

# Midland Heart Limited

## Boldmere Drive

### Inspection report

3 Boldmere Drive  
Sutton Coldfield  
Birmingham  
West Midlands  
B73 5ES

Tel: 01213861384  
Website: [www.midlandheart.org.uk](http://www.midlandheart.org.uk)

Date of inspection visit:  
29 June 2016

Date of publication:  
02 September 2016

### 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 29 June 2016 and was unannounced. The service is a care home that provides personal care and accommodation for up to four people with learning disabilities or autistic spectrum disorder. There were four people using the service at the time of our inspection. There was a registered manager in place. 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.

People and relatives told us that people were safe at the home. Staff were able to identify and respond to changes in people's behaviours to keep them safe and well. Risks to people were managed effectively and staff had taken steps to minimise these. Staff had an active role in maintaining the health and safety of the home and one person who lived at the home supported them with this.

People were supported by a consistent staff group and we saw that there were sufficient staff available to meet people's needs. People were protected by robust recruitment processes. People received their medicines safely and staff had access to thorough guidance about supporting people to take their medicines.

Staff had the skills and knowledge to support people effectively and told us they felt supported in their roles. Staff received regular supervision and had access to further training and support from the registered provider if they needed this. We saw that the registered manager and staff had a clear understanding of people's needs and relatives confirmed this. Where people were unable to express themselves verbally, staff showed awareness of how they communicated their needs. People sometimes displayed behaviours that may have challenged and staff provided examples of how they supported people to become calm.

Staff we spoke with did not have a clear understanding of the Mental Capacity Act and how this was applied at the home, however, people were supported to make decisions about their care and day-to-day lives. People enjoyed mealtimes and were supported to have a healthy diet. People chose and prepared meals and we saw that their dietary preferences and requirements were met. People were supported to access healthcare support as required and staff took an active role in supporting people to stay well.

People and staff enjoyed caring and positive interactions with one another. We saw that people were treated as individuals and they visibly looked at home at the service. People were supported to maintain relationships with people that were important to them. Staff cared about people's welfare and treated them with respect and people were regularly encouraged and supported to maintain their independence.

People received care that was responsive to their needs and relatives described positive outcomes for people. People, and their relatives where appropriate, were regularly involved in care planning reviews and discussions. Action had been taken in response to people's changing needs to ensure that they remained

safe and well and regular reviews checked that people were happy with their care. People were supported to follow their interests and enjoyed regular individualised activities and social events at the home.

Systems were in place to seek people's feedback and relatives' feedback and staff views showed that people enjoyed a person-centred and inclusive culture at the home. The registered manager had positive relationships with people and understood their needs well, and this was reflected in staff practice at the home.

Staff described an open culture where they could offer challenge and solutions to meet people's needs. The registered manager felt supported by the registered provider and a quality assurance process encouraged the home to continue good practice.

## 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.

People and relatives told us that people were very safe at the home.

There were enough staff to meet people's needs and there were safe recruitment processes in place.

People's risks were minimised and managed effectively.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew their needs and preferences well.

People's choices and decisions were respected, however staff had a limited understanding of the MCA.

People enjoyed healthy meals at the home and were supported to access healthcare support.

### Is the service caring?

Good ●

The service was caring.

People had positive relationships with staff and we observed caring interactions between staff and people who used the service.

People's views and preferences were understood and respected by staff.

People were supported to maintain their independence and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People enjoyed individualised activities and social events.

People and their relatives were involved in the planning of their care.

People and relatives were a part of the service and there were systems in place to raise and respond to concerns.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager in place.

Systems ensured that people enjoyed a good quality of life and their risks were managed effectively.

Staff described an open culture that helped them to meet people's needs.

# Boldmere Drive

## 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 29 June 2016 and was unannounced. The inspection was conducted by one inspector and an expert-by-experience whose area of expertise related to learning disabilities and behaviours that may be considered challenging. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When we were planning the inspection we looked at the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. 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 us to focus our inspection.

During our inspection we spoke with two people who used the service and four relatives. We spoke with two members of staff, the registered manager and one healthcare professional. We carried out observations of how people were supported throughout the day. We also looked at three people's care records, one staff file and at records maintained by the home about risk management, medicines, staffing, training and the quality of the service.

