

Manor Care Homes Ltd

Homeville

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 was carried out on the 27 January 2017 and was announced.

Homeville is a privately owned care home providing personal care and support to people who may have learning disabilities and complex needs. People may also have behaviours that challenge and communication and emotional needs. There was one person living at the service at the time of the inspection.

The service is a terraced property close to the centre of Margate. People had their own bedroom which contained their own personal belongings and possessions that were important to them. The service had access to a vehicle which was shared with the provider's other nearby service, to access facilities in the local area and to access a variety of activities.

There was a registered manager working at the service and they were supported by a deputy manager. They were also the registered manager of the other service owned by the provider which was close by. 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. The registered manager and staff supported us throughout the inspection.

We previously carried out an unannounced comprehensive inspection of this service on 16 February 2016. Two breaches of regulations were found. We issued requirement notices relating to safe care and treatment and good governance. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found the breaches in the regulations had been met.

At the previous inspection risks to people were assessed but guidance had not always been available to make sure all staff knew what action to take to keep people as safe as possible. At this inspection improvements had been made. Risks to people's safety were assessed and there was guidance for staff on how to keep risks to a minimum. Risk assessments identified people's specific needs, and showed how risks could be minimised.

The registered manager and staff carried out other environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. On occasions the water temperature at the service had exceeded the recommended level and this had not been highlighted and no action had been taken. The deputy manager took immediate action to rectify this shortfall. Accidents and incidents were recorded and were reviewed to identify if there were any patterns or if lessons could be learned to support people more effectively to ensure their safety.

Emergency plans were in place so if an emergency happened, like a fire, staff knew what to do. There were regular fire drills so people knew how to leave the building safely.

At the previous inspection all systems within the service were not being checked by the provider. Records were not completed to demonstrate that when shortfalls had been identified action had been taken to make improvements. Feedback was not being gathered from all stakeholders to improve the quality of the service. At this inspection improvements had been made. The provider had systems in place to monitor the quality of the service. There were records to show that any identified shortfalls had been addressed and improvements made. The provider asked people, staff and relatives their opinion about the service and had included other stakeholders like doctors or community specialists about what action they thought the provider could take to make improvements

Staff were aware of the ethos of the service, in that they were there to work together to provide people with personalised care and support, that promoted people's independence and autonomy. Staff were part of the continuous improvement of the service.

People and staff told us they thought the service was well led. Staff told us that there was an open and inclusive culture within the service. They said they could talk to the registered and deputy manager about anything and they were always supportive.

Assessments were carried out before people moved into the service and people's care plans were accurate and up to date, reflecting the care and support people needed. If people were distressed or upset or exhibiting behaviours there was step by step guidance in place for staff telling them how to support people in a way that suited them best.

People were happy with the care and support they received. Care and support plans were personalised with detailed information for staff to follow to make sure people's choices and preferences were upheld. People and their relatives had been involved in planning the care.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. People had key workers that they got on well with. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent.

People received their medicine safely and were supported to attend health care appointments when necessary. Detailed health care plans ensure that people remained as healthy as possible. When required, support and assessment was sought from health care professionals,

People were able to access their kitchen, whenever they wanted and were supported to prepare meals and drinks. People were supported to eat a healthy and balanced diet.

Staff understood how to report any concerns. They knew the possible signs of abuse and how to alert the registered manager or the local authority safeguarding team. There was enough staff to keep people safe. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services.

These safeguards protect the rights of people using services by ensuring that if there were any restrictions to their freedom and liberty, these had been agreed by the local authority as being required to protect the person from harm. DoLs applications had been made to the relevant supervisory body in line with guidance.

Staff had the induction and training needed to carry out their roles. All staff had received training in how to manage people's behaviours safely, and how to prevent behaviours from occurring. Staff met regularly with their manager to discuss their training and development needs.

The complaints procedure was on display in a format that was accessible to people. People and staff felt confident that if they made a complaint they would be listened to and action would be taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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.

Risks to people were assessed and guidance was available to make sure all staff knew what action to take to keep people as safe as possible.

Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use

People's medicines were managed safely.

People were protected from abuse and harm. The registered manager monitored incidents and accidents to make sure the care provided was safe.

There were enough staff on duty to support people's activities, hobbies and appointments. Staff were checked before they started work at the service

Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to have the skills and knowledge to support people and to understand their needs.

People were supported to have an active and healthy lifestyle. Mealtimes were social occasions and people were supported to eat a healthy varied diet of home cooked food and drink.

People were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

People were supported to manage their healthcare needs effectively.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected by staff and people received a personalised service.

People had choices about their care. People were supported to maintain relationships that were important to them.

Staff and management understood people's needs and communicated effectively to promote choice and independence.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed to meet their individual needs. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service was flexible and responded quickly to people's changing needs or wishes.

