Bridgewood Trust Limited

Ravensknowle Road

Inspection report

128 Ravensknowle Road
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West Yorkshire
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Tel: 01484536080

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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

Ravensknowle Road is a small care home providing accommodation and support for up to eight people with learning disabilities. It is part of the Bridgewood Trust; a charity organisation which provides residential, domiciliary and day services to people with learning disabilities.

This inspection took place on 6 December 2017 and was unannounced. The service was previously inspected on 27 August 2015 and was at that time not meeting the regulations related to consent. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question effective to at least good. We found improvements had been made at this inspection to meet the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ravenskowle Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a registered manager. 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.

On the day of our inspection there were eight people living in the home.

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

People told us they felt safe and happy. Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence. Robust emergency plans were in place in the event of a fire or the need to evacuate the building.

A system was in place to ensure medicines were managed in a safe way for people. Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse.

Sufficient staff were on duty to provide a good level of interaction, and safe recruitment and selection processes were in place.

People 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 home supported this practice.

Staff told us they felt supported. Records showed they had received an induction, role specific training, plus supervision and appraisal.

People told us they enjoyed their meals. People's nutritional needs were met and they were supported to access a range of health professionals to maintain their health and well-being. The service worked in partnership with community professionals and used good practice guidance to ensure staff had the information they needed to provide good quality care.

People we spoke with were delighted with recent improvements in their independence which had been promoted by the registered manager. This had improved people's sense of control and autonomy.

People and relatives told us they were very happy with the care and we saw the home had a warm and happy atmosphere where mutual respect and friendship were promoted.

Self-advocacy and involvement was promoted within the home. People were involved in arranging their care and support and staff facilitated this on a daily basis.

Individual needs were assessed and met through the development of detailed personalised care plans which considered people's diverse needs and preferences.

People had access to social and leisure activities in line with their preferences and interests, and were therefore supported to live fulfilling lives.

Systems were in place to ensure complaints were encouraged, explored and responded to in good time and people told us staff were always approachable.

The home was welcoming and comfortable and people told us they were happy. The registered manager had an overview of the service and knew people's needs well. Relatives and staff were positive about the registered manager's input.

The service was led by an enthusiastic registered manager whose values and skills were reflected in the quality of the support provided. People who used the service and their relatives were asked for their views about the service and these were acted on.

The registered provider had an effective system of governance in place.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had a good understanding of safeguarding people from abuse.

Systems were in place to manage and reduce risks to people.

Medicines were managed in a safe way for people.

Incidents and accidents were analysed to prevent future risks to people.

Is the service effective?

Good

The service was effective.

People's consent to care and treatment was always sought.

Staff had received specialist training, supervision and appraisal to enable them to provide support to the people who lived at Ravensknowle Road.

People were supported to maintain a balanced diet and healthy eating was promoted.

People had access to external health professionals and the registered manager worked well with other services to provide effective care.

Is the service caring?

Good

The service was caring.

People and relatives told us the staff were caring and people experienced compassionate care.

The ethos of the home promoted independence, choice and human rights and people were enabled and supported to do new things independently.

People received accessible information to enable them to make

their own decisions, support friendships and stay safe.

People were supported in a way that protected their privacy, dignity and diverse needs.

Is the service responsive?

Good

The service was responsive.

Care plans contained detailed information to enable staff to provide person-centred care.

People had access to activities in line with their tastes and interests.

People told us they knew how to complain and told us staff were always approachable.

Is the service well-led?

Good

The service was well-led.

The culture was positive, person-centred, open and inclusive. The registered manager was visible in the home and knew people's needs.

An effective system of governance was in place.

The home was led by people's views and preferences. The registered manager used good practice and partnership working to drive improvement at the home.

Ravensknowle Road

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 6 December 2017 and was unannounced. The inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expertise of the expert by experience supporting this inspection was with people with learning disabilities.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and from commissioners. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection.

We spent time observing the support people received. We spoke with five people who used the service and three of their relatives. We spoke with one support worker, one domestic assistant and the registered manager. We looked in the bedrooms of three people who used the service with their permission.

