PBT Social Care Ltd

Simone's House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced inspection took place on the 31 October and 2 November 2017.

Simone's House provides accommodation for up to five adults who have a range of needs, including acquired brain injuries, learning disabilities, and autism. There were five people using the service at the time of the inspection.

At the previous comprehensive inspection on 20 and 24 October 2016 the service was found to be Good overall but we found a breach of the regulations. This was because the registered manager had not informed the Commission of notifiable incidents as they are required to do by law. Registered persons must notify the Commission without delay of any allegation of abuse in relation to a service user and of any incident, which is reported to, or investigated by the police.

To address this breach the provider sent us an action plan and we conducted a focussed inspection on the 28 March 2017 to look at Well- led. We found at inspection that the registered manager had only partly met the regulation as they had failed to report one incident and did not have a central register of accidents and incidents to monitor and analyse all accidents that took place at the service.

At this inspection although we found that the registered manager was reporting to the Commission notifiable incidents, we found there was on recent occasions some delay in the notifications being sent. We brought this to the registered manager's attention. There was a discussion to clarify and confirm that the incidents were notifiable and the registered manager agreed to address this matter promptly and to take action to prevent reoccurrence of similar failures from happening.

We found, at this inspection the registered manager had oversight of accidents and incidents which occurred at the service. Staff recorded accidents and incidents and made the registered manager aware of these. The registered manager also explored with staff the measures required to ensure the accidents or incidents did not reoccur.

The provider had recruitment procedures in place but had not identified that one person's criminal record check needed to be applied for according to the provider's procedure. We saw that other recruitment checks had been completed. The provider immediately addressed the matter when we pointed this to them. The registered manager ensured there were sufficient staff on duty to meet people's changing support needs.

The registered manager reported safeguarding adult concerns appropriately and staff understood their responsibility to report concerns.

People had risk assessments to keep them safe and positive risk assessments were undertaken to support people's right to make choices and decisions. The provider had applied for Deprivation of Liberty

Safeguards (DoLS) authorisations appropriately and was aware of their responsibilities under the Mental Capacity Act 2005 (MCA).

There were systems in place to ensure medicines were administered safely and these were being followed.

Staff were given appropriate training and supervision. They knew about people's health conditions and supported people to access appropriate health care. They kept robust records to keep health professionals informed of people's physical and mental health. Staff supported people to eat a healthy diet and to remain hydrated.

People described staff as "Good" and "Kind." We saw caring and empathetic interactions between staff and people. Support was provided in a sensitive manner so that people's dignity and privacy was respected. Staff supported people's diversity needs and took action to ensure people's right to a family life was supported.

People were involved in planning their care in a person centred way and were supported to undertake meaningful activities.

The registered manager had empowered people to raise concerns and people told us they knew how to complain and felt any complaint would be addressed thoroughly by the registered manager.

The registered manager was approachable and took action to encourage staff in their career. They valued both staff and people's opinions and actively sought to obtain their views.

The registered manager undertook checks and audits to ensure the quality of the service given.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The provider's recruitment policy had not always been followed to ensure staff were safe to work.

The registered manager reported safeguarding adult concerns to the appropriate body and had empowered people to raise any concerns they may have.

Risk assessments were undertaken to keep people safe from harm.

There were enough staff to keep people safe and meet their needs.

Medicines were administered in a safe manner.

The service was clean and well maintained. Staff practiced good infection control to keep people safe.

Is the service effective?

Good

The service was effective. The registered manager understood their responsibilities under the MCA and had applied for DoLS authorisations appropriately.

People were supported to access the appropriate health care in a timely manner.

People were encouraged by staff to eat healthily and to remain well hydrated.

Staff had received training and supervision to support them in their role.

Is the service caring?

Good

The service was caring. People described staff as good and kind.

Staff told us that they maintained people's privacy and

understood their need for personal space. They demonstrated respect for people's preferences.

Staff supported people's diversity choices and supported people to remain in contact with their family members.

Is the service responsive?

Good

The service was responsive. People had person centred care plans that detailed how they wished their care to be delivered.

People were supported to make complaints and the registered manager responded to complaints in an appropriate manner in line with the provider's policy and procedure.

Is the service well-led?