People took part in daily activities, which they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and staff were committed to providing person centred care. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

Audits and checks were carried out to make sure the service was safe and effective.

People's views and interests were taken into account in the running of the service. They regularly surveyed staff, relatives and other stakeholders to gain feedback. Feedback was considered and acted on.

The Care Quality Commission (CQC) had been notified of important events within the service, in line with current legislation.

Homeville

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 27 January 2017 and was announced. The provider was given two days' notice to give the staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused. The inspection was carried out by one inspector. This was because the service only provided support and care to a small number of people.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law, like a death or a serious injury. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask 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. This was because we inspected this service sooner than we had planned to.

As part of our inspection we spoke with and observed people at the service, the registered manager, and two staff. We observed staff carrying out their duties, such as supporting people to get prepared for the day and go out.

We reviewed a variety of documents which included people's care plans, training information, staff files, medicines records and some policies and procedures in relation to the running of the service.

We last inspected Homeville in February 2016 when two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection the breaches had been met and no further breaches were identified.

Is the service safe?

Our findings

People indicated that they felt safe living at the service. They were relaxed in the company of staff and staff reacted quickly if people became distressed or anxious. People approached staff when they wanted something or they wanted to go somewhere. Staff knew people well and said they had built up good relationships with the people they supported.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure they were not too hot or too cold. On the day of the inspection we found that the water temperatures had exceeded the recommended limits and this had not been reported. The deputy manager took immediate action to address this issue. They sent us evidence to show that the water temperatures were now within the required range. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire.

At the previous inspection risks to people were assessed but guidance had not always been available to make sure all staff knew what action to take to keep people as safe as possible. At this inspection improvements had been made. People's independence was promoted and they were able to live the way they wanted. Staff had identified the risks associated with people's care, such as their behaviours and accessing the community. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring.

Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence. There was detailed guidance in place for staff to follow if people displayed any behaviour that challenged. For example, if a person started to become upset and started to shout, staff were to whisper calmly and encourage the person to do their breathing exercises. There was guidance for staff to always prepare a person when something was going to happen so that it did not come as a surprise. Staff said that these actions supported the person to remain calm and relaxed so they could carry on with their daily routine.

Risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people went out. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People could access the community safely on a regular basis. When people were going out, they received individual support, from staff that had training in how to support people whose behaviour might be challenging. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

Staff knew people well and were able to recognise signs if people were upset or unhappy. They were able to recognise if people needed support to calm them if they appeared anxious or upset. Staff explained how they would recognise and report abuse. They had a good understanding of different types of abuse and had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. There were clear procedures in place to enable this to happen. Referrals would be made to the local safeguarding authority when required and action had been taken by the staff to reduce the risks from happening again. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Information was available to people and staff about what to do and who to contact if they were concerned about anything. People could be confident that staff would protect them from abuse and staff were aware of their roles and responsibilities.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and what people spent was monitored and accounted for. People could access the money they needed when they wanted to.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practice remained safe. Medicines were stored securely. The medicine cupboard was clean and tidy, and was not overstocked. Room temperatures were checked daily to ensure medicines were stored at the correct temperatures.

The records showed that medicines were administered as instructed by the person's doctor. Some people were given medicines on a 'when required basis' this was medicines for pain like paracetamol. There was written guidance for each person who needed 'when required medicines'. The effects of the medicines were monitored to see if they were working for the person. If they were not effective then this was reported to the person's doctor and further advice was sought.

There was enough staff on duty to meet people's needs and keep them safe. Staff told us there was enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service.

People required one to one support when they went out on activities. The registered manager made sure there was enough staff available so people could do the activities they wanted. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. Staff said that there was little sickness and if someone was off sick other staff were always happy to cover the shortfall. If there were not enough staff available, staff from the company's other service in the local area covered the shortfall. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. The provider's recruitment policy was followed. Staff completed an application form, gave a full employment history, showed a proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were carried out with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

Is the service effective?

Our findings

Staff and the management team knew people well. They spoke warmly of the people they cared for and were able to explain people's support needs and individual qualities. People told us and indicated that they were happy with how they were looked after and the staff knew what to do to make sure they got everything they needed.

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the right support. People communicated with staff and made their needs known and staff used a variety of methods to communicate with people .

People had a wide range of needs. People's conditions were complex. People were able to make choices about how they lived their lives, including how they spent their time. People made decisions and were offered choices which staff respected and supported. People were able to indicate and tell staff how they preferred their support to be provided and staff listened.

Staff were knowledgeable about people's needs and followed guidance from a variety of health care professionals such as speech and language therapists (SALT) and specialist nurses.

There was an on-going programme of training which included face to face training and online training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy. Staff had also received training on people's specific needs such as autism and epilepsy.

Staff put their training into practice and gave people the support they needed. One person became excited because of our visit. Staff spoke with the person calmly, and gave them reassurance, in line with their training. Staff spoke to us about people's needs with knowledge and understanding.

