct. We brought this to the attention of the registered manager who agreed to arrange further staff training and support in this area.

Some people had been granted an authorisation that deprived them of their freedom and liberty due to the constant need of staff supervision. Staff had a good understanding of the DoLS process and knew who had a DoLS and what support they needed and why. Training records confirmed staff had received training in MCA and DoLs.

Some people experienced periods of high anxiety and behaviours associated with their mental health needs. The service used the Positive Behaviour Management (PBS) approach to managing challenging behaviour and physical intervention. PBM is an accredited approach and records confirmed staff had received this training. Staff told us that whilst physical restraint was used this was a last resort. A staff member said, "We use verbal redirection and find this works well and lots of reassurance."

PBS plans were in place that advised staff of preventative and proactive strategies. However, it was not always clear to see how these had been individualised. Staff told us and records confirmed, there were de-brief meetings and documentation completed after incidents of physical intervention. This was to consider what went well and what could be improved upon. From records reviewed we found there was limited analysis and consideration of lessons learnt. The registered manager told us within the organisation, it had been recognised that improvements were required in this area. As a result there were plans in place to review PBS plans and new documents were being implemented.

One person told us about the menu, "I don't mind the food, it depends who's cooking." Relatives were positive that people were offered a choice and health eating was promoted. One relative said, "Yes, the meal choices are good, [relative] gets a well-balanced diet their weight is stable."

People were supported to choose the food and drink they wanted. Staff told us there were weekly meetings held with people to decide what food to buy and cook for the week ahead. One staff member said, "We sit down with people every Sunday to decide what people want and then add it to the meal planner which we put up in the kitchen." We saw this meal planner and it contained each person's individual choices. However, the meal planner was presented in a way that may not have met some people's communication needs. There was a lack of pictures, photographs, signs or symbols which may improve people's ability to understand.

Care records confirmed people's food preferences and any known health conditions which impacted on their dietary needs were assessed and planned for. Some people required their food intake to be monitored and records confirmed this was happening. We checked food stocks and found these to be plentiful and stored correctly. We observed people were offered drinks and snacks and supported with meal choices.

Relatives were positive that their family member was supported with attending health appointments. One relative said, "[Relative] has recently been supported at the GPs for their health check, they also see the dentist and optician."

Staff told us about some people's health conditions and what this meant for the person and the support they required. Care records confirmed people's health needs had been assessed and were monitored for changes. We saw an example that demonstrated staff took action to involve external healthcare professionals when people's needs changed.

Care records confirmed healthcare professionals were involved in people's care such as speech and language therapists, a psychiatrist, GP and epilepsy nurse. People had health action plans that recorded their health needs and appointments attended. The use of this document is seen as best practice.

Good

Is the service caring?

Our findings

One person who used the service told us that they got on with some staff better than others. Comments included, "Some staff are kind and caring, not all of them. I feel comfortable with some and with some I don't feel that."

Relatives were positive that staff had a kind and caring approach. One relative said, "I think the staff are fantastic, there is good communication and they answer any queries or worries I might have." Another relative told us, "The staff are all good, they are friendly and polite and treat people individually, they know people's ways really well and what's important to them."

Relatives made comments about the high turnover of staff during 2016 and the concerns they had about the impact on their relative. However, relatives felt this had been managed well. One relative said, "Change can be really difficult for [relative] to cope with but I have to say at the moment they are settled and happy. If they weren't I would know through their behaviour." Another relative said, "[Relative] has complex needs and it takes a great deal of time to get to know them well, staff have achieved this over time, they are settled and happy and that's the most important thing for me."

Relatives said that their family member had developed some good, positive relationships with staff. One relative told us, "[Relative's] keyworker seems to have a caring manner, they arranged a birthday party and took [relative] bowling, they sent me the photos." A keyworker is a named member of staff that has additional responsibility for a person who uses the service.

Staff showed they had a good understanding of people's needs, preferences and what was important to them. People were supported to follow their chosen religion or to follow and embrace their cultural needs. Where people had specific requirements in relation to these needs, plans were in place to support them with it.

Staff showed warmth and care for the people they supported. We saw where people showed signs of becoming upset or distressed, staff acted quickly to reassure people. This led to a calm and friendly environment for people to live and work in.

People who used the service appeared to be comfortable with staff and staff spoke kindly and respectfully in a way that showed they knew people well. Some people were happy to show us their rooms and we saw these were personalised to the person's individual style.

Some people had complex communication needs and different preferences to how they expressed themselves. Relatives told us that they felt staff understood people's communication needs. One relative said, "[Relative] has very complex needs, and even us as parents, don't always know what they are communicating, I think staff do well."

