

Oakview Estates Limited

Hollyhurst

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

This inspection visit took place on 1 and 7 March 2017 and was unannounced. We spoke with relatives via telephone on 7 March 2017.

Hollyhurst provides care and support with nursing for 16 people with a learning disability who may also have other complex needs such as mental health issues, epilepsy or behaviour that may challenge. The service has the main house and also a two person bungalow in the grounds for two individuals on the autistic spectrum.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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.

We last inspected the service in 16 February 2016 and rated the service as 'Requires Improvement.' At that visit we found breaches of regulations in relation to staffing levels and also in relation to staff supervision and support. At this visit we saw improvements had been made and the service was compliant with all Regulations at this time.

On this visit we saw staffing was now provided at safe levels and any staff absences were covered largely by the registered provider's own permanent and bank staff. Where the service had on occasions to use agency staff, we saw this was provided by consistent staff who had been well inducted into the service.

Accidents and incidents had been appropriately recorded and monitored and risk assessments were in place for people who used the service and staff.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

People, staff and relatives we spoke with told us they felt safe at Hollyhurst. Staff and people were aware of procedures to follow if they observed or were aware of any concerns.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner. People were also supported to manage their medicines themselves with support from staff and subject to appropriate assessments.

The home was clean, spacious and suitable for the people who used the service and people were enabled to access the spacious garden area. Improvements had been made in relation to putting in ensuite bathrooms, décor and furnishings. Appropriate health and safety checks had been carried out on the building.

Staff were suitably trained and training was arranged for any due refresher training. Staff received regular supervisions and appraisals and told us they felt supported.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA). People are were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists to people's physical health was supported.

Care records showed that people's needs were assessed before they started using the service and they were supported to transition to the service as smoothly as possible.

Staff supported people who used the service with their social and emotional needs. We observed that all staff were very caring in their interactions with people at the service. People clearly felt very comfortable with staff members and there was a warm and positive atmosphere in the service and people were very relaxed. We saw people being treated with dignity and respect and relatives and people told us that staff were kind and professional.

People who used the service and family members told us they were aware of how to make a complaint.

The service regularly used community services and facilities and had links with other local organisations. Staff told us they felt very supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. Family members told us the management were approachable, supportive and understanding.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Hollyhurst and actions plans and lessons learnt were part of their on-going quality review of the service.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The staff team were aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People had their dignity upheld and staff talked with people in a

polite and respectful manner.

People had been involved in writing their support plans and had good access to advocacy services.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they started using the service and their transition was managed well by the service.

The service had a full programme of activities in place for people who used the service including evenings and weekends.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The service now had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was very approachable and they felt supported in their role.

The service had increased links with the community and other organisations.

Hollyhurst

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 registered 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 1 and 7 March 2017 and was unannounced. Two adult social care inspectors carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners, the local G.P practice and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with six people who used the service and three family members via telephone following the inspection visit on 24 February 2017. We also spoke with the registered manager, two nurses, a student nurse and four care staff and an administrator.

We looked at the records of three people who used the service and observed how people were being supported and cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Is the service safe?

Our findings

On our last visit to Hollyhurst in February 2016 we found staffing levels were not always provided at safe levels. On this visit we saw considerable recruitment had taken place along with additional support through supervision for all staff. We saw people were now supported to attend a wide variety of activities in the community that was not apparent on our last visit. We spoke with staff who told us the situation had much improved and although the service had on occasions used agency staff, these were consistent staff who were trained by the service. On the day of our visit an agency staff member was on duty. They told us they had been welcomed into the service, given clear guidelines about conduct and had the opportunity to read care plans. This agency staff member said they found the service, "Very professional" and told us they really enjoyed working at Hollyhurst. We saw that staffing was now provided at safe levels and in a consistent way.

Staff we spoke with had a good understanding of abuse. People at the service appeared comfortable and happy with the staff supporting them. Relatives we spoke with told us, "I trust the staff 100%" and "I know [name] is safe at Hollyhurst."

