Nonoy Capina

Nonoy Capina - 31 Sach Road

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

The inspection took place on 23 and 24 May 2017 and the first day of the inspection was unannounced. We told the registered manager that we would be coming back the following day. At our previous inspection on 14 and 18 August 2015 we found the provider was in breach of two regulations relating to safe care and treatment and notifications, and the service was rated 'Requires Improvement'.

Nonoy Capina is a residential care home that provides support for five adults with learning disabilities. The home is privately owned and is located in a residential area. At the time of our inspection four people were living in the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care and support from staff who had worked with them for a long period of time and were aware of how to meet their needs.

We observed positive interactions between people and staff, including the registered manager, throughout the inspection. People and their relatives told us staff were kind and compassionate and knew how to provide the care and support they required. All staff showed concern for people's health and welfare in a caring and compassionate manner.

People were spoken with and treated in a respectful and kind way and staff respected their privacy and dignity, and promoted their independence.

Relatives told us they felt their family members were safe and staff had a good understanding of how to protect people from abuse. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns. Staff were confident that any concerns would be investigated and dealt with.

People's risks were managed and care plans contained appropriate risk assessments with input from health and social care professionals, which were updated regularly when people's needs changed. Staff worked closely with people and had a detailed understanding of how they could be aware and meet their needs.

People who required support with their medicines received them safely from staff who had completed training in the safe handling and administration of medicines. Staff completed appropriate records when they administered medicines and these were checked by staff and audited by the pharmacy to minimise medicines errors.

The service had a robust recruitment process and staff had the necessary checks to ensure they were suitable to work with people using the service. Sufficient numbers of staff were employed to keep people safe and meet their needs.

Staff members were knowledgeable about their jobs as they had worked with people for over 15 years. They completed training on an annual basis to support them in meeting people's needs effectively. Staff received regular supervision from management and told us they felt supported and were happy with their input during the supervision they received.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider had worked closely with the relevant health and social care professionals to ensure people's liberty was not restricted in any way.

Staff were aware of the importance of asking people for consent and the need to have best interests meetings in relation to decisions where people did not have the capacity to consent.

People had regular access to healthcare services and staff made appropriate referrals if people's needs changed. Staff worked closely with other health and social care professionals, such as the community learning disability team, occupational therapists and speech and language therapists . We saw evidence of this in communication records and people's care plans.

Staff were aware of people's dietary needs and food preferences and people were involved in decisions about the food they wanted to eat. People who needed support during mealtimes were supported by staff who had been given advice and guidance from health and social care professionals.

The provider made sure there was an accessible complaints procedure in place and people and their relatives knew how to make a complaint and were able to share their views and opinions about the service. There were also surveys in place and monthly house meetings to allow people and their relatives the opportunity to feedback about the care and support they received.

People were supported to follow their interests and encouraged to take part in a range of activities to increase their health and well-being. People were involved in planning how they were cared for and supported. Care records were person centred and developed to meet people's individual needs and discussed when they had a review.

People and their relatives felt comfortable approaching the registered manager, who had a hands on role and was active throughout the service. Staff spoke highly of the working environment and the support they received from management. Staff were confident they could raise any issues or concerns, knowing they would be listened to and acted upon.

There were effective quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. The registered manager carried out a number of audits and checks on the service and learning took place from the result of them.

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 how to recognise and report any signs of abuse and protect people from harm.

Risk management plans were in place to identify the areas of risk and to reduce the likelihood of people coming to harm. They were reviewed regularly and additional reviews were conducted if any significant changes occurred.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

People received their medicines safely. Medicines were administered and recorded by staff who had completed relevant medicines training.

Is the service effective?

Good

The service was effective.

Staff were aware of people's health and well-being and responded if their needs changed. People were supported to have regular access to healthcare services and other health and social care professionals, such as GPs, speech and language therapists and occupational therapists.

People received care and support that met their needs. Staff received the training and supervision they needed to meet people's needs and were knowledgeable about their jobs.

Staff understood their responsibilities in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People were supported to have a balanced diet, which took into account their preferences as well as medical and cultural needs.

Is the service caring?

Good

The service was caring.

Staff had worked with people for a long time and had developed caring and compassionate relationships with them.

We saw that staff treated people with respect and kindness, respected their privacy and promoted their dignity and independence.

