

Newton Care Homes Limited

# Newton Care Homes Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 9 October 2018. Newton Care Homes Limited is a care home registered to provide care and accommodation for up to four people with learning disabilities. The service is also registered to provide personal care to people living in supported living accommodation.

At the time of our inspection, the care home provided accommodation, care and support for three adults with complex needs, including learning disabilities. People who lived in the supported living accommodation had varying needs, and required a range of support including personal care, prompting and monitoring. At the time of the inspection, eight people were receiving personal care in supported living accommodation.

This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. In respect of supported living, this inspection looked at people's personal care and support. 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. The service worked towards the goal of enabling people with learning disabilities and autism to live as ordinary a life as any citizen.

We have combined the reporting on the services provided by the care home and in the supported living accommodation.

At our last inspection on 12 and 13 April 2016 the service was overall rated Good.

At this inspection we found the service remained Good.

We spoke with some people who received care and support from the service. However, some people were unable to provide us with verbal feedback due to their complex needs. We therefore spent time observing interactions. Following the inspection, we spoke with relatives of people and care professionals. People, their relatives and care professionals told us that they were satisfied with the care provided at the service. We observed that people were well cared for and appropriately dressed at the time of the inspection. People who used the service said that they felt safe in the home and supported living accommodation and around staff. Relatives of people who used the service and care professionals we spoke with told us they were confident that people were safe in the home.

Appropriate policies and procedures ensured people who used the service were safe from abuse and harm. People's relatives told us people were safe living at the care home or in receipt of care from the care agency. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

People who used the service had various risk assessments and risk management plans, which ensured they were protected from harm in relation to their care. Individual risks faced by people were identified with plans in place to control the risks.

Accidents and incidents were documented and investigated and responded to appropriately.

We observed that there were sufficient numbers of staff to meet people's individual care needs and staff confirmed this. Staff did not appear to be rushed and were able to complete their tasks and they confirmed this.

Systems were in place to make sure people received their medicines safely at the home and supported living accommodation. Arrangements were in place for the recording of medicines received, their storage, administration and disposal.

We found the premises we visited were clean and tidy and there were no unpleasant odours. There was a record of essential inspections and maintenance carried out. The service had an infection control policy and measures were in place for infection control.

Staff had been carefully recruited and provided with an induction and training to enable them to care effectively for people. Staff had access to a variety of training, which helped them to update and maintain the skills and knowledge in relation to providing care to people. Regular supervisions and appraisals were provided to review staff performance and set learning objectives for the future.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The service had made necessary applications for DoLS and we saw evidence that authorisations had been granted.

Staff were kind, caring and respectful towards the people they supported. They had a clear understanding of people's individual needs, preferences and routines. Staff supported people to remain as independent as possible. There were policies and systems in place to support this practice.

People who used the service had choice of a nutritious and well balanced diet. The service ensured that people's health was monitored and if required external health care support was sought to ensure people's health and wellbeing were maintained.

People were offered a variety of activities and outings both in groups and as individuals. Each person had an individual activities programme which was devised based on their individual interests. Activities outside the service were available to all people and included attending the day centre, social club and nightclub. Within the service, people participated in reflexology, movie nights and arts and craft.

The service carried out a satisfaction survey in July 2018 and the feedback was positive. People and relatives told us that the registered manager was approachable and willing to listen.

There was a management structure in place with a team of care support staff, deputy manager and the registered manager. Staff told us that the morale within the service was good and that staff worked well with one another. Staff spoke positively about working at the service. They told us management were approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the service to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. The service also carried out spot checks and observations to ensure that the service was running well.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained Good.	<b>Good</b> ●

# Newton Care Homes Limited

## **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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 9 October 2018. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was present at the supported living accommodation for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

On the day of the inspection we visited the care home and two out of four of the service's supported living accommodation. We reviewed six people's care support plans (two from the care home and four from the supported living accommodation we visited) to see how their care and treatment was planned and delivered. Other records looked at included six staff recruitment files to check suitable staff were recruited. We also looked at records relating to the management of the service along with a selection of the service's policies and procedures.

During the inspection, we spoke with some people who received care and support from the service. However, some people were unable to provide us with verbal feedback due to their complex needs. We therefore spent time observing interactions. We met five people who used the service and spoke with three

of them.

Following the inspection, we also spoke with three relatives. We spoke with the provider, registered manager, deputy manager and four care support staff. Following the inspection, we spoke with two care professionals.