We saw a copy of the provider's safeguarding policy, which had been reviewed in 2016. We looked at the safeguarding file and saw records of safeguarding incidents, including those reported to the police, and saw that CQC had been notified of all the incidents. We found the registered manager understood the safeguarding procedures, followed them and had a positive working relationship with the local authority safeguarding team. The registered manager regularly reviewed and updated any safeguarding alerts so any learning or actions were immediately addressed by the service.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Staff also told us they would report anything directly to safeguarding if a manager wasn't available. Staff members we spoke with were clear on reporting any concerns. One staff member told us; "Anyone can put in a safeguarding, you need to speak with a senior straight away. It is a safe environment." We looked at training information which showed that staff had completed training in regard to safeguarding which was updated regularly. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. This included fire, first aid and health and safety training, which we saw was regularly updated. We saw staff were trained in Maybo, a conflict management strategy that includes the use of physical restraint as a last resort. Staff told us they had been trained and we saw that any physical intervention use was immediately reviewed. We saw from incident reports that the number of incidents requiring physical restraint had decreased significantly since our last visit. One of the nurses told us, "We hardly use Maybo anymore, that is such a positive thing for everyone." Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. This showed the service supported staff to keep people and themselves safe.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments were personalised and were regularly reviewed. The service was working to become more of a community setting and we saw that practice and culture had changed significantly since our last visit and people had more access to areas within and outside of Hollyhurst. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents and incidents from occurring.

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. We spoke with the administrator who explained recruitment processes to us and told us how recruitment procedures had improved. They said, "The new electronic system means things are clear and precise so I don't miss anything and then files are properly labelled." One staff member told us they were given scenarios at interview and then had an induction with mandatory training courses and then had four days shadowing, "To get to know people, and routines and processes." They also told us they had a mentor who was a more experienced staff member, they said, "I was really satisfied with the induction, everyone was really approachable." This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

The registered manager told us that staffing was provided flexibly by the team as it was dependent upon activities that were planned for people. At the time of our inspection there were two care staff, a housekeeper and the registered manager. Staffing was rostered so that support was available at key times in the evenings, early mornings and weekends. Staff and the registered manager told us that they provided cover amongst themselves where possible or used the staff from the registered provider's nearby services and had no need to use agency staff.

All medicines were stored securely. Medicines that were liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss. Medicine storage was neat and tidy which made it easy to find people's medicines. Room and refrigerator temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

Systems were in place to ensure that the medicines had been ordered, stored, administered, audited and reviewed appropriately. The nurse checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We saw for one person that the nursing team had developed a process and storage area to support them to manage their own medicine administration which showed the service was supporting people to become more independent. Nursing staff also confirmed they took medicine to people on most occasions rather than people waiting to receive their medicines at the treatment room which would be viewed as an institutional practice.

We saw written guidance kept with the medicines administration records (MAR) charts, for the use of "when

required" (PRN) medicines, and when and how these medicines should be administered to people who needed them, such as for pain relief or agitation.

We saw evidence of topical medicines application records to show the topical preparations people were prescribed, including the instructions for use, the associated body maps and the expiry date information. One of the nurses showed us medication audits which were undertaken on a daily and weekly basis, to check that medicines were being administered safely and appropriately. This meant appropriate arrangements were in place for the administration and storage of medicines.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and not propped open and fire extinguisher checks were up to date.

The service had an emergency and a contingency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

Is the service effective?

Our findings

People who lived at Hollyhurst received effective care and support from well trained and well supported staff. We spoke with relatives who told us they had confidence in the staff's abilities to provide good care and support. One relative told us; "There is an improvement with [name] being at Hollyhurst," and "There has been big changes, everything is a lot better."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. On our last visit in February 2016, not all staff had received regular supervision but on this visit we saw a large planner was in place and staff supervisions had taken place regularly. All staff we spoke with said they felt supported by the registered manager and management team. One of the nursing staff told us, "The staff are good at supporting each other." Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. One staff member told us, "I have regular supervisions with one of the nurses we carry on talking from one supervision to the next so it monitors my progress." We saw records to confirm that staff had received an annual appraisal.