People, and their relatives where applicable, were informed about their health and well-being and were actively involved in decisions about their care and support, in accordance with people's own wishes.

Is the service responsive?

Good

The service was responsive.

Care records were detailed and personalised to meet people's individual needs so staff knew how people liked to be supported.

People were involved in discussing activities and day trips that were made available to them. People were supported to access a day centre on a regular basis.

The provider gave people and relatives the opportunity to give feedback about the care and treatment they received. People and their relatives knew how to make complaints and said they would feel comfortable doing so should the need arise.

Is the service well-led?

Good

The service was well-led.

People and their relatives were happy with the service. The registered manager had an active presence in the home and was approachable.

Staff spoke highly of the registered manager and felt they were supported to carry out their responsibilities.

The service promoted a positive culture which led to a positive working environment for people and staff.

There were regular audits and meetings to monitor the quality of the service and identify any concerns. Any concerns identified were documented, discussed and acted upon.

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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.

The inspection took place on the 23 and 24 May 2017 and the first day of the inspection was unannounced. We told the registered manager that we would be coming back the following day. The inspection was carried out by one inspector.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included statutory notifications of significant incidents reported to the CQC and the report for the last inspection that took place on 14 and 18 August 2015, which showed the service was rated as 'Requires Improvement'. We looked at the provider's action plan that was sent in after the last inspection.

During the inspection we used a number of different methods to help us understand the experiences of people living at the service. We spoke with one person using the service. Some people living at the service were not fully able to tell us their views and experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We carried out these observations during different parts of the inspection.

We also spoke with four members of staff. This included the registered manager, the owner of the service and two support workers. We looked at three people's care plans, three staff recruitment files, staff training records, staff supervision records and audits and records related to the management of the service.

Following the inspection we spoke with two relatives and one health and social care professional who had worked with people using the service for their views.

Good

Is the service safe?

Our findings

One person we spoke with told us they were very happy at the service, and nodded in agreement when asked if they felt safe living here. Relatives we spoke with had no concerns about the safety of their family members. One relative told us they thought their family member was safe and said, "It gives me and my family peace of mind that my [family member] is settled and we have no concerns."

At the last inspection on 14 and 18 August 2015 we found that people were not always protected from risks to their health because the quality of risk assessments were inconsistent and not always up to date. We also found that people were not always protected from environmental risks. At this inspection we found that improvements had been made.

The provider had procedures in place to identify and manage risks associated with people's care.
All people at the service had lived there for over 19 years and had an initial assessment of their care needs to assess their suitability to live in the service and to identify any potential risks to providing their care and support. Where people's needs had changed over the years the information had been updated in their care records. Risk assessments were available in each person's file and were reviewed every six months. The provider worked closely with health and social care professionals and had copies of their reviews, which were also available in people's files.

The risk assessments contained details about the level of support that was required, including people's medical history and an overview of their current health conditions and behaviour. The information in these documents included practical guidance for support workers on how to manage risks to people. Where a risk had been highlighted, there were risk management plans in place with information detailing what the triggers were, what the signs or behaviour from the person would be and what actions should be taken to reduce the risk and manage the situation.

One person was at risk of behaving in a way that challenged the service. We saw detailed information about what might cause this behaviour and guidance for staff to manage it safely. This person had a personalised response strategy programme which explained why the behaviour may occur and was ranked into low, medium and high intensity examples. A communication book was completed on a daily basis so staff were aware of their mood and what they had been doing to see if they could understand the behaviour. There was also a detailed communication passport in place to highlight effective ways of communication. We saw correspondence from a health and social care professional that commented on how well the staff knew the person and that they were much more settled and relaxed.

Another person was at risk of choking due to a health condition. We saw that a referral to a speech and language therapist (SALT) had been made and guidance and recommendations for staff were in place. The registered manager had also discussed the issue with the staff team and had provided them with a handout containing information about the health condition and how to support them safely. We also saw that there were emergency evacuation plans, missing person's profiles and financial management plans in place and found that the provider responded to incidents appropriately to ensure that there was learning from these

to reduce future risks. For example, a small fire, where there were no injuries, had occurred at the service in September 2016 and we saw that this had been discussed at a house meeting and there were regular fire evacuation drills.