New staff worked through induction training during a probation period, which included working alongside established staff. The provider had introduced the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

Staff received support during formal one to one meetings with their line manager. They discussed issues that had happened in the service and reflected on their practice. One member of staff said, "We always get regular supervision. It always helps to sort out any issues so we can all get on with looking after people".

The performance of the staff was monitored according to the company's policies and procedures. The staff were supported out of hours by the registered manager or the deputy manager. Staff said they could contact the management team day or night and they were confident they would receive any support and help that they needed. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. There was also discussion on what people had planned and the support and care people needed during the next shift.

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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. The registered manager had applied for deprivation of liberty safeguards (DoLS) authorisations for people and these had been granted. These authorisations were applied for when it was necessary to restrict people for their own safety. These restrictions in place were as least restrictive as possible.

The registered manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans.

People indicated and said the meals were good and they could choose what they wanted to eat at the times they preferred. People went shopping to buy the food and drinks that they wanted. People were encouraged to be as independent as possible and were involved in cooking their own meals if they wanted to be. People were involved in organising the menu for the week and could choose what they wanted to eat. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People could help themselves to drinks and snacks when they wanted to and there was a range of foods to choose from. Staff included and involved people in all their meals. People often went out to eat in the local area and this was an activity they enjoyed.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when people needed it and did not work in isolation. People were supported to make and attend medical appointments. If people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff closely monitored people's health and wellbeing in line with recommendations from health care professionals. People saw their doctors for a health check up every year and whenever they needed to. People also had regular appointments with opticians and dentists.

Is the service caring?

Our findings

People indicated they were very happy living at Homeville. People demonstrated that they liked staff. People choose to be with staff. They went to staff to guide them to places when they wanted something. People smiled a lot. People were very relaxed and comfortable in their home and with the staff that supported them. People communicated with the staff verbally, through noises, body language and gestures and staff knew what they were saying and asking. Staff responded to their requests.

People had a key worker. A key worker is a member of staff allocated to take a lead in coordinating someone's care. They were member of staff who the person got on well with and were able to build up a good relationship. Key workers were assigned to people based on personalities and the people's preferences. Keyworkers made sure that people got everything they needed and their care was planned and organised.

Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted. When people had to attend health care appointments, they were supported by their key worker or staff that knew them well and would be able to help health care professionals understand their communication needs.

Staff encouraged and supported people in a kind, sensitive and caring manner. They respected their wishes and asked what they wanted to do during the day. Staff told us how people's choices were respected, for example choosing their own clothes to wear, and what time they wanted to go to bed and get up each day. People liked their routines and staff were aware if their routine was disrupted it could mean people became upset and agitated. Staff made sure that the routine people liked was followed.

People's privacy and dignity was promoted and respected. Some people liked to have a long bath on their own. Staff made sure people were able to do this but they made sure people were safe and that risks had been mitigated. People could spend time on their own in their bedrooms. People's rooms were personalised with their own important possessions.

Staff said they loved their work and looked forward to being with the people. There was a small staff group who knew people really well and were able to provide consistent care to meet their individual needs. Staff knew and understood what was important to people and were able to tell us about their specific individual needs. They gave examples of how to support people should they become distressed or agitated and what support they would give to help to reduce such situations. They were passionate about the care they were providing, by making sure people were involved in their care, had their choices respected, remained as independent as possible and led meaningful lives.

People made decisions and talked about what was important to them. There were communication guidelines in people's care and support plan which clearly showed the best way to communicate with people. Staff gave people time to talk about what they wanted to do and made sure eye contact was made, as well as pausing in conversation, so that people could understand them clearly.

People's independence was promoted. Care and support plans showed how they could be supported to carry out their personal care, what they could do for themselves, and when they needed staff support. Staff told us how they supported people to carry out daily tasks, such as preparing food. People had opportunities to express their opinions to staff on a daily basis. Staff included people in all aspects of the running of the service so that they felt valued and respected.

There was a calm, relaxed atmosphere in the service throughout the inspection. People came and went as they pleased. People's relatives were encouraged to visit whenever they wanted and people were supported to make visits to their families.

The registered manager told us that if needed they would access independent advocates to support people who did not have any one to speak up on their behalf. Advocates support people so that their views are heard and their rights are upheld. The advocates were there to represent people's interests, which they could do by supporting people to communicate their wishes, or by speaking on their behalf. They are independent and do not represent any other organisation. At the time of the inspection people had families who supported them.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where people's needs were discussed were carried out in private.

Is the service responsive?

Our findings

People received the care and support they needed and staff were responsive to their needs. People sometimes became anxious and staff responded quickly to reassure them and ensure they remained calm.