Requires Improvement

The service was not always well led. The registered manager audited the service but had not identified that they had not followed their own recruitment process. In addition, there were delays in sending some notifications to the Commission.

There was a registered manager in post who encouraged people and staff to voice their views on the service offered and valued their opinions.

There were systems in place to ensure the quality of the service provided was maintained.

The provider worked in partnership with health and social care professionals for the benefit of the people living at the service.

Simone's 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 checked 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 comprehensive inspection took place on the 31 October and 2 November 2017.

One inspector carried out the inspection. Prior to the inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications we had received from the provider. A notification is information about important events, which the provider is required to send us by law.

At the time of inspection, we met with all the five people living at the home and spoke with four of them. We looked at two people's care records. This included associated documents such as risk assessments, recording charts and daily notes. We looked at five people's medicines administration records. We observed staff interaction with people throughout the day.

We reviewed three staff personnel records, this included their recruitment and training documentation. During our inspection, we spoke with one senior staff member, a health and social care student working as an apprentice in the home, the deputy manager, the registered manager, and the executive director.

Requires Improvement

Is the service safe?

Our findings

The provider had a recruitment policy and procedures to help ensure the safe recruitment of staff. Staff completed application forms and attended an interview so the provider could assess their suitability to undertake a caring role. They completed a number of safe recruitment checks. These included a check of criminal records, proof of identity, right to work in the UK and requested two references from staff prior to them commencing their role.

One staff member did not have a DBS from the provider but they did have a DBS check undertaken by another company prior to commencing their post at Simone's House. The staff member's DBS check from the other company was about four months old when Simone's House employed them. This was not in line with the provider's recruitment policy that stated, "Candidates will be informed that, because the job requires them to have access to vulnerable people, if offered the post they will be subject, on recruitment, to a request for their criminal records to DBS and their employment will be conditional on that information being satisfactory."

We brought this to the registered manager's attention who explained that this had been an oversight on their part because the employment process had been slower than anticipated. This was because they had taken time to check the staff member's credentials thoroughly. We saw that the staff member and other staff recruitment checks were otherwise thorough. For example, gaps in employment were explored to establish and confirm the reason for the gap. The registered manager in response to our concern applied for a DBS check immediately and did not use the staff member to work at Simone's House until a current DBS was obtained.

Staff told us there were enough staff on duty. They described that there was always a minimum of two staff to support people during the day and if people had appointments and required support the registered manager would rota extra staff. At night there were two waking night staff employed to ensure people's support needs were met. The registered manager described that they ensured when assessing people to live at Simone's House they could provide the staff required to meet their needs. They explained they always had two staff on duty and increased this number to four staff when people required staff to go with them to an appointment or an activity.

The registered manager told us they employed some staff on a part time basis and in the sudden absence of a scheduled staff member, they would step in and work extra hours. The registered manager also was 'hands on' when necessary and said they would support people as needed. In addition, the registered manager had an apprentice working at the service who attended college to study health and social care one day a week. They worked in a supervised capacity and did not provide personal care on their own but did support people with recreational and social activities. There was an on call system so the staff could telephone and ask for advice or extra support from a more senior member of staff in an emergency. Therefore, the registered manager was ensuring there were enough staff deployed to meet people's needs.

At our inspection in March 2017, we found that the registered manager did not always inform the Care

Quality Commission of safeguarding adult concerns. The registered manager now had an oversight of accidents and incidents to ensure any safeguarding adult concerns were identified by staff. We saw the registered manager had reported safeguarding adult concerns to the appropriate body in a timely manner. Staff recorded accidents and incidents and made the registered manager aware of the concern. The registered manager had an overview of accidents and incidents and explored with staff the measures required to ensure the concern did not reoccur.

People told us they felt safe at Simone's House. One person said, "Yes safe and happy here - it feels safe because staff are looking after me." Staff had received training in safeguarding adults from abuse and could tell us possible signs of abuse and how they would report suspected abuse appropriately. There was an easy read poster with faces on it so people could point to the faces and tell staff if something was upsetting them.

The provider undertook checks to ensure the safety of the environment, such as an electrical installation check which took place in July 2017. We saw portable appliance testing was arranged and following our inspection we were sent documentation to show it had taken place in November 2017. Gas installations were tested in June 2017. Fire equipment was serviced in October 2017 and the service had regular fire drills and weekly fire alarm testing. There was a fire risk assessment undertaken in August 2017. The report stated some actions were required and the provider was working towards addressing these concerns at the time of our inspection.

People had risk assessments to keep them safe from harm. Risk assessments were person centred and tailored to the individual. Risk assessments included those for physical health, mental health, risk from others, moving and handling, skin integrity, and risk of making false allegations. The risk to people was graded to establish if the risk was a low, medium or a high risk and measures to keep people safe were identified. The service had worked with one person and social care professionals to develop a positive risk assessment when they wished to go out without staff support. Measures in place to support the person to remain safe included an agreement to return within a certain timeframe, for staff to phone or text them each hour and for staff to contact the emergency services if they did not return as agreed. Staff could tell us about the arrangements and we saw evidence they were taking the actions identified. As such, the provider was upholding the person's human rights as far as they could but was also responding appropriately to maintain the person's safety.

The provider had systems in place for the safe administration of medicines. People's medicines were kept in their room in a locked cabinet with the exception of one person who wanted their medicines to be kept by staff in the office. People's medicines records contained their photo for identification and medicine administration records (MAR) stated clearly each medicine, dosage and when the medicine should be administered. In addition, there was guidance about possible side effects of specific medicines so staff could effectively monitor people. Most medicines were in a blister pack dispensed by a local pharmacy. Staff demonstrated they checked the contents to ensure they were correct. We counted some medicines that were not kept in a blister pack and found the amount tallied with the amount recorded on the MAR. Medicines that were administered as and when needed had guidelines that were agreed with the GP. Guidelines for 'as required' medicines to use to manage epileptic seizures were in people's records and displayed on the person's bedroom wall for staff reference. The deputy manager checked the MAR and tallied medicines each day. The registered manager undertook spot checks several times a week to ensure the medicines were being safely administered.

The service was clean and well-maintained. One person told us staff supported them to clean their room "Staff help and support generally they hoover the room." The communal areas were cleaned at night by the night staff who completed a rota of tasks. The executive director undertook general repairs and maintained

the building and garden to a good standard. Staff had received training in infection control and we observed them use protective equipment such as gloves appropriately. There was hand sanitizer available around the service and notices reminded staff, people, and visitors of the importance of good hand hygiene these were displayed in bathrooms and in the kitchen.

Staff had completed food hygiene training and food was stored in an appropriate manner to ensure it was safe to eat. Fridge and freezer temperatures were recorded each day to ensure food was stored safely. We saw from team meeting minutes that the registered manager reminded staff of the importance of storing food safely and to throw out food past the expiry date.

Good

Is the service effective?

Our findings

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some people living at the service had the mental capacity to consent to their care and treatment and as such could choose to go out into the local area without staff support. To keep people safe the registered manager had undertaken risk assessments in regards to promoting people's independence and making decisions, to uphold their legal rights to make choices. The registered manager had applied for DoLS from the statutory body appropriately for some people that were assessed as not having mental capacity with regard to their care and treatment and who were subject to restrictions which could have amounted to a deprivation of liberty. We saw that the registered manager took into account changes in people's needs and mental capacity and kept this under review.

People's care plans contained their signed consent for their records to be shared with relevant professionals and to receive care and support at Simone's House. One person had a court appointed deputy to manage their finance and this was recorded in their care record. Staff told us "All people here are encouraged to make choices." Staff understood the need to gain people's consent before offering care and told us how they supported people to make choices, giving examples that people were encouraged to make choices throughout the day for their meals, dress, and activities.

Three people told us the food was good comments included "Yeah it's lovely – just anything – Just cook it and we eat it." Another person said, "Yes food is good." People said they had a choice of meals they said for example, "They do now and again ask what people like" and "Yes we get a choice." We saw that people were asked in service user meetings what food they would like to eat and if the meals were what they liked to eat. There was a range of food to give a choice of meals in the fridge and freezer. People could help themselves to cold drinks and there were hot beverages available.

The staff encouraged healthy eating. One person with staff support told us how they had picked apples from the garden to make apple crumbles in the summer. They said they had watered tomatoes and green beans each day so they had freshly picked vegetables for dinner and had made tomato soup with staff. The staff member said, "Homemade and healthy" the person smiled and looked proud. People were weighed on a weekly basis to monitor their nutritional state and medical professionals were informed where there were changes.

People confirmed staff that staff supported them to access health care. One person told us "Staff help take me to hospital appointments – a blood test today." Staff were well informed about people's healthcare support needs and we saw evidence of staff contacting health professionals for advice and supporting people to the GP and optician and numerous clinic appointments in a timely manner. When people had an

ongoing medical condition such as a bowel or bladder condition staff monitored this and made records to inform their clinic appointments and ensured they ate a suitable diet. The staff monitored people where they had epileptic seizures and for one person had identified triggers that could contribute to them having an epileptic seizure. They ensured the person was not subjected to these triggers to avoid the risk of epileptic seizures occurring. As such, the staff were proactive in managing people's health conditions.

People's mental and emotional health was also monitored by staff. The provider had made referrals for psychology input for people when their behaviour had changed or was becoming difficult for staff to manage effectively. In addition, we saw that staff had raised concerns with the GP when they had observed people's mental health deteriorating and had supported people to attend mental health assessments.

The provider had worked closely with mental health professionals when assessing people prior to admission to the service to ensure staff could meet their support needs. They had also facilitated the transition to the home for one person who had lived in a mental health care provision for a number of years. The transition period had allowed them to become familiar with the service and the people living there before they had accepted a permanent placement at the home.

Staff told us they had received induction training prior to commencing their role and one staff member commented, "Yes the induction is thorough enough." Induction training recorded that staff shadowed more experienced staff for a number of days and received training in core areas that had been identified by the provider, such as medicines administration, health and safety, fire safety awareness, safeguarding, MCA and DoLS. Further training for staff included understanding dignity and safeguarding, infection control, emergency first aid, positive behavioural support for managing behaviour. Some staff had received support to undertake specialist training to meet a specific support need, for example training in dementia awareness and acquired brain injury. The registered manager had provided staff with information about people's medical conditions such as schizoaffective disorder so they could understand how the condition might affect a person in their care.

Staff told us they felt well supported by the provider. Staff received supervision sessions on a three monthly basis and the sessions looked at what was working well, discussed people's changing support needs, addressed concerns, and identified training development needs. Therefore, the provider was supporting staff to enhance their skills and knowledge.

Good

Is the service caring?

Our findings

One person told us, "Yes staff look after me, staff help me – I hope so!" Another person said, "Yes kind staff" and described one staff member as a "good lass."

The registered manager told us they aimed to make Simone's House a "proper home" with a friendly and welcoming atmosphere for the people living there. This was echoed by staff who told us, "It is flexible here, not institutionalised, it is their home- easy going for everyone." We found that the environment was homely, staff and most people spent the day together in a comfortable lounge and kitchen area. People who wanted to, were included in the day-to-day activities in the service and there were conversations between staff and people throughout the day. People also told us they liked each other's company and as such they talked with each other and this made for a friendly and relaxed environment.

We observed staff to be caring and saw, for example, that they reassured people who had mobility issues saying, "Don't rush just take your time" or when people were worried they would explain and clarify things to reassure them. Staff were patient when people asked repeated questions and respected that people's short-term memory caused them to forget some information that was important to them.

We asked staff how they showed people they respected and cared about them. One staff member told us, "It's about how you speak to them [people] and how you treat them, your tone of voice and the empathy that you show especially when it comes to care, you can reach them by showing you care." They continued to say, "They look at you and read your manner and expression – you must show love and respect." We saw that this staff member did engage in an empathetic and respectful way with people and that people responded well to their caring approach.

Staff told us that they maintained people's dignity and privacy, "By giving them space." People had their own bedrooms and bathrooms. Staff described supporting people in a discreet manner, such as knocking on doors and waiting to be invited in. One person who was relatively new to the service preferred to remain in their room. Staff described encouraging them to join the others on occasions but also that they understood they were comfortable in their own environment and found long interactions with others even in their room difficult to cope with. Staff told us how they worked with this person on their terms to ensure their dignity when they received personal care and support. Initially they found the person sometimes refused support but they had identified the person responded well to two staff members in particular and therefore tried whenever possible to ensure those staff supported the person with personal care. As such, they had seen a change in the person's acceptance of support as their staff preferences were respected.