There were appropriate medicines policies and procedures in place. Staff had received training in medicines management by the pharmacy which was refreshed on a yearly basis. People's medicines were kept in a locked cabinet which was only accessible by staff. A member of staff checked and signed in medicines from the local pharmacy, which was the same process for all medicines that were returned. We looked at a sample of four medicine administration record (MAR) charts for each person during the inspection. All MAR charts had the allergy status of the person recorded and a picture of them to assist staff in identifying the correct person during medicines administration. It also included guidance for staff on how to follow the medicines administration process. There were no gaps on the MAR charts that we looked at and there were records to explain why any doses of medicines had not been administered. MAR charts were checked daily by staff involved in medicines administration and the registered manager told us that the pharmacy carried out medicines audits to check that medicines were being managed safely. We saw evidence from the most recent audit that when an issue had been picked up it had been dealt with. For example, the pharmacy audit highlighted that daily temperature checks needed to be carried out, which was now being done.

The staff files that we looked at were consistent and showed that the provider had robust recruitment procedures in place to help safeguard people. We saw evidence of photographic proof of identity, references and all Disclosure and Barring Service (DBS) records for staff had been completed in the last three years. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. Even though all of the staff had worked for the service for over 15 years, this was still reviewed every three years. This meant that people were supported by staff who were suitable for their roles. We also saw the provider had requested a copy of a DBS record for a massage therapist who was a regular visitor to the service to provide relaxation massages to people.

We found that staffing levels throughout the service were sufficient to meet people's needs. We looked at the last four weeks of staff rotas and saw there were consistently two support workers in the morning and in the afternoon, along with the registered manager. A member of staff carried out a sleep in shift each night, which included a nightly check on each person. During the inspection the registered manager was covering a period of annual leave. They said, "We have four support workers and availability of bank staff, who are also members of the family and have worked here for a long time. All our staff, including the bank staff have known them for a long time." On the first day of the inspection, three people using the service were at a day centre so there were two members of staff available to support the other person. The registered manager and owner of the service were available on call for emergencies and contact information was displayed in the office.

Staff understood how to recognise the signs of abuse and told us they would speak to the registered manager if they had concerns about a person's safety and/or welfare. Staff had received training in safeguarding and were able to demonstrate how to keep people safe from the risk of abuse. One support worker said, "We know what signs to look out for. We look at records to find out about their behaviour and work closely with the day centre. I'll always report anything and I'm confident in the actions of management." There was a safeguarding policy in place which had been reviewed in September 2016 and was available to all staff. There had been no safeguarding incidents since the previous inspection. When one incident occurred, it had been reported to the local safeguarding team but had not been classed as a safeguarding incident. The registered manager said, "We always make sure we report anything to them, and to the CQC."

Good

Is the service effective?

Our findings

People were happy with the care they received from staff. One person we spoke with told us they liked their support worker. Relatives we spoke with commented positively about the staff. Comments included, "They are very good, they know them well and understand their needs" and "I don't have any concerns about any of the staff. They understand my [family member] very well." One health and social care professional commented on how well staff were able to understand people and supported them in a very positive way.

All staff had worked at the service for a long time, the minimum period being 15 years. There was a mandatory training programme that was delivered to staff in-house on an annual basis. There were nine modules which included challenging behaviour, safeguarding, learning disabilities, basic life support, fire safety and infection control. This also included medicines training which was carried out by the pharmacy. We saw records in staff files that showed their training was in date and had been recently refreshed. We saw that staff also received training and information which was specific to people's individual needs. Staff had completed development workshops on person centred care and planning and the Mental Capacity Act 2005 (MCA). Information was given to staff about communication with people with learning disabilities and guidance to ensure effective communication. Staff we spoke with throughout the inspection commented positively about the training they received. One support worker said, "The training is very good and teaches you many things." They added, "I apply the training in my job and I know them so well so I know what they want. I've noticed that [person] is much calmer and the techniques have helped."