## Is the service safe?

### Our findings

We spoke with people who lived in the care home and supported living accommodation. All people we spoke with told us they felt safe in the presence of care support staff. One person said, "I love it here. I feel safe and comfortable." When asked if they felt safe, one person told us, "Yes. It is ok here." Relatives we spoke with told us they were confident people were safe and raised no concerns in respect of this. One relative said, "I am confident that she is safe, very safe." Another relative told us, "I have never ever doubted that [my relative] is safe."

Suitable arrangements were in place to ensure people were safe and protected from abuse at both the care home and supported living accommodation. A safeguarding policy and procedure was in place to help protect people and minimise the risks of abuse to people. The contact details to report safeguarding concerns were clearly displayed in the home and each supported living accommodation we visited. Training records indicated that staff had received safeguarding training. When speaking with care support staff they were aware of safeguarding procedures. They told us how they would recognise abuse and what they would do to ensure people who lived in the home were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team, police and the CQC.

The service had a whistleblowing policy in place and contact numbers to report issues were available. Care support staff we spoke with were familiar with the whistleblowing procedure and said they would not hesitate to raise concerns about any poor practices witnessed.

People who lived at the care home and the supported living accommodation were supported to manage their finances where required. There were procedures in place for the safe handling of their money. A personalised financial support plan was in place for each person. It described what support they needed with their finances. We found documented evidence that management checked people's finances at regular intervals to reduce the risk of financial abuse.

There were comprehensive risk assessments in place for all people. These provided a description of the risk, identified the level of risk and included a detailed and personalised action plan to mitigate the risk. They covered risks such as slips, non-compliance with medicines, epilepsy, mobility equipment, self-neglect and behaviour that challenges. These were reviewed monthly and were updated when there was a change in a person's condition.

There were safe recruitment procedures in the care home and supported living accommodation. Records showed that pre-employment checks had been carried out. The Disclosure and Barring Service checks (DBS) had been undertaken prior to staff commencing work. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with people receiving care. Other checks that were carried out before staff could commence work included evidence of identity, permission to work in the UK and a minimum of two references.

We discussed staffing arrangements with the registered manager and looked at the staff rota for the care home and one supported living accommodation location. There was consistency in terms of staffing and the registered manager explained that each person who received care from the service had an allocated key worker that they were familiar with. Staff then rotated between the care home and supported living accommodation where required but on the whole staff remained at the same location to ensure consistency. This was confirmed by care support staff we spoke with. The registered manager explained that continuity of care was an important aspect of the care provided so that people were comfortable and familiar with care support staff. The registered manager discussed the arrangements for the night shift and confirmed that one member of staff was sufficient to safely meet people's needs at each location. She also confirmed that there was always another member of staff on call in case of an emergency and that staff lived close to the services.

There was a record of essential maintenance carried out at the care home and supported living accommodation we visited. The service carried out regular safety checks to ensure the premises and equipment were safe for people. Management carried out regular health and safety spot checks looking at various areas at each of the premises and these were documented. There was regular testing and monitoring of water temperatures, portable appliances and electrical installations. The service had a contract with external services who undertook safety checks on equipment and the premises to ensure this was safe. There was documented evidence that the fire alarm was tested weekly and fire drills had been carried out. We noted that the most recent fire drill had been carried out in September 2018.

The service had a business continuity plan in place to ensure people would continue to receive care following an emergency. We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the care home. At the time of the inspection, we noted that PEEPS were not in place for all people in the supported living accommodation. These are required as they provide staff or emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation. Following the inspection, the registered manager confirmed that these were now in place for all people in supported living accommodation and provided us with evidence of this.

We found that window restrictors were in place at the care home and supported living accommodation we visited. The registered manager confirmed that there were window restrictors on all windows on the first floor and ground floor where required.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of accident and incidents where necessary. Accidents and incidents were documented and had been regularly monitored by the registered manager to ensure any trends were identified and addressed.

During this inspection we looked at medicines management in the care home and two supported living accommodation we visited. There was a policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines and staff we spoke with confirmed this. Staff had their competency assessed to make sure they had the correct skills to support people with medicines.

We checked the storage of medicines in the care home and found that the home had a suitable medicine storage facility in place. The facility was kept locked and was secure and safe. Daily temperature checks were carried out in respect of the medicines storage facility and these were documented. We noted that there were occasions where the temperature was recorded at 27 degrees Celsius. High temperatures could affect the potency of medicines. The records indicated that the window had been opened to cool the room. The registered manager also explained that they had a fan which was used to cool the room where

necessary.