There had been no recent admissions to the service. However, there was an assessment process in place to be used before people came to live at Homeville. The assessment process covered people's previous lifestyles, backgrounds and family life. It also included their hobbies, interests, and health and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Homeville. From this information an individual care plan would be developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Each person had a care plan. The care plans were reviewed, updated and written in a format that was meaningful to people. The care plans were written to give staff the guidance and information they needed to look after the person. The care plans were personalised and contained details about people's background and life events. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events. People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. People's relatives were encouraged to visit whenever they wanted. People were also supported to make visits to their families and keep in touch.

Whenever possible people were supported and cared for by their key worker. They were involved in people's care and support on a daily basis and supported people with their assessments and reviews. The staff had a good knowledge of the people they were caring for. Staff said that they kept themselves updated about the care and support people needed. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Key workers and other staff met regularly with the people they supported to find out what they wanted to do immediately and in the future.

People's preferences of how they received their personal care were individual to them. To make sure that all staff were aware of people's views, likes and dislikes and how they liked to live their lives, this information was recorded in people's care plans. There was information about what made people happy, what made them unhappy and what made them angry. When people could not fully communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted. When people became upset about events the staff had found meaningful and creative ways to support them to help resolve the issues they had.

People's support plans focused on how to manage their behaviours positively and to give support in a way that was less likely to cause the behaviour. These plans were person centred and bespoke for each person. For example, making sure that staff were aware of the situations that may lead to a behaviour and anticipate what the person wanted before the behaviour actually occurred. The plans explained what staff had to do to do if a behaviour did occur. The support described was aimed at providing alternative strategies to reduce

any negative behaviour. Staff were consistent in how they managed behaviours.

People lived active, varied lifestyles and followed their own interests. They had opportunities to participate meaningfully in the community and to develop their skills. People were encouraged and supported to join in activities both inside and outside the service. People were excited and happy about the activities they did.

A variety of activities were planned that people could choose from. People had timetables of activities. Some activities were organised on a regular basis, like going to social clubs and attending a drama group. People did exercise classes to help them keep fit. There were art and craft groups, discos and local community groups. Some people really enjoyed going for a walk in the local area and staff supported them to do this when they wanted. People were occupied and enjoyed what they were doing. Staff were attentive and knew when people were ready for particular activities and when they had had enough. There was also very clear guidance on the things that people disliked and that upset them. Staff made sure that these were avoided.

The complaints procedure was displayed and was presented in a format that was easy to understand. People were listened to and their views were taken seriously. If any issues were raised they were dealt with quickly. People's key workers spent time with people finding out if everything was alright with the person and if they wanted anything. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. Staff felt confident to pass complaints they received to the registered manager. The service had not received any formal complaints in the last 12 months.

Is the service well-led?

Our findings

The registered manager was also the registered manager for another nearby service within the company. Staff told us the service was well led. They had confidence that the registered and deputy manager took their role seriously and make sure that people were safe and received everything they wanted and needed. The management team knew people well and offered support and guidance to staff. Staff said they received support from the registered manager and the providers to develop their knowledge and skills. People and staff regularly approached the registered and deputy manager throughout the inspection.

The registered manager and deputy manager worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. Staff were supported by a management team who were skilled and experienced in providing person centred care.

The deputy manager said, "We do not ask staff to do anything we would not do ourselves. We work with people and give them the care and support that they need. We take people out, We lead by example. We are always observing staff practice and checking they are doing everything right. If there are any concerns we deal with them". On the day of the inspection the registered manager took a person to a dental appointment and supported them throughout.

At the last inspection in February 2016 the systems in place to quality assure the care being provided were not fully effective. Feedback was not being gathered from all stakeholders to improve the quality of the service. All systems within the service were not being checked by the provider and records were not completed to demonstrate that when shortfalls had been identified action had been taken to make improvements. At this inspection improvements had been made and the breach in regulation found at the last inspection had been met.

The registered manager and deputy manager audited aspects of care weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. One of the associated directors visited the service once or twice a week to check on how things were. They carried out regular checks and identified any shortfalls within the service and any environmental work that had been carried out or needed to be done. They wrote a report of their findings and they were auditing all the systems within the service. There was evidence that follow up checks were made and there were records in place to make sure shortfalls had been addressed and that improvements had been made. During the inspection we identified that audits had not identified that some of the water temperatures exceeded the recommended level. The registered manager took immediate action to address this and reviewed the auditing process to make sure that this omission would not happen again in the future.

People and their relatives, staff and other stakeholders were asked for their feedback about the service. Feedback had been read and considered and the provider acted to address any issues that were raised.

The registered and deputy manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. There

was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to reach their full potential.

Staff handovers highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the management team. The registered manager and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities.

The registered and deputy manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered and deputy manager participated in a variety of events and forums with other managers that worked in the area. There were regular managers meetings when discussions took place within the management team about the shortfalls and challenges they faced and the action management were going to take to drive improvements

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so when required.