We saw records that showed support workers had regular supervision and an annual appraisal system was in place. We looked at a sample of supervision records which showed staff were able to discuss key areas of their employment. Items discussed included the health and well-being of people, activities, training, home responsibilities and current topics. For example, we saw one recent supervision had discussed supporting people to vote and helpful guidance for a heatwave. We saw issues that had been discussed about people were followed up with the outcomes recorded in their files. One support worker said, "We can discuss everything, but it isn't just during a supervision. We can discuss this all the time." We saw that the registered manager had attended a training session on developing supervision skills.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

We discussed the requirements of the MCA with the registered manager and staff team and they demonstrated a good understanding of the process to follow where it was thought that people did not have

the mental capacity required to make certain decisions. Staff supported people to make their own decisions whenever possible and we saw examples of this throughout the inspection. The registered manager told us that they worked closely with health and social care professionals in order to identify any potential deprivation of liberty. At the time of the inspection none of the people living in the service had a DoLS in place and the registered manager had sought advice from relevant health and social care professionals. Each person had an MCA checklist in place to ensure care planning was in their best interests and all relevant people were involved.

We observed a mealtime on the first day of the inspection after people had returned from the day centre. We saw that people were involved in the setting up and clearing up at mealtimes and were encouraged to get involved. One person said they liked the food and said, "Yes" when we asked if they helped with preparing food at mealtimes. The registered manager told us that there was an open choice on a daily basis and people were able to make daily choices and were also involved in the weekly shop. People's dietary needs and preferences were respected and catered for and recorded in their files. Staff were aware of people's preferences and dietary requirements. One person was supported during mealtimes and we saw that it was not rushed and staff ensured their dignity throughout in a sensitive manner. Staff also reminded people that the food would be hot and that they needed to eat it slowly. There was a daily diary in place to record fridge and freezer temperatures and to make sure food was labelled once it had been opened.

People were supported to manage their health and well-being and staff told us they would always speak with the registered manager or health and social care professionals if they had any concerns about a person's healthcare needs. We saw information in people's files of records of communication with a number of health and social care professionals, including occupational therapists, dietitians and the Community Learning Disability Team. We saw a recent referral to an occupational therapist in one person's file and heard a telephone discussion during the inspection highlighting the concern and following up on the referral. One person had been given daily exercises by an occupational therapist that needed to be completed with the support from a member of staff. Picture format guidance was available for staff and also to show the person how it could be carried out safely to reduce the risk of any injury.

People had up to date health action plans in place with guidance on how to stay healthy and information for health and social care professionals on how to communicate with people. We saw correspondence regarding people's GP and dental appointments that they were supported to attend, with outcomes recorded in their care plan. Each person also had a health monitoring form which recorded visits and appointments with health care professionals. One person had been referred to a dietitian and we saw correspondence from them that said they had been supported well by the service and were now being discharged.

Good

Is the service caring?

Our findings

Throughout the inspection we observed positive interactions between people using the service and staff. Staff were always observed to be patient, understanding and interested in the needs of the people they supported. Whilst observing the day to day running of the service, daily living skills and mealtimes, people were very relaxed and comfortable with staff and we could see that people felt happy to express their wishes and felt at ease. Where one person became distressed, we saw staff spend time with them and reassure them that they were safe, whilst also ensuring it did not have a negative effect on the other people in the service.

We saw that people were happy with the care they received at the home and relatives spoke positively about the staff who supported them. One relative said, "The staff are very loving and caring. They are always available to talk and it is a very warm atmosphere." Another relative told us that their family member visited on a regular basis and was always happy and got on well with the staff. A health and social care professional had highlighted the caring environment during their visit on a feedback form.

Staff had worked at the service for a long time and had worked with people from when they had moved in. They knew the people they were working with and were able to give information about people's personal histories, likes and dislikes, how they communicated with each person and what activities they were interested in. They spent time with them during activities, carrying out daily living skills and monthly meetings to get to know them and understand their needs. Staff knew how to communicate with people who could not verbalise their views to ensure they had understood what they wanted to do. Staff also had detailed knowledge about people's needs. For one person with a rare health condition, information about it was available for staff and recorded in the person's care plan to raise their awareness. We saw one person had been supported to carry out a survey using Makaton. One support worker was able to explain in detail how they knew what people wanted and how they made sure they offered them choices. They added, "I need to be patient, I need to talk and I need to listen. I know how to communicate with them." In all the files we reviewed, people had recorded members of staff as those who were important to them and were an important part of their life. One support worker said, "We are all like a family. I've worked here so long I know them like my own."

We saw that people's birthdays were celebrated with everybody and saw records in people's files, along with photos of the event. We looked through a number of photo albums which showed parties, religious celebrations, day trips and holidays with people and current members of staff going back to when people had first moved in.