During our inspection we reviewed three people's care and support records. We also looked at two records relating to staff recruitment and three records relating to staff training and supervision, plus incident records, maintenance records and a selection of audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Ravensknowle Road and their relatives agreed. A relative said, "Yes, my [relative] is absolutely safe at Ravensknowle. I've never had any concerns about their safety in all the time they have been there. In general, there are enough staff. [My relative] has never really had to miss doing the things they enjoy." Another relative said, "My [relative] is safe and there are enough staff." A third relative said, "Our [relative] is absolutely safe, we have no concerns at all. Overall, there are enough staff. I understand that from time to time, and it's usually at weekends, they do use agency staff but it's been with no detriment at all to our [relative]."

Staff we spoke with understood their role in protecting people from abuse and knew how to raise concerns, both within their organisation and beyond, should the need arise to ensure people's rights were protected. We saw information around the home about reporting abuse and whistleblowing, although no safeguarding incidents had arisen since our last inspection. This showed the registered provider had a system in place to safeguard the people they cared for.

Systems were in place to manage and reduce risks to people. People's records were stored securely in a locked cupboard. We saw people had comprehensive risk assessments for areas such as road safety, answering the door, falls, finances, self-medication. There were also additional person specific assessments, for example, for specific health conditions, use of a wheelchair or use of the stair lift. Risk assessments were up to date, signed by people and available to relevant staff so they could support people to stay safe. Some risk assessments we saw were in the process of being updated.

People had an individual personal emergency evacuation plan (PEEP) in their care records and also located in a grab file by the exit door to the home. PEEPs are a record of how each person should be supported if the building needs to be evacuated. The procedure to follow in the event of a fire had changed on recent advice from the local fire service and a 'stay put' policy was no longer in place. The registered manager had been conducting regular full evacuations of the building, including at night, to ensure people were able to evacuate in the shortest time possible. Staff and people were aware of the procedure to follow. This showed the home had plans in place in the event of an emergency situation.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing. A series of risk assessments were in place relating to health and safety.

People and staff told us there were enough staff on duty. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and they received sufficient support. The registered provider had their own bank of staff to cover for absence and asked regular staff to do extra shifts in the event of sickness, as well as occasionally using agency staff. This meant people were normally supported and cared for by staff who knew them well.

We reviewed recruitment records for two support workers who had been recruited since our last inspection.

Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks had been carried out as standard practice. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. This showed recruitment systems were robust.

Medicines were managed safely. We saw the registered provider had an up to date policy. Information leaflets for all the medicines prescribed for people living in the home had been retained so staff could readily consult relevant information about the medicines they administered to people.

Medicines were managed only by staff who had been trained and assessed as competent to administer medicines. Medicines care plans contained detailed information about medicines and how the person liked to take them; staff we spoke with had a good understanding of the medicines they were administering.

Medicines were stored safely and all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. When people had been prescribed 'when required' medicines, information was available to help staff administer these appropriately. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place.

People's medicines administration records (MARs) were checked and a weekly count of medicines was completed by staff. Medicines were also audited monthly by the area manager and any discrepancies acted upon. This demonstrated the home had good medicines governance.

The home was clean and generally odour-free and there was a good supply of personal protective equipment, which staff used to prevent the spread of infections.

We saw in the incident and accident log that incidents and accidents had been recorded in detail and staff took appropriate action to keep people safe. The incident records showed the event was subject to senior staff review with any lessons learned and preventative measures translated into care plans. We saw a log of any accidents or incidents was discussed at management meetings to look for patterns and promote learning. This meant the registered provider kept an overview of safety at the service.

Good

Is the service effective?

Our findings

Relatives told us they were confident the staff team at Ravensknowle Road could meet their family member's needs. One relative said, "Staff do have the skills and knowledge. We are always kept informed of what's going on and there are reviews twice a year. I always call in regularly and I'm very happy with the communication between us and Ravensknowle." Another relative said, "My [relative] has a choice of food. They also get to pick the meal for the house once a week, they take it in turns. They also eat out regularly. The communication has always been very good."