We found on the whole staff used effective communication, picking up on people's body language, gestures,

sounds and behaviours used to express themselves and included them in conversations. However, we also saw where staff's communication could have been better. This was in reference to sometimes the language used and length of sentences. We observed a person became upset and a member of staff talked to the person calmly but in a relatively complex way. For example they said, "Do you want your haircut, you'll see mum tomorrow, you'll be going out soon, don't get upset." These phrases were said together. Later the member of staff told us that this person required short words to be used to support communication needs, which were not what we observed. We also observed three staff at the table with two people who used the service. Staff began to talk about one of them going on a social activity at the weekend; the staff talked to each other and did not engage either person in this conversation. This told us that people received some inconsistencies in how staff met their individual communication needs.

Care records contained communication support plans that provided staff with guidance about how to effectively communicate with people. We found staff were able to tell us how people communicated but this was more detailed than what was recorded. This meant new staff may not have been fully supported to know and understand people's communication needs.

People's support records contained reference to people being encouraged to access their support plans if they wished to. However, the layout of the support plans may have made it difficult for people with communication needs to understand. There were limited individualised signs and symbols, or picture and photographs, to support each person with understanding their records. However, we noted within people's bungalows the evacuation process and service user guide was presented using a 'Picture exchange and communication system' (PECS). This involves the use of pictures and symbols to communicate needs and choices.

Information was not on display advising people about independent advocacy. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. However, staff were aware of advocacy services and gave an example of a person who had an advocate to support them. This told us if people required this support advocacy services were arranged.

Some relatives told us that they felt staff supported their family member with independence. Whilst others felt this could be improved upon. One relative said, "Staff encourage [relative] to do as much as possible for themselves." Another relative said, "I feel [relative] could be encouraged to be more independent. Staff write on birthday cards but I know [relative] can do this."

Staff told us that they promoted independence. One staff member said, "We encourage people to be involved in daily domestic tasks. [Name of person] loves helping with the pots, another person who wants to live more independently we're helping them learn how to use the washing machine." The registered manager said a person had recently shown an interest in doing some voluntary work and that this was being explored with them. They also said that two people helped with jobs within the service for which they received payment for.

Relatives were positive that their family member received care that respected their privacy, dignity and was respectful. One relative told us, "The staff are always polite and respectful; they have a good and thoughtful approach."

Staff could explain how they ensured people were treated with dignity and respect. One staff member said, "I treat people as I would want to be treated, with kindness and respect." We observed staff were sensitive and discreet in how they supported people, personal space was respected and dignity upheld.

Relatives told us that there were no restrictions about when they visited.

Good

Is the service responsive?

Our findings

Relatives were positive about the pre-assessment and transition experience for their family member. One relative said, "I was involved from the very beginning and the transition plan worked out well, it was short, intense, just what was required, it was above and beyond what I expected."

Support plans advised staff of what people's needs were and the support required to provide a responsive and personalised service. Relatives told us that they had been involved in the development of these plans of support and that they were invited to an annual meeting to discuss and review the care and support provided. One relative told us, "Yes, I go to a yearly meeting, I can ask for a meeting anytime." Another relative said, "I've seen the support plans, I'm always involved."

Staff told us that they had keyworker meetings with people that were recorded and used to make any amendments to their support plans. Records confirmed what we were told. An example of this was that a person requested a particular member of staff did not support them and they had a preference to the gender of support staff that worked with them. This person's daily staff support plan confirmed their request had been acted upon and respected.

We saw examples of people's person-centred review meeting records. Whilst these showed some consideration had been given to what people's goals and aspirations were for the future, they lacked clear actions of how people would be supported to achieve their goals, including ways to measure outcomes. We discussed this with the registered manager who agreed that further work was required to support people more effectively.

People's support records contained guidance for staff on the level of support they wanted or needed in a range of areas. These included managing their own personal care and their daily routines. These support records were regularly reviewed to ensure they met people's current needs and preferences.

People's interests, hobbies and preferences to how they spent their time was recorded and understood by staff. One person told us, "Sometimes I get to do things like see my missus, walking, animals, trucks, go to discos and find a corner where it's less busy, where I feel comfortable."

A staff member told us how a person was supported to maintain existing friendships external to the service and develop new friendships. An example was given how a person was supported to meet their friend for a social occasion and enjoy a meal together. Records confirmed what we were told.

People had individual detailed activity planners that recorded what activities they were doing for the week. When people had attended an activity staff recorded whether it had gone well and if there were any learning points from them. During our inspection we found people were supported by staff with the activities they had chosen and matched their activity plans. For example, some people had gone to another service within the organisation to use the gym and sensory room facilities. Another person was taken out in their own car to a hairdressing appointment.