Throughout the inspection we saw that staff respected people's privacy and dignity. We saw staff knocking on people's doors and calling out their names, asking for permission before entering. People were asked if they wished to speak to us and if they were happy for us to see their rooms. We observed staff ensuring people's dignity when they were in communal areas in a professional and discreet manner. All staff had a good understanding of the need to ensure they respected people's privacy and dignity. The provider had a care value policy with the aim to create a positive care environment, which covered areas of privacy and

dignity, respect for diversity, cultures and beliefs and empowerment, choice and independence. The provider had also carried out a dignity challenge audit where they checked person centred plans were in place, relatives had been involved and people's privacy was respected.

We saw records that showed people were encouraged to be involved in their own care and had regular reviews with their support worker. We saw one person had been supported to choose the colour of their room when it was decorated and be involved in helping out. Relatives we spoke with confirmed they were involved in making decisions about the care their family members received and saw this recorded in people's files. We saw people were encouraged to be as independent as they wanted to be and staff encouraged them to maintain their personal care, get involved with domestic tasks and help out before and after mealtimes. This information was recorded in people's files so staff were aware of who needed encouragement in specific areas. It also reminded staff to encourage and praise people when they had completed specific tasks. One support worker said, "[Person] is very able and I always encourage them and let them get involved and help out with tasks."

People were also supported to access advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. Details and referral forms were also available in an easy read format.

Good

Is the service responsive?

Our findings

Staff supported people to maintain relationships, follow their interests and take part in activities of their choosing. People were also supported to attend a day centre three times a week. The local authority had recently changed the day centre people attended and the provider had worked closely with health and social care professionals, including the day centre staff, to ensure a safe and effective transfer process. We saw that people returned with a daily report which gave staff an overview of what activities they had carried out and how their moods and behaviour had been, which was recorded in their files.

One person told us that they enjoyed going to the day centre and we saw staff supporting three people to attend on the first morning of the inspection. People had the opportunity to discuss the activities they liked during monthly house meetings and staff discussed this during their individual supervision sessions. Each person had information in their files about what they were interested in and what activities they had been supported with, including photos of activities and events that had taken place.

Activities available included gardening, going on car journeys, going out on day trips and trips to the cinema. We saw people had been supported to apply for a cinema card which allowed them to take somebody with them at no extra cost. We saw that people had regular relaxation massage therapy and correspondence showed that it had improved people's health and well-being. One person had been awarded a certificate to show they had completed an art course. We also saw one person having a manicure session which helped in calming them down when they had become distressed. Apart from activities, day trips and holidays were also discussed and relatives told us that they had been involved in this process. We saw there had been a recent day trip to the coast and people had enjoyed fish and chips. One relative said, "There are lots of activities and there is always choice at Sach Road." The registered manager told us they were constantly trying to increase the variety of activities available now that people had less time at the day centre and were still in the process of creating accessible weekly activity schedules.

People were also supported with more specific cultural or religious needs. We saw records within people's care plans that allowed people to enjoy food that met their cultural needs. There were records of Jamaican and Chinese food events and one person was supported to visit an Afro-Caribbean supermarket and cook West Indian food. Another person was supported to attend a cultural day centre. People were also supported to celebrate key religious festivals and were supported to church by staff.

Detailed support plans were in place and they were created using a person centred planning model, which covered 18 areas for staff to find out about people and understand their needs, to ensure they received personalised care. These areas included detailed information about life histories and family, communication, important people in their life, health, hopes and dreams and how staff could be successful in supporting them. The support plans were personalised and provided details about what was important for people. There was reference to people's wishes and how they wanted their care needs to be met. For example, people were able to discuss their everyday life and what would be their best weekday, weekend and evening. People could give preferred wake up times on the weekends or what activities they wanted to do on weekends.

One person told us that they liked gardening and wanted to be involved in carrying out daily tasks. We observed this on the second day of the inspection and saw how they were supported with these tasks, including help from another person. Another person liked going on public transport and we saw records that showed staff supported them with this to keep them safe when out in the community. We saw that people had been involved in planning their care by staff who understood how to communicate with them. Comments from relatives included, "I am always involved in the reviews and the care plans, they give me a copy as well. I feel involved in the service and am always updated" and "I get regular updates and am always told what's going on and involved with any reviews."