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 they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection in August 2015 the registered provider was not meeting the regulations related to consent because DoLS applications had been made for everyone at the home without assessing their mental capacity first. At this inspection we found improvements had been made and the registered manager had completed a mental capacity assessment for each person around the decision to live at the home. No one was subject to a DoLS authorisation.

We checked whether the service was working within the principles of the MCA. It was clear from observations people's autonomy, choices and human rights were promoted. We found there was evidence of good practice in the assessment of mental capacity for important decisions, such as administration of medicines or medical interventions. Best interest discussions were also recorded, where required, to show the person and their representative had been consulted and the decision was least restrictive and in the person's best interests.

In the records we sampled we found a detailed mental capacity assessment and best interest discussion, if required, had been completed for each medicine each person was prescribed. One person had begun to self-medicate since our last inspection with appropriate support. The registered manager told us it had been interesting to find out how much each person understood about their medicines and there were some surprising results from completing the process.

Records showed people's physical, mental and social needs had been assessed. Care plans included guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance, for example, with managing specific health conditions. The use of technology, such as Skype, was used to promote communication with relatives and friends and some people had an internet connection in their room to access information and for entertainment.

Staff were provided with training to ensure they were able to meet people's needs effectively. We saw evidence in staff files that new staff completed a thorough induction programme when they commenced employment at the home. Staff new to care also completed the Care Certificate, which is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. This demonstrated new employees were supported in their role.

We looked at the training records for three staff and saw training included infection prevention and control, emergency first aid, food hygiene, moving and handling, equality and diversity, and safeguarding adults. Staff told us they were supported to complete nationally recognised qualifications at level two and three and staff had received additional training in end of life care, autistic spectrum disorder and positive behavioural support. Training also included observations of staff practice in hand hygiene and medicines competence. We saw from the training matrix training was up to date and further training was planned onto the rota. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

We looked at three staff supervision records and found staff received regular management supervision to monitor and improve their performance and development. The registered manager had not always completed supervision as frequently as the registered providers' policy of six times a year, however supervision was completed regularly throughout the year and staff we spoke with told us they felt appropriately supported by managers. We saw the registered manager also worked alongside staff at the home and provided support and advice on a daily basis. The registered manager planned to increase the frequency of staff supervision in the coming months.

People told us they enjoyed their meals and had a good choice of what to eat. One relative said, "I know for a fact that [my relative] enjoys their meals and loves the food there! They get enough and yes, [my relative] does always get a choice."

Meals were planned around the tastes and preferences of people who used the service and staff cooked the main meal of the day with the support of people who liked to cook. People helped themselves to breakfast, drinks and snacks. We saw a menu was displayed in large lettering to help people read it for the evening meal. Each person chose one meal for the menu each week and people were offered an alternative if they did not like this. On the day of our inspection people ate four different cooked meals of their choosing.

We saw the individual dietary requirements of people were catered for. Records showed kitchen refrigerator checks were completed daily and were within a safe range. Food temperatures were also checked before food was served. People sat together in the dining room to eat their evening meal alongside staff and this made for a family atmosphere. People chatted with one another and people were offered extra food if they were still hungry.

Meals were recorded in people's daily records and people were weighed every two weeks to keep an overview of any changes in their weight. Action had been taken if changes in weight were noted to promote health and well-being, and healthy eating was promoted. This showed the service ensured people's nutritional needs were monitored and action taken if required.

We saw communication at the home was good and a written handover was used each day to share important information, so staff could work together to meet people's needs.

The service had good relationships with community health services. We saw the advice of professionals was

included in people's care plans and used to help people achieve good outcomes. For example, the registered manager had acted immediately on physiotherapy advice around one person's health diagnoses and ensured suitable supportive equipment was in place to make them comfortable and reduce any pain.

Records showed people had access to external health professionals and we saw this had included GPs, community nurses, hospital consultants, chiropodists, dentists, physiotherapists and dieticians. People also had a health action plan and up to date hospital passports in their care records to better share information about them if they needed to go into hospital. This showed people received additional support to help meet their care and treatment needs.

People's individual needs were met by the adaptation, design and decoration of the service. A stair lift was in place and the home was accessed by a ramp to ensure it was accessible for people with mobility needs. Some people had individually adapted furniture and people were involved in choosing communal furnishings and décor. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.