# Is the service safe?

## Our findings

People using the service and their relatives told us that they felt safe. Two relatives told us people were "Very, very safe". One person told us, "I do feel safe. I'm not frightened. I'd tell the staff [if I did], whoever's on duty." There was easy-read guidance about safeguarding and how to raise concerns available in people's care plans and their bedrooms. This meant that people had been empowered with information about how they could keep safe and one person we spoke with was aware of some types of abuse. Staff were able to tell us about some types and signs of abuse and the appropriate action to take if they identified that people were at risk. This guidance was on display in staff areas to remind them of safeguarding processes. One staff member told us that they were confident that they would be aware if people were at risk. The registered manager told us that staff identified changes in people's behaviour and took action to help them to feel safe and well and our observations confirmed this. There was an effective system in place to keep people's monies safe. One person told us, "[Staff] get my money out of the safe when I'm going out. They keep a list of what I spent, I know it's there."

People's risks were managed effectively by staff through thorough risk assessments which outlined people's support needs, the level of risk and controls in place to minimise this. One person had attended specific training with staff about their condition so that they were aware of support they would receive from staff as necessary. Their care plan outlined a risk management plan and staff we spoke with demonstrated a clear awareness of this person's on-going progress and how to support them and manage their risks appropriately. Another person had experienced falls at the home due to a decline in their mobility and the registered manager and a staff member indicated that this had caused the person to feel anxious. Renovations had been made to the home and this person's living arrangements had been adjusted which had managed and reduced this risk. The registered manager told us that these improvements had had a positive impact on the person and said, "This made such a difference to their persona, they picked up quickly."

Prompt and effective action was taken to respond to accidents and incidents that occurred at the home, these did not happen often. Staff ensured that suitable processes were followed to keep people safe and well. The registered manager told us that staff had received training and were aware of and used distraction and calming techniques to support people when they became distressed. People were not subject to any restraints. This meant that the registered manager was open to ways of supporting people, yet took action to ensure that people were supported in the non-restrictive ways. One staff member told us, "We've learned one person's behaviours and how to deal with this at the time. We stand around and let them know we're there but not in the immediate area. They like to know you're there."

A staff member told us how they would appropriately respond to an emergency and told us, "We're all fire marshals here and we do weekly fire checks, evacuations and testing [fire] doors." Health and safety checks were completed regularly at the home as required. One person told us that they helped to complete these checks and told us, "It's easy". Records were maintained to ensure that these checks were up-to-date and each staff member was responsible for leading an aspect of this. The registered manager had devised response plans for a range of emergencies and established other processes that kept people safe.

People were supported by staff that had worked at the service for a long time and we saw that there were enough staff to meet people's needs. Feedback confirmed that there were enough staff so that people were supported to have their needs met and enjoy days out, local trips and activities. One person told us, "We have night staff and staff help us to do the cooking and make drinks and keep us safe. If we didn't have staff, we'd be worried." This person told us that they accessed staff support if they needed this and we saw that people did so. The registered manager told us, "We don't have buzzers here as the house is so small and we can hear exactly who is moving about, it's a very settled group and they can shout out and if they're poorly we listen out for them." Staff were aware of who they could contact for support during shifts. A staff member told us, "We've got an on-call system and all managers take turns and it's on the bulletin board about who is on duty." The registered manager was taking steps to recruit additional staff so that people could continue to be supported to go on holidays and short breaks, although they were confident that there was sufficient staff to meet people's needs in the meantime.

The registered provider had a robust and thorough recruitment process in place for identifying suitable candidates and completing appropriate pre-employment checks. A staff member also confirmed that on-going checks were completed at the service through the Disclosure and Barring Service (DBS) to continue to protect people who used the service.

People received their medicines safely. One person told us about their medicines, "The staff give them to me. They never forget. If I have a headache I tell the staff and they give me paracetamol." We saw that medicines were stored and recorded appropriately. Medicines records showed that people had received their medicines as prescribed. There was a robust system in place for reviewing medicines records and where one record had not been completed fully, the correct procedure had been followed to address this. Staff had access to thorough guidance and followed a clear process to support people to take their medicines. One staff member told us they had "Lots of medicines management training," and showed us the medicines records. They told us that they needed to make sure that this recording system remained accessible and clear for new staff members joining the home, which showed that they shared a feeling of responsibility for maintaining clear records at the home.



# Is the service effective?

## Our findings

One person told us, "Staff are good at their jobs and if I get stuck I tell the staff what I want. We get on very well." A relative told us, "Staff are very understanding and so kind, they are trained and they know how to respond to my relative."