Relatives said they did not have any concerns about the service but felt comfortable if they had to raise one. One relative said, "What you see is what you get. I've never had to make a complaint in 20 years." There was an accessible complaints procedure in place and an easy read version was in people's files and displayed on a notice board. It had photos of members of staff saying who people could talk to if they had any concerns. The provider's complaints procedure gave the option for minor issues to be resolved immediately whereas if people were not happy with the response at this stage, they could escalate it to be dealt with by a senior member of staff. Complaints would be responded to within seven days and completed within 20 days. There had been no complaints in the past 12 months. We saw the last complaint was from November 2015 which had been recorded and resolved, which was related to an external issue.

One way in which the service listened to people's experiences and concerns was through a monthly house meeting. We saw records from meeting minutes where items discussed included activities for each person, holidays, feedback about the day centre, food choices and discussions about health and healthy eating options. We saw that people were always reminded about health and safety and were encouraged to feedback about the services they received.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since October 2010 but had worked at the service and with the people living there for over 17 years. He was present each day we visited the service and assisted with the inspection, along with the rest of the staff team.

At the last inspection on 14 and 18 August 2015 we found that the service had not submitted statutory notifications of significant incidents to the Care Quality Commission and that the registered manager was unable to demonstrate a full understanding of when notifications should be made. At this inspection we found that improvements had been made.

We saw that a workshop had taken place after the last inspection to discuss the outcome of the findings and to make sure all members of staff were aware of what incidents needed to be notified to us. Since the last inspection, the registered manager had also made contact with us to make us aware about specific incidents and had sent in the relevant notifications. The registered manager told us that they had learnt from the outcomes of the previous inspection and would always get in touch with us if they needed any advice or guidance. The registered manager had a good understanding of this regulation to make sure that registration requirements were now being met.

People using the service and their relatives were happy with the way the service was managed and told us that they had no concerns. One relative said, "I feel confident ringing the service and talking with the manager. I think well of all of them." Another relative told us that they were very satisfied with the service and their family member had been happy there for many years. They added, "They are a great support to my [family member], but also to all of us as a family." A health and social care professional commented positively about the atmosphere the home created and gave positive feedback about the management of the service.

Staff told us they were well supported by the registered manager and had positive comments about the management of the service. They felt that the provider promoted a very open and honest culture and felt comfortable raising issues or concerns. Comments from support workers included, "He will always go out of his way and explain everything and reassure you what to do. He is very understanding and also very helpful with the clients as well" and "I feel very supported. He understands what needs to be done and listens to us. I'm 100% happy to work here." One support worker also told us about the attitude of the provider and how well respected they felt because of the values shown by all members of staff, including the owner. They added, "They treat us all the same. We are all one family here."

We saw people were supported to complete a quality assurance questionnaire each year so the provider could see if people were happy with the service they received. Relatives were also able to comment and feedback about the service. The survey consisted of nine questions which asked people about the quality of care, the staff, choice of meals, activities and the living environment. All comments and answers were positive and no complaints had been recorded. One person was supported to carry out their survey in their

preferred communication method to ensure their views were fully sought. There was also a questionnaire available for health and social care professionals and visitors to give their feedback. We saw positive comments about the level of care and support provided.

The registered manager had robust internal auditing and monitoring processes in place to assess and monitor the quality of service provided, which were carried out at daily, monthly, quarterly or yearly cycles. The registered manager had monthly team meetings which discussed areas such as care plans and risk assessments, training, people's reviews with health and social care professionals, health and safety and how people were finding the day centre. Continuous improvement plans had also been created to monitor a number of areas at the service. For example, audits around infection control, management of medicines and health and safety had been completed with actions highlighted.

Specific checks of medicine administration records (MARs) were done on a daily basis and we saw that the provider had arranged for the pharmacy that supplied people with their medicines to carry out an annual audit to ensure people received their medicines safely. Finance management records were checked every three to six months. The provider visited at least every fortnight to carry out spot checks on the service, which also included an unannounced visit on a regular basis. We saw records of the most recent visits and saw that they looked at the day to day running of the home and discussed topics such as activities, food, day trips and the décor. Daily reports from the day centre were also checked when people returned to find out how the person had been and if anything of concern needed to be followed up. They also carried out a range of health and safety checks of the building which included weekly fire alarm and emergency lighting tests, along with fire evacuation drills and annual fire, gas and electrical checks.