Good

Is the service caring?

Our findings

People told us the staff and the registered manager were caring. One person said, "I think the staff are wonderful and marvellous. They look after us. I was a bit shy when I came here. Staff held my hand and brought me downstairs." Another person said, "I'm fine. I like the way I am supported." A third person said, "I love it here. I like all sorts about it."

We asked relatives if they thought staff were caring. One relative said, "The staff do care about [my relative]. They support [my relative] to be independent. [They] have come on leaps and bounds since being there. I could go on all day about how [they] have improved since being there. Yes, they give [my relative] privacy when [they] want it and I've never seen them not treat [my relative] with dignity and respect." Another relative said, "The staff do care and they seem to enjoy their jobs and helping the residents. My [relative] couldn't read and write when [they] went to Ravensknowle, now [my relative] can use a computer. It's one of the best places I've ever seen or heard about." A third relative said ,"They do support our [relative] to be independent and [our relative] values it."

The values of the service to promote independence and empower people to assert their rights and care for each other were embedded in the culture of the home. They were also reflected in the practice of the registered manager and staff. Staff we spoke with enjoyed working at Ravensknowle Road and were motivated to provide compassionate, person-centred care. One staff member said, "I love the service users here. It's not like work. The management, staff and service users are great." Another staff member said, "The atmosphere is always joyful. Everyone respects each other."

People told us they liked the staff and we saw there were warm and positive relationships between them. We observed staff speak to people gently or with appropriate humour and they were kind and compassionate. We asked staff to tell us about individuals living in the home and they talked with genuine care and concern which assured us they knew people well. We saw staff used this knowledge to engage people in meaningful ways, for example, with conversations about activities or music they knew the person liked. We saw people laughing and smiling with staff and each other.

Staff told us they respected people's diverse needs by ensuring they understood the person through their care plan, talking with them and their families, and supporting their cultural and lifestyle choices. This demonstrated the service respected people's individual preferences.

One person who had experienced a serious illness had been supported by the people they lived with. Records showed people were supported through house meetings and individual discussions and information sharing to understand their emotions relating to this difficult situation.

People told us they had been consulted about the care provided for them and we saw staff asked permission before providing support. Staff used speech, facial expressions and visual aids such as electronic tablets or holiday brochures, to support people to make choices according to their communication needs. Information was presented in easy read formats to promote good communication and care plans contained

details of how to recognise when a person was unhappy or happy using non-verbal cues. Some people had requested large print correspondence and requested staff read this to them and we saw this was followed up.

People had been given the information they needed in an appropriate format to stay safe in their home through accessible training in health and safety and food hygiene. This meant people's self-help skills and knowledge were improved with the right information.

We saw lots of evidence people were actively involved in arranging their support and staff facilitated this on a daily basis. One person said, "I chose the colour of my walls. I buy my own clothes." People told us they had a choice of meals, what time to get up or go to bed, clothing, activities, when to have a bath or shower or whether to go out or not.

Self-advocacy and human rights was embedded in the culture of the home. One person said to us, "Make sure you give us an easy read report when you have finished." Another person said, "How are our standards? Are we doing alright?" Advocacy and eligibility to vote information was discussed individually and at house meetings and was on display to promote people's citizenship and human rights. Staff were aware of how to access advocacy services for people if the need arose. An advocate is a person who is able to speak on a person's behalf, when they may not be able to, or may need assistance in doing so, for themselves.

Some people had their own bedroom door and front door key; whilst others agreed staff could lock their bedroom doors whilst they were out, for security. We saw staff knocked and asked permission before entering people's bedrooms. People's privacy and relationship needs were included in care plans to ensure people had space and time to themselves. People's private information was respected and records were kept securely.

People appeared well groomed and looked cared for. Individual's rooms were personalised to their taste with furniture, personal items, photographs, ornaments and bedding they had chosen. Personalising bedrooms helped staff to get to know people and helped to create a sense of familiarity and make people feel more comfortable.