The service had an induction checklist in place which included an induction to the home and a formal induction programme. All staff members working at the service told us about this including student nurses and agency staff. This meant that temporary staff as well as new permanent staff were supported to learn about the people and service when they started at Hollyhurst. A student nurse told us, "I was shown around by my mentor and we talked about the aims of my placement and I completed an orientation checklist. My aim is to get a feel for the nursing role and to get to know the service users. My mentor has set tasks for me and gradually I am doing more tasks which my mentor will check with me."

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. This included: food hygiene, fire awareness, infection control, manual handling, Maybo (conflict resolution training), safeguarding and first aid. The administrator showed us a training chart which detailed training staff had undertaken during the course of the year. Staff had received training specific to the needs of the people they supported such as personality disorder and training in relation to supporting people with their mental health. Staff members also told us they were supported to undertake National Vocational Qualifications at the service.

We saw records that showed that staff met together regularly with the registered manager and minutes were kept of these meetings which everyone signed. We saw that as well as day to day issues, staff discussed ways of improving the service. This showed relevant updates were shared with the staff team.

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff had received training in the MCA and the registered manager was aware of their responsibilities with regard to the MCA. We found the service was working within the principles of the MCA. Staff members we spoke with all had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions – they talked to us about what may constitute a deprivation of liberty. We looked at the support file for three people who had been assessed as lacking capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was recorded within the person's support plan.

Relatives we spoke with said they were happy with the communication with the service and felt the service would contact them if there were any issues with their relative. One relative said, "They send a monthly newsletter with photos and they are comforting, it keeps us informed." Each person had a keyworker at the home who helped them maintain their support plan, liaise with relatives and friends and support the person to attend activities of their choice.

We observed the lunchtime meal at the service. The dining room was a huge room and though it was well equipped the noise level due to the large space was high and distracting. Whilst we saw staff and people eating together and people having obvious choices of healthy and nutritious food, we fed back to the registered manager that the mealtime experience felt institutionalised with staff bringing meals and drinks round on a trolley whilst people stayed seated at their tables. Immediately following the inspection, the registered manager wrote to us to explain how they were going to explore and address the issues we raised whilst ensuring people's personal safety was upheld.

We saw people were involved in menu planning, one staff member told us, and "We change the menu regularly and have taster sessions so people can say what they would like to try." The registered manager explained, "Each session service users are given time to vote whether they want the dish on the menu or not (Thumbs up or down) with opportunity for comments." One person told us, "If there is something I don't like I can just ask for something else." Another person told us, "I like 90% of the food but I am a fussy eater." We also saw the service had been developing sessions where people shopped and cooked their own meals and this this was working well with more people being involved in this activity. The registered manager told us, "We introduced Slimming world options to Hollyhurst menu, supporting and involving service users in making healthier choices, providing information in group sessions on healthy eating and choices. We have seen significant results in improvement with some service users."

We saw people had access to a range of external healthcare professionals. The service had good links with people's G.P's and other specialists such as dietitians and speech and language therapists. We spoke with the local G.P who was positive in their feedback about Hollyhurst. They said, "Annual health reviews are left to the surgery to arrange but care plans seem current and I note a consultant psychiatrist reviews residents regularly and is available to contact. In my dealings with staff they all seem caring and interact well with residents. I have not observed any actions that I would consider abusive. I think staff do care about residents and treat them with respect." The registered provider also had a consultant psychiatrist and clinical psychologist to support people using the service if needed. We were also told that people's relatives were kept informed about healthcare decisions affecting people. One relative told us, "[Name's] dentist has just been on the phone to talk about an issue, we are going to have a meeting to decide how treatment will happen. It's nice to know it's not just one person's say so but everyone who knows [Name] is involved."

Is the service caring?

Our findings

Staff had developed positive relationships with people. People showed that they valued their relationships with the staff team. We observed this through people's facial expressions and body language that they responded positively to staff who were supporting them. Staff were comfortable in displaying warmth and affection toward people whilst respecting their personal space. One staff member told us, "We speak as you would like to be spoken to, with respect."