Staff described activities that included relaxation sessions, on-site disco and an external evening social dance club. They said weekends were more relaxed with a lie in bed for some people and a takeaway meal for tea. Staff also told us and relatives confirmed that people were supported to have an annual holiday. We found photographs on display showed people enjoying themselves in a wide range of activities and opportunities as described to us.

We spoke with a staff member about the person they were supporting. They spoke knowledgeably about the person's interests and explained how they supported them. They said, "[Name] is very active and loves to walk. I have planned some long routes for them and we do this as regularly as they want to."

The staff we spoke with felt people led active and meaningful lives. One staff member said, "We help people to do as much or as little as they want to do. For example one person likes to use the gym. One of our other homes has a gym so we take them there. They get to meet other people there too."

We observed some good examples that demonstrated staff had a good person-centred approach. For example, we noted that two people were given a banana snack, and each were served the banana in a different way. Staff told us how a person had been reluctant to try foods. They told us how they approached this by offering the person a small bowl of alternative foods alongside of their preferred food and working closely with the person's relatives. Staff said that there had been some success and the person had begun to eat some of the alternative food thus broadening their diet.

Relatives told us that they were aware of the process to raise any concerns or complaints. One relative said, "I've not had to make a complaint but would feel able and confident to do so." Another relative said, "If I ever query something the staff are quick to respond and take action if required."

Staff could explain how they would support people if they made a complaint to them. One staff member said, "If someone complained to me, I'd document it, then report it to a senior or higher if needed to."

The provider's complaints information was made available in an accessible format for people with communication needs. Staff told us and records confirmed that staff spoke with people about complaints in keyworker meetings. This meant people received an opportunity to express and share any concerns about the service. Records showed that where complaints had been received these had been acted upon in a timely manner and resolved.

Good

Is the service well-led?

Our findings

A person who used the service was positive about members of the management team. They knew the names of the registered manager and deputy. This person described the registered manager as, "I love talking to her, she understands, she's understanding, she doesn't miss a trick."

Relatives were positive and complimentary about the care and support provided to their family member. All relatives stated that their family member was happy, had their needs well met and were settled. One relative said, "The service is fantastic, within about six weeks I saw a real positive change with [relative]. I feel at ease and relaxed that [relative] is happy and settled, I'm confident and feel assured they are well looked after." Another relative told us, "Overall all the staff try really hard to treat people individually, their needs are always considered."

As part of the provider's quality assurance systems in place they sent annual surveys to people who used the service, relatives, staff and professionals for their feedback about the service. Whilst relatives confirmed they had been invited to complete surveys to share their views they were not informed of the outcome of the survey. We saw the last survey was completed in December 2016 and showed positive feedback had been received.

We also saw compliment feedback forms received in 2016. An independent advocate complimented the service on the transition plan for a person. Comments included, "You [staff] have managed my client's current presentation and behaviours exceedingly well." Another visiting professional said, "I am always welcomed, staff take time to discuss cases and action what has been decided."

Staff had a clear understanding of the vision and values of the service. One staff member told us, "We're here to support people to keep safe and to live their life as they choose; some people want to move on so we help them to achieve this."

Relatives were positive about the leadership of the service. They described communication as good, that staff were organised and knowledgeable about their relative's needs.

Staff were positive about how the service was managed. Some staff told us of the changes the registered manager had made under their leadership and that improvements had been made. One staff member said, "It's more structured now the service runs better." Another staff member said, "I feel well supported here. I feel I can speak up and I'll be listened to." A third staff member added, "The manager will come to visit each bungalow at least once a day."

The registered manager demonstrated a strong commitment to continually improve the service. They told us how they had made changes to how the service operated to ensure people received a safe, effective and responsive service. This involved changes made to the staff team, ensuring staff were clear about their role and responsibilities and accountable for their work.

Staff told us that staff meetings were arranged regularly and that they felt able to raise any issues, concerns or make suggestions. Records confirmed what we were told.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.

The registered manager had a variety of auditing processes in place that were used to assess the quality and safety of the service that people received. These audits were carried out daily, weekly and monthly and were effective to ensure if any areas of improvement were identified they could be addressed quickly. Audits in areas such as the environment, staff training and development and support plans were regularly carried out. In addition the care director completed an annual quality assurance audit of the service. We saw the audit completed for 2016 and this showed areas for improvement had been identified and action either had been completed or was in progress to make the required changes. It was clear that the registered manager and provider had plans in place to continually review and improve the service.