Choice, independence and positive risk taking was supported and promoted by the registered manager. Some people had been supported for many years with tasks which they were now competing independently. One person said, "I like going out on a weekend to church. Staff walked me to church and back. I go on my own on the bus now to [name of landmark] and then walk by myself." Another person said, "I've started making my own appointments and doing my own tablets. It's working really well." A third person said, "I am more independent. I go out by myself some times. I might go to town."

Care plans detailed what people could do for themselves and areas where they might need support, for example, "I am independent in this area and prepare my own packed lunch." And, "[person] fastens their wheelchair lap belt and staff check it is secure." This showed us the home had an enabling ethos which tried to encourage and promote people's choice, autonomy and independence.

Relatives told us they were welcome to visit any time and they were involved in their relatives support in line with their relative's wishes. This meant people were supported to maintain contact with people who were important to them.

Good

Is the service responsive?

Our findings

Through speaking with people who used the service and their relatives we were confident people's views were taken into account in planning their care. One person said, "I have had a meeting to talk about money." Another person said, "Yes, I'm involved in reviews. I do get to say what I want."

One relative said, "[My relative] has two reviews a year and we can go to them. They update [my relative's] plan and ask [them] what [they] want to do and what they want to achieve from the care plan."

Staff were able to tell us details about individual's care and support needs, as well as information about people's personal preferences and lives before coming to live at the home. Care plans contained detailed information covering areas such as personal care and appearance, daily living, socialisation and independence, medication, diet, and communication. Care plans specific to people's individual needs or medical conditions were also completed and contained information and guidance for staff. They were signed by the person and it was clear they were involved throughout.

People's needs were reviewed regularly or as soon as their situation changed and they had regular person-centred planning reviews with those people important to them. Goals were set with people and these were reviewed and updated regularly. These reviews helped monitor whether care plans were up to date and reflected people's current needs so any necessary actions could be identified at an early stage.

Daily records were kept, detailing what activities the person had undertaken, what food they had eaten, their mood, activity and the support provided by staff.

We saw staff at Ravensknowle Road were responsive to people's needs, asking them questions about what they wanted to do and planning future activities. Staff were patient with people and listened to their responses. This meant the choices of people who used the service were respected.

One person said, "I do all sorts." One relative said, "My [relative] is always asked what they want to do. [My relative] gets the opportunity to say so if they don't want to do, or take part in something. They go to [name of day centre], they go out for meals, they love to go to organ concerts and they keep an eye on all the local papers and the internet so that [my relative] doesn't miss any local ones." Another relative said, "[My relative] doesn't really like to go out too much, except to watch [a local football team]! They do try to get [my relative] out though. [My relative] goes shopping and things. [My relative] loves the home and doesn't even come here to [their] real home at Christmas anymore!" A third relative said, "Our [relative] tends to be selective about what they will and won't do. [They] can't cope with noise and crowds, but the home is sensitive to this and provisions are made to avoid these situations. They are encouraged to join in though when they want to. The home are very good with [our relative]."

Staff spoke with good insight into people's personal interests and we saw from people's support plans they were given opportunities to pursue hobbies and activities of their choice. For example, tickets had been purchased for upcoming concerts that one person enjoyed attending and people had been swimming,

bowling, to football matches, shopping, and visited garden centres and other places of interest. On the day of our inspection people were out and about at day services in the community. People were supported with an annual holiday, which was chosen at house meetings. One person wanted to start a book club, which they would host themselves, and they were currently creating a leaflet advertising this to people they knew.

Staff told us, and we saw from records, how they enabled people to see their families and friends as often as they desired. During our inspection we saw staff spent time with people chatting and supported people with their social and emotional needs.

People we spoke with told us staff were always approachable and they were able to raise any concerns. There had been one complaint since our last inspection. One person was supported to complain in writing to the registered provider when some improvements to their bedroom were delayed. We saw the registered provider had responded in line with their complaints procedure and the improvements were now being made. An easy read complaints procedure was on display at the home and in people's care files. The registered manager was clear about their responsibilities to respond to and investigate any concerns received and compliments were recorded and made available for staff to read.

Some people and their relatives had discussed preferences and choices for their end of life care including in relation to their spiritual and cultural needs. This was clearly recorded and kept under review. Staff had also received training in palliative care to ensure they were able to respond to people's needs effectively and provide person-centred support. This meant people's end of life wishes were clearly recorded to provide direction for staff and ensure people's wishes were respected.

Good

Is the service well-led?

Our findings

People and their relatives told us the home was well managed and the registered manager was excellent. One person said, "I think she is a wonderful manager. I think she is lovely. Ours is the best manager." Another person said, "Nice." We asked people what could be improved at the home. One person said, "It's all good. We have new settees and a new picture of [a local landmark]."

A relative we spoke with said, "Ravensknowle Road is definitely well-led. The Manager is approachable. It's not often, but when I have something to say or ask about, they do always listen to my comments. I can't fault Ravensknowle Road, and I can't praise the staff highly enough." Another relative said, "[Name of manager] is only young but she is a very good manager and has the residents best interests at heart all the time." A third relative said, "Our [relative] is very happy and content at Ravensknowle Road. [They] have enjoyed exceptional support all the time they have been there. They are very quick to arrange doctors and other health professional's appointments.[Our relative] has had medical problems and there have been numerous occasions when they've done this. [Name of manager] is exceptional really for such a young manageress."
Staff we spoke with were positive about the registered manager and told us the home was well-led. One staff member said, "She is an angel. She is very respectful." They said management support was always available in person or at the end of the phone.

The registered manager promoted a positive culture that was person-centred, open, inclusive and empowering and said their aim for the service was, "To be really person-centred, pushing for people to be as independent as possible, continue to have fun and a good quality of life."

The registered manager regularly worked with staff providing support to people who lived at the home, which meant they had an in-depth knowledge of the needs and preferences of the people they supported. The registered manager told us they felt supported by the registered provider, and were able to contact a senior manager at any time for support.

Effective systems were in place to assess, monitor and improve the quality and safety of the service. Care plans and risk assessments were reviewed and audited regularly and were up to date. Any actions required had been completed. Audits were also completed in relation to premises and equipment, such as fire safety, building and cleaning checks. This showed staff compliance with the registered provider's procedures was monitored.

Information was passed to the registered provider in a fortnightly report in areas including incidents and accidents, safeguarding, training compliance and staff supervision. Records showed the area manager visited the service every month to complete audits and speak to people using the service and staff. The registered manager worked to an action plan completed in conjunction with the registered provider and we saw action had been completed within the timescales set. This demonstrated the senior management of the organisation were reviewing information to continually improve the quality and safety of the service.

Staff said they had staff meetings regularly, and talked about what was good and what could be improved. Meetings were held every month or two and topics discussed included individual people's needs, reviews, positive feedback for staff, accidents and incidents and whistle blowing. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people.

People who used the service and their representatives were asked for their views about the service and they were acted on. A service user meeting was held every month or two and issues discussed had included Christmas dinner, fire drills, voting, rights and choices, activities, health issues, visitors and holidays. Records showed any issues raised had been followed up by the registered manager.

An annual survey of people, relatives and healthcare professionals was conducted by the registered provider and the latest results of these were all positive. A driving up quality plan was produced from feedback and we saw action had been taken, for example, a cooking rota had been introduced due to feedback about people wanting more opportunity to be involved in cooking. One relative was not sure what activities people had been involved in and so an activity picture board was introduced. The registered manager had started contacting relatives to update them about any changes in staff in response to their feedback. This meant people's views were taken into account and they were encouraged to provide feedback on the service provided.

The registered manager told us they attended training, managers' meetings and good practice events, and had completed nationally recognised qualifications in health and social care. They were signed up to safety alerts and used CQC and National Institute of Health and Care Excellence guidance to improve their practice. This meant they were keen to promote the best outcomes for people who used the service and continually improve the quality of the service.

We saw from records the service worked in partnership with health and social care professionals and there was no delay in involving partners to ensure the wellbeing of the people living at the home. The registered manager shared information and guidance with staff around any specific health issues people had been diagnosed with and ensured they received the best possible care from staff who were up to date with guidance.

The registered provider understood their responsibilities with respect to the submission of statutory notifications to CQC. Notifications for all incidents which required submission to CQC had been made.