People's care records contained details of their diversity support needs specifying their ethnicity, religion, and languages spoken. Staff described for example supporting people to go to their church of choice, explaining that one person visited three churches before they found they liked one in particular and now went there most Sunday's with staff support.

People contributed to their care planning and were present at reviews. When appropriate, family members

were invited. The registered manager and staff were active in maintaining people's right to a family life. The registered manager demonstrated to us that they and staff had supported people to contact their families. In some instances, they had taken people to visit family members. In particular, one person who had been in a care setting for a long time had been supported to visit their family and was now in contact with their wider family members who visited them at Simone's House, as well. As such, staff had supported the person to maintain and rebuild relationships with their family members.

The registered manager had spoken to people about their end of life wishes in a group meeting. They told us they intended to talk individually with people and their families to record their wishes but were approaching what can be a difficult subject for some people gradually. The meeting had been prompted by the sad passing of a person who had been living at the service. There was a lovely photo of the person in the communal lounge and we observed staff encouraged people to remember them and talk about them fondly. The staff had supported people to plant a tree in the garden with the person's family members as a memorial to them. Following the person's passing the provider had supported people and staff through the bereavement process and had arranged for them to have counselling to talk about their feelings. The provider had acted in a sensitive manner to support people to come to terms with their loss.

Good

Is the service responsive?

Our findings

People had person centred plans that were reviewed on a regular basis and signed by them to show they agreed with how staff should provide support. People's plans gave a history and named people's important family members. Plans included a document titled "What is important to me." Topics varied for each person and included, for instance, gardening, socialising, music, and football. Care records also stated people's aspirations and these included 'to care for myself', 'to buy a piece of gold jewellery' and 'to be a chef one day'. We saw that actions were taken to support people to realise their aspirations. As such, the person who wanted to be a chef had been supported by staff to commence a catering course at a local college. They were also encouraged to share what they had made at college and help with aspects of meal preparation at the service.

Care plans specified in detail how people wished staff to support them. For example, one person had a detailed bathing support plan that specified if the person preferred male or female staff, what support they required and what they could do for themselves and what products were needed. Therefore the care and support required was personalised to the person's wishes and needs. Staff supported people to remain as independent as possible. For instance, people were encouraged to continue to mobilise with supervision, tidy their room or make their own breakfast with support if they required it.

People had personalised bedrooms that reflected their interests and their preferences. One person for example had fond memories of riding motor bikes and this was reflected in their choice of memorabilia in their room. We observed they enjoyed talking about the motorbike related items and this gave staff and visitors a point of reference to make conversation and build a rapport with them. Each person had their own bathroom that was either en suite or next to their room. These also were personalised containing their toiletries and, where appropriate, displayed what support they required from staff when bathing or showering.

People enjoyed different activities in the home and their care records named their interests. These included going to the park, bingo, reading and walking the provider's dog. We saw there were a variety of games and books available for people to use. A table tennis table had been purchased after people said they would like this and there was a trampoline in the garden and an activities room at the end of the garden, where people could go and sit. Staff described this as a "Chill out place."

Staff facilitated people's preferred activities. For example, one person's care plan stated they liked to play the drums, they had a drum kit and had a private tutorial each week. We saw that the staff had asked people in residents meetings what activities they would like to do and as a suggestion from a meeting had taken two people to Brighton. One person told us they had been on the trip to Brighton and said, "I liked that a lot." When people stated they would like to undertake an activity, this was supported by staff who demonstrated they understood the importance of keeping people well by involving them in stimulating and varied activities.

The provider had a complaints policy and procedure. People told us they could complain and there were

easy read complaint forms displayed in a communal area available for people to use if they wished to. One person showed us the complaints form in their room that was on the wall for their use. They said, "If I have concerns I do tell [Registered manager] now and again or one of the staff members." They continued to describe how it helps them to write down if they have a concern and that the registered manager helped them to do this. The registered manager demonstrated to us they understood their responsibility to empower people to complain and to record, investigate, and respond to complainants.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in March 2017 we found that the registered manager was not always reporting to the Care Quality Commission (CQC) when there was an incident that had been reported to, or investigated by the police.

When we visited the home on the 30 of October, we checked records to ensure incidents were being reported appropriately. We found there had been recent reports to the police on four occasions. The registered manager had not sent the required notifications to the CQC, however they were received on the 6 November 2017 following our inspection. We talked with the registered manager who discussed they did not think the incidents were notifiable. We clarified the regulation with regard to this matter. As such the registered manager explained their intent to send the notifications following the visit. We discussed that notifications must be submitted in a timely manner to ensure the CQC are kept up to date with reportable incidents at the service. We checked other notifications sent and saw that we had received other notifications in a timely manner, for example safeguarding referrals and DoLS applications and authorisations.

During our inspection we found a shortfall in the way the provider had recruited a member of staff. This indicated that although auditing was taking place it was not robust enough in identifying omissions in following the recruitment procedure, so any area for improvements could be addressed.

Notwithstanding the above, the registered manager undertook a number of checks and audits. They described how when they arrived at the service they immediately walked around the building and checked the premises. The executive director undertook or organised for repairs to be carried out. They explained they had undertaken work to ensure staff reported and then followed up to ensure repairs were completed. They checked the care records to ensure they were up to date and to ensure daily records were up to a good standard. They gave an example that to put "declined a bath' was not sufficient and they had told staff they expected to see the detail about what had occurred and why.

Monthly audits undertaken by the registered manager included food safety, infection control, medicines, nutrition and hydration, risk assessments, care plans, accidents and incidents, safeguarding adults referrals and DoLS. There was an action plan to address any concerns found. Policies were updated on a regular basis to ensure they remained in line with changes of legislation.

The registered manager had been in post since February 2014 and was familiar with all aspects of the service. Staff and the deputy manager told us the registered manager was responsive when they required support or rang for advice and encouraged them in developing their careers. The deputy manager told us they had been supported by the manager to complete their level five Health and Social Care Certificate in leadership. They told us the registered manager encouraged staff to train and to see health and social care as a good career option. We saw that staff were given individual responsibilities to develop their skills and knowledge. As such, one senior staff member was tasked with purchasing food supplies. The registered manager explained that by having an apprentice, they were training younger adults in social care. In

addition, they explained staff had to teach and be a role model for the apprentice, which they found useful for staff development as it made staff consider what good practice was and further developed their skills. This in turn had a good outcome for people using the service as staff were motivated to learn new skills and increase their knowledge to work effectively with people.

The registered manager actively sought the views of the team members. They told us "Staff here have good ideas, they are a smart lot" and continued to say, "Increasingly I don't lead the staff meetings, I listen." Staff confirmed they had team meetings and that they were asked their views. One said, "We are respected and asked, everyone brings their ideas." We saw from team meeting minutes the registered manager used staff meetings to explain service changes, and to look at a particular policy and associated incidents for learning. This included for example a discussion about 'Consent and what it looks like' and people's right to make an unwise choices such as smoking. In addition, the registered manager held exit meetings for staff who were leaving the service so they could capture their views on the service and their reasons for moving on. We saw that the registered manager and executive director were in the process of sending out a staff survey to elicit staff views about the quality of the service provided and asking how they could continue to improve.

When staff started working at the service the provider gave them a job description and a code of conduct. This informed staff what was expected from them when working at the service. The registered manager told us they promoted a high standard of care and we saw evidence of poor staff practice being identified by both the deputy and registered manager. For example, a concern was addressed with a staff member, who was offered further training and was then monitored to ensure competency.

We observed that the registered manager spoke about people living at the service in a compassionate manner and they valued people's opinions. As such people living at the service were encouraged to attend the 'residents meeting' with their family members to air their views and discuss for instance plans for activities. People had opportunities to speak individually with staff to voice any concerns or ideas and these were shared with the staff team, if necessary. The provider had sent out a relative's survey in 2016 and had four replies that were all positive about the service people received. The registered manager intended to send out a survey to families again in 2017. The registered manager showed us they had sent professional surveys out monthly but none had been returned.

The registered manager had networked and made links with several similar care homes in the area. They had arranged an 'assist' or peer review system and had been audited by their peer reviewer in August 2017. The registered manager told us they had found this helpful in identifying areas they could change and found it to be good partnership working with an opportunity to share good practice. The registered manager spoke of working in partnership with the local health services and commissioners from several different authorities who had placed people at the service.