People we met who could communicate with us told us they liked the staff team. One person said, "I get on well with all of them, they are alright and we have a laugh," and another person said, "I have been on holiday with my keyworker and we had a great time."

We spoke with three relatives of people who used the service and received the following feedback. "The staff are like friends. Over the last year things have got a lot better" and "I am very happy with the care at Hollyhurst." People were actively encouraged and supported to maintain and build relationships with their friends and family. People who used the service were able to visit their relatives and friends regularly and were also supported to use the telephone. The registered manager told us, "All families have received a monthly newsletter to let their loved ones know what they have been involved with, the feedback has been really good."

We were shown around the service by the registered manager who demonstrated a good knowledge of people using the service, describing their personalities, likes and dislikes as well as their care and support needs. We were shown people's rooms (with their permission) which were all very different and reflected their individuality. The registered manager who showed us around was able to point out items that particularly reflected the individual's personality and explained what was important to each person. The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. When asked, staff could tell us about the needs of an individual for example they told us about their life history and their likes and dislikes, they could also tell us about people's families. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people.

Staff we spoke with told us; "This is a job that if you did not like what you were doing, then you would not stick it. The staff team are great and I really enjoy it," and "I do like it here and I love the people who live here."

We saw that people's choices were respected. One relative told us, "[Name] is evolving and now making choices for themselves which is wonderful." A staff member also told us, "It's really person centred, the staff care in a way that's suits the individual."

Staff respected people's privacy. They made sure people had opportunity to have time in their own rooms during the day that was undisturbed. Staff members were careful to protect people's dignity by making sure all personal care took place in private, behind closed doors. People's personal records and information was

stored securely and kept confidential. This showed that people's right to privacy was respected.

We observed that staff asked people's consent and explained what they were doing throughout our visit. We saw people were smiling and clearly knew the staff members working at the service well. Interactions were caring and staff used appropriate physical contact to offer people reassurance and care.

Staff were compassionate, sensitive and patient. We observed that staff worked with calm, quiet efficiency. We observed staff anticipated that one person was becoming annoyed with another person sitting in the lounge area, and so they moved this person out of the other person's eyesight and they quickly calmed. Other examples of staff initiative included distracting one person with a new activity when they were becoming anxious, and talking about a subject they enjoyed. The person's mood changed instantly and they became calm and smiling.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us that people who were using the service had local independent advocates supporting them.

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could use if they preferred. There was easy read information around the home on how to make a complaint and there were fortnightly house meetings where people talked about a variety of issues and activities within the service. People were always asked if they felt safe and if they had any concerns. We saw that where people had raised an issue, that it was noted for action and then fed back at the next meeting so people were kept informed. People and relatives we spoke with told us they knew the registered manager and were able to raise any issues with them. One relative we spoke with said, "I speak to [name] the manager regularly."

The service had worked to make the environment and atmosphere more relaxed and homely. There was new décor and furnishings that people had helped choose and there was lots of information on display along with photographs of events and activities that people had attended. The service had developed its community based activities since our last visit and we saw that people were often out attending activities such as 'shop and cook' and horse riding. The service had also become more focussed on assisting people with activities of daily living and had an accredited programme in place to support people with skills such as laundry and cleaning to support people moving on to more independent living. There was an activities co-ordinator who monitored and evaluated people's progress along with staff members to ensure people were enjoying activities and they were meaningful. On the day of our visit the large garden was having a section rotivated and one of the staff members told us they were supported by the registered manager to share their skills and knowledge by getting people out growing vegetables and flowers. They said, "It's great, [Name] has really encouraged me and people here really enjoyed it last year, and this work today of getting a contractor in to do the main digging has saved me a huge job." There were twice weekly visits of sports coordinator who encouraged physical activity, e.g. Football, exercises, outdoor games and indoor games if the weather was poor and we were told the service was introducing "Hollyhurst Boot Camp" to implement fun fitness focused activities to encourage all service users to get involved.

People had also been supported to go on holiday which had included a cottage in Northumbria and visits to Filey and Blackpool, specifically to see illuminations and places of interest. One person told us how they had been to a spa day with their keyworker. They showed us a photograph album of their experience there and they were really enthusiastic about the day. Staff members also told us, "There is always things going on" and "The manager is focussed on activities. What people are doing now is person centred and it wasn't always like that. She goes above and beyond to make sure community outings happen."