People received their medicines as prescribed in the care home. We checked medicine administration records (MAR) for three people receiving care and found these were clear and accurate. Each person had an individual medicines support plan which detailed information about the medicines they were prescribed and the support they required. There were clear PRN (as required) medicine guidelines for staff with details of what signs the person may show should they need medicines to manage behaviours or pain.

We checked the storage of medicines in two supported living accommodation we visited. Medicines in supported living accommodation should be stored in people's own rooms in accordance with guidance. During this inspection, we found that medicines were stored in a central medicines cabinet and not in people's individual rooms at both locations. We queried this with the registered manager and deputy manager. They explained that people at the services required support with their medicines and they had considered the person's individual needs and carried out an assessment to ascertain whether they should keep medicines in their rooms. The service had decided that for the people they currently provided support to, they should not keep medicines in their individual rooms. For example; one person had a history of overdosing and the assessment detailed that it would be appropriate to keep this person's medicines in a central medicines cabinet. The registered manager confirmed that should they provide support to other people in the future and they were able to keep their medicines in their room, they would ensure this but would carry out the appropriate assessment beforehand.

We viewed a sample of medicines administration records (MARs) for people who used the service in the two supported living accommodation. We found that the majority of these had been completed and signed, which showed people had received their medicines at the prescribed time. There were three gaps in the sample of MARs we looked at, two of which were for the morning of the day of our inspection. The deputy manager confirmed that the medicines had been administered and showed us the blister pack to confirm this.

The service carried out medicine audits weekly at the care home and supported living accommodation and this was documented. The registered manager also explained to us that medicines were administered by one member of staff and when another member of staff was on duty this member of staff witnessed this and recorded this on a further MAR sheet. The aim of this was to ensure medicines were being correctly administered and signed for and to ensure medicines procedures were being followed. We saw documented evidence that an external pharmacist carried out a yearly medicines audit. The most recent external audit was carried out in February 2018 and no concerns were raised.

The care home and the supported living accommodation we visited were well-maintained and clean. There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored.

# Is the service effective?

## Our findings

People who used the service and relatives indicated that they were satisfied with the care provided at the home and supported living accommodation. People and relatives told us that care support staff knew what they were doing and seemed to be well trained and skilled. One person told us, "Staff are very very kind. Staff are very helpful." One relative said, "Care staff are very helpful, I must say." Another relative told us, "Care staff are great. They are very patient and supportive." Another relative said, "I am reassured by the fact that staff really know people and their needs."

People had an initial assessment of their needs with their involvement before they moved into the service and care documentation demonstrated this. This included a pre-admission assessment which detailed important information about the person's health and care needs. An individualised care support plan was then prepared using the detail from pre-admission assessments. This included details of the person's preferences, needs, and details of how staff were to provide the required care.

People's healthcare needs were closely monitored by management and care support staff. Care records contained important information regarding medical conditions, behaviour and allergies and we saw these were well maintained. Care records included a record of appointments with healthcare professionals such as people's dentist, optician and GP. The registered manager confirmed that they liaised closely with healthcare professionals and this was confirmed by professionals we spoke with.

Newly recruited staff had undergone a period of induction to prepare them for their role. The induction programme covered various areas which included policies and procedures, staff conduct and information on health and safety. Training records showed that care staff had completed training in areas that helped them when supporting people. Topics included basic life support, safeguarding, infection control, fire awareness, epilepsy, manual handling, end of life and food hygiene. The training was a combination of internally and externally provided training. Staff spoke positively about the training they had received. They told us they felt confident and suitably trained to support people effectively.

Our previous inspection found that staff had received some supervisions but these were not always consistent. During this inspection in October 2018, we saw documented evidence that supervision sessions took place consistently. The registered manager explained that supervisions were carried out every four to six weeks. The service had a supervision calendar to ensure that care support staff received regular supervision sessions throughout the year and we saw evidence of this. Care support staff we spoke with told us they had regular meetings with management and felt able to speak with them about any queries. We saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress and staff we spoke with confirmed this.

Staff told us that they felt supported by their colleagues and management. They were positive about working at the home and supported living accommodation. They commented on the good working relationship amongst staff, good knowledge and skills possessed by all staff which had helped to maintain a good working standard within the service. One care support staff told us, "Communication is good. So is the

team-working." Another care support staff said, "Management are very supportive. They are cooperative and communicate well with us."

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people. Each person's care support plan included a detailed nutrition support plan which included details of their preferences.

The care home had a weekly menu which included a variety of freshly prepared foods. People who lived at the supported living accommodation were encouraged to devise their own menu based on their preferences and we saw that these were in place. They were provided with support from care support staff when preparing their meals.

We checked the kitchen at the care home and noted that it was clean. The registered manager explained that food shopping was done twice a week. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption. In May 2018, the Food Standards Agency carried out a check of food safety and hygiene at the care home location and awarded the service five out of five stars, rating the service as "very good".

In the supported living accommodation we visited, we found that people shared a communal kitchen. We noted that these were clean and contained sufficient quantities of food.

People's weights were recorded monthly at both the care home and supported living accommodation. This alerted staff to any significant changes that could indicate a health concern related to nutrition. The registered manager explained that they encouraged healthy eating and provided people with nutritional information so that they were equipped to make their own decisions where they were able to do so. The registered manager explained that if they had any concerns about people's weight they referred them to the GP.

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 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted that care support plans contained information about people's mental state and communication. Care support plans also included a section about "making decisions". This provided clear information about how to support people to make specific decisions.

Staff we spoke with had knowledge of the MCA and training records confirmed that staff had received training in this area and this was confirmed by the registered manager. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

We also found that, where people were unable to leave the home because they would not be safe leaving on

their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). We noted that the service had made necessary applications and authorisations were in place. Where people required a Court of Protection authorisation, these were in place and documentation was available.

## Is the service caring?

### Our findings

People and relatives we spoke with told us that people were well cared for by care support staff. One person said, "Staff listen to me and talk to me with respect." One relative said, "Care staff are always polite and helpful. I couldn't ask for better." Another relative told us, "I have real respect for the way [my relative] is cared for."

During the inspection, we observed interaction between care support staff and people who received care from the service. People appeared relaxed and comfortable in the presence of care support staff and management. Staff interacted positively with people, showing them kindness, patience and respect. We observed the atmosphere in the home and supported living accommodation was homely and relaxed. On the day of the inspection, we observed that one person appeared agitated. Staff recognised this and the registered manager spoke with the person and provided them with reassurance and helped to ease their concerns and provide reassurance. The person responded well to the registered manager's intervention.

The registered manager explained to us that they encouraged people to be independent and where possible, to do things themselves. We observed care support staff provided prompt assistance but also encouraged people to build and retain their independent living skills. On the day of the inspection, we noted that one person had been out at work during the day. In another supported living accommodation, there was a rewards chart in place for two people living in the service. The registered manager explained that this was part of positive behaviour support and helped to encourage people to complete tasks themselves.

Care support staff and management had a good understanding of the needs of people and their preferences. Care support plans included information about people's interests and their background and used this information to ensure that equality and diversity was promoted and people's individual needs met. These included detailed information about people's individual cultural and spiritual needs. Some people were supported to visit a Church every Sunday in accordance with their wishes. The service had a policy on ensuring equality and valuing diversity and staff had received training in ensuring equality and valuing diversity.

Care support staff and management had a good understanding of treating people with respect and dignity. The registered manager and deputy manager were both dignity champions and ensured people were treated with respect and dignity. We observed staff knocked and waited for a response before they entered people's rooms. We saw that people were well groomed and wore clean clothes. Their rooms were clean and personalised with their belongings and family photographs. Staff spoke with people in an appropriate way throughout the inspection. The support plans described how people should be supported so that their privacy and dignity were upheld.

We discussed the steps taken by the home to comply with the Accessible Information Standard with the registered manager. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered

manager explained that the service met this standard in a number of ways. For example, care support plans were set out in a user-friendly manner and included speech and language input and assessments. Care support plans also included pictorials to assist with communication and involve people. Various policies and guidance were available in an easy read format so that they were accessible to all people and these were clearly displayed in the home and supported living accommodation.

The service had a service user guide which provided useful and important information about the home and supported living accommodation and highlighted important procedures and contact numbers. It also included information about the aims and objectives of the service which was "to provide the highest standard of care and support to all our service users". The service focused on placing the welfare of people and meeting their needs at the forefront of their philosophy of care through dignity, independence, choice, privacy, fulfilment and rights.

## Is the service responsive?

### Our findings

People who used the service and relatives told us they felt able to raise any concerns they had with the staff and management. People's relatives described how staff supported people in a responsive way. One relative told us, "They are responsive to [my relative's] needs. I have seen a real change in [my relative]. It is 100% unbelievable. She has very much improved massively." Another relative said, "I have seen a real improvement in the quality of [my relative's] life." We saw from records that when there had been changes in people's conditions, specialist input into their care had been sought immediately.

Care professionals we spoke with told us that the service communicated well with them. One care professional said, "They are very proactive. They are responsive to people's needs." Another care professional told us, "They feedback to me. They are very responsive."

People's support plans were regularly reviewed by care support staff. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. The support plans covered a range of areas including medical conditions, leisure, hobbies and interests, nutrition, personal care, culture and religion, activities, communication and medicines.

Care support plans contained personal profiles, personal preferences and routines and focused on people's individual needs. They included a section titled "Understanding me and my life" and included information about people's social life, relationships, spirituality, culture, hobbies and interests. There was also a "Person centred plan" which detailed what the person's personal goals and aspirations were. Behaviour assessment plans were in place for each person which included details of triggers and primary, secondary and reactive strategies. These clearly provided staff with details of how to manage each person's needs and provided clear instructions.

Care plans were reviewed monthly by staff and were updated when people's needs changed. The registered manager explained that the regular reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

The service had measures in place to ensure continuity of care. There was a handover at the end of every shift which ensured any changes to people's needs were discussed with staff and documented following each shift. The service also used a communication book for staff to refer to where there had been any changes to people's care.

People were offered a variety of activities and outings both in groups and as individuals. Each person had an individual activities programme which was devised based on their individual interests. For example, one person liked going to charity shops and knitting and this was detailed in their activity programme. Activities outside the service were available to all people and included attending the day centre, social club and nightclub. Within the service, people participated in reflexology, movie nights and arts and craft.

There was a complaints policy in place which detailed the procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC, the local authority and Local Government Ombudsman (LGO) if people felt their complaints had not been handled appropriately by the service. The service had a system for recording complaints. The registered manager explained that she communicated with people and their relatives so that if there were any issues people felt able to discuss this openly with her. She said that there was an open-door policy and this was confirmed by relatives we spoke with.

Meetings were held quarterly for people living at the home and supported living accommodation where they could give their views on how the service was run. They discussed the running of the service as well as the food menu and activities. We saw evidence that these meetings were recorded and that the service took necessary action following suggestions made at these meetings.

The registered manager explained to us that it was important to ensure that people felt able to raise their concerns and issues and had an opportunity to voice their opinion. The service carried out an annual satisfaction survey in July 2018 and the results from the survey was positive.

People had individual care support plans in place which clearly stated the end of life wishes for people.

## Is the service well-led?

### Our findings

People and relatives expressed confidence in the management of the service. They spoke positively about the registered manager and said they did not hesitate to contact her and felt able to have open discussions. People's relatives were happy with the way the home was run and thought their relatives received a good service. One person said, "The manager is very nice. I like her. She is a very nice person." One relative told us, "Communication is great. I have a good relationship with [the registered manager]." Another relative said, "I am absolutely able to speak with [the registered manager] I feel able to speak with her."

People and relatives were regularly asked for their views on the quality of the service being provided. This included key workers spending one to one time with people, meetings and annual surveys. We spoke with relatives who confirmed their views were considered and that they had in the past been asked to complete surveys. The registered manager advised that the monthly one to one keyworker meetings enabled the service to seek the views of people living at the service as this enabled staff to respond promptly and in a person-centred way.

There was a management structure in place with a team of care support staff, deputy manager and the registered manager. Staff had a positive attitude and were of the opinion that the service was well managed. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities. They told us the registered manager was supportive and always responded to any queries or concerns they had. They said they felt well supported by the registered manager, who they described as approachable, supportive and caring. They felt free to raise any concerns knowing these would be dealt with appropriately. One member of staff told us, "I am confident in the way the service is managed." Another member of staff said, "Management are very good and supportive."

There was an open and inclusive approach to the running of the service. Staff were informed of changes occurring within the service through staff meetings and we saw evidence that these meetings occurred regularly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a quality assurance system in place for the provider to obtain feedback about the care provided at the home and supported living accommodation. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried at regular intervals in areas such as care documentation, health and safety, cleanliness, medicines, staff training and recruitment.

Care documentation was well maintained, up to date and comprehensive. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