Staff received up-to-date training for their roles that was specific to people's needs and told us that they received regular supervision and felt supported in their roles. We saw that staff were equipped with the skills and knowledge to support people effectively. One staff member told us that they required refresher training as people's needs always changed and we saw that staff had ongoing access to provider training. The registered provider had also supplied access to support for personal or work issues if staff required this.

The registered manager and staff were very aware of people's needs and demonstrated a consistent understanding of people's communication and behaviours. A staff member told us, "One person has set routines, so I make everything similar as I can, as I know their triggers." The staff member provided specific examples of how they ensured the environment was suitable and relaxing for this person and told us, "I make sure all that is honoured and we can all try to do the same thing with them. There are less behaviours [that may be challenging] as you can see in their monthly reports." The registered manager told us, "All the staff work in the same way with [this person]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people at the home were subject to a DoLS and although staff told us they had received training in MCA, we found that they had a limited understanding of this and could not confirm which people had a DoLS in place at the home. We saw however that people were supported to make their own decisions and moved freely around the home without restriction and this was respected by staff. People's care plans instructed staff to ensure that people made their own decisions and provided guidance on how they communicated their choices and preferences.

People enjoyed meals together at the service and were supported to eat healthily. We saw that people accessed the kitchen during the day to make drinks and staff ensured that people had enough to drink. People contributed their ideas to the home's monthly menus and regularly took it in turns to choose a main meal for everyone. Some people told us that they helped to prepare food and staff supported one person to purchase their ingredients in advance. Staff were aware of people's dietary preferences and requirements

and we saw these were applied in practice.

Healthcare professionals had advised that people who used the service needed to engage in healthy eating and exercise and staff proactively supported them with this. A staff member had registered all people who used the service to a healthy eating initiative and led a programme that promoted wellbeing through healthy eating, exercise and participation in activities. There was a board on display at the home which highlighted nutritional guidance and had celebrated people's involvement in the programme. The staff member told us that people had chosen to be less involved in this more recently, yet this was something they did enjoy. Another staff member had proactively chosen to bring a piece of exercise equipment to the home that was suitable for a person to use, and told us, "I found it for them because it gives them something to do to exercise." This meant that staff promoted people's health and wellbeing to help them to remain healthy whilst supporting them to participate in activities they enjoyed and which suited their needs.

People were supported to access healthcare support to help to keep them healthy and well. One person confirmed that they had a healthcare appointment and they added "I'm going to the optician next Monday to have my eyes tested." Easy-read guidance was available which detailed different healthcare support that was available in the local community and people had hospital and communication passports in place which clearly outlined their needs. Staff spoke about supporting people to remain well and look after their healthcare needs. One staff member spoke about support they had provided to encourage a person who was reluctant to go to the dentist. The encouragement they had provided included explaining to the person the benefits to be gained. A relative confirmed that staff had made arrangements where possible so that this person was supported to attend their healthcare appointments with a preferred staff member who supported them well to remain at ease.

Relatives were kept informed of people's wellbeing and attendance to healthcare appointments where appropriate. A relative told us, "If you look at how attentive staff are in the report, they pick up on everything. They're very careful." Records outlined thorough and clear information about people's needs and healthcare support they had received. On one occasion, staff found that one person's medicines had caused them to display challenging behaviours and they promptly consulted with their relative and a healthcare professional to review their medicines.

## Is the service caring?

### Our findings

People enjoyed positive and trusting relationships with staff and interactions we observed demonstrated this. We saw some people teasing staff and chatting with them throughout the day. People looked at home at the service and one person indicated that spending some relaxed time with staff felt like privacy. They told us, "We like our privacy, like of an evening when the staff come on duty at night. We have a good evening and a takeaway." A relative told us, "Staff are kind and compassionate, very compassionate about everything, even if my relative has a cold."

One person showed us their plant in the garden and told us that they hoped it continued to grow. A staff member made sure that another person's space in the lounge was free for them to access when they were due to arrive. This showed that aspects of the home belonged to people and that they were a part of this.

We reviewed their care plan and saw that staff had identified that they needed some new shoes and a new piece of clothing that was suitable for the summer. This showed that the home looked after the smaller details that were important to people who used the service. One relative told us that staff followed a process to support a person to make their own choices while out shopping. They told us, "They empower them to make the choices, as much as they can empower them to choose they will."

People were supported to maintain relationships with people that were important to them and friends and visitors were able to visit without restriction. One person was accompanied on holiday to visit their relative with staff and another person who used the service. Staff were aware of people who did not have relatives living close to the home and did not see them frequently. The registered manager advised that