There was a range of support plans in place for each person. This included a person centred file and a nursing assessment file. We saw evidence that support plans were regularly reviewed to ensure people's changing needs were identified and met. This was done through a multi-disciplinary approach and was based on previous paperwork from when the service provided hospital care. We discussed with the registered manager and regional director that some of the paperwork in place for people was quite clinical in nature and this was also the feedback we had received from a commissioner we spoke with before our inspection. Both managers agreed with this feedback and told us that the registered provider was in the

process of introducing a more person centred approach to care and support planning that would ensure the person was fully involved and at the centre of how they wanted their support to be provided. There were very detailed plans in place relating to positive behaviour support for people that gave very clear strategies for supporting people when they became anxious. We saw that specific physical intervention protocols were signed by the registered manager and consultant psychiatrist so that they confirmed the least restrictive interventions to maintain someone's safety.

Everyone had a one page profile including staff members which meant key information about people and how they wished their care and support to be delivered was in place. The service focused on ensuring people had transitions that were smooth and positive. The registered manager told us they met with the person's previous placement to learn more about them and to help decide how Hollyhurst could support the person in a consistent way to reduce anxiety for the person. The registered manager also told us they considered transitions in a very considered way to reduce the impact on any new person moving into Hollyhurst as it had to be in "everyone's best interests".

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. People who used the service and staff that we spoke with during the inspection spoke highly of the registered manager. Relatives we spoke with told us the registered manager was approachable, supportive and they felt listened to. Relatives we spoke with told us; "Yes I speak to [Name] regularly and they keep me informed with everything," and "I now I can speak with [Name] about anything, I feel a lot more involved than I have done before and that's due to her management style." We witnessed the registered manager making a call to a family member; it was a very caring and supportive conversation.

Feedback from professionals we spoke with was also very positive about the registered manager. One service commissioner said, "The new manager has been in regular contact with me and has provided updates to me. I have visited three times since 2015 and care plans have all been updated and recording is much better." The service's G.P told us, "I have been impressed of late by the manager [Name] who seems to have a good handle on all the residents." A student nurse told us, "The service users really like [Name] and I have never heard anything negative about her."

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. Observations of interactions between the registered manager and staff showed they were open and positive. One staff member told us; "[Name] listened to how we wanted it to be and has helped us do it. She is very positive, and that positivity has brushed onto everyone. She has leadership skills to lead us." Another staff member said, "The biggest change has been for the people who live here. [Name] goes to all the house meetings and gives feedback, the community has opened up so much more."

The registered manager told us about their values which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having the choices and as much independence as possible and the feedback from staff confirmed this was the case. One staff member said, "It is nice to come to work now, we've got that strong team and people are here for the love of the job." Staff told us that morale and the atmosphere at the service had improved considerably since our last visit and that they were kept informed about matters that affected the service.

We saw that the staff had regular meetings with people who used the service to seek their views and ensure that the service was run in their best interests. These occurred on a fortnightly basis and an easy read set of minutes in a pictorial format were shared with everyone so people knew what had been discussed. This showed the service listened to the views of people and made changes to its service delivery where needed.

We saw records to confirm regular meetings took place with staff. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "I would feel no hesitation to speak to [registered manager]". Staff also told us they met regularly to discuss training and other issues relating to the service. We were told that the meetings talked about people using the service,

keyworkers, safeguarding and health and safety topics as well as an update from the registered manager. The regional manager also carried out regular visits to the home where as well as undertaking quality checks they also spoke with staff and people using the service to obtain their views.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The management team carried out a weekly audit on issues such as staffing, medication, health and safety and the environment. The registered manager told us of various monthly audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. Following feedback from our inspection visit, the registered manager immediately wrote to us telling us the actions they planned to take to address some minor improvements. One staff member also told us, "[Name] is not one to rest on her laurels, she is always looking for improvements and ways to take us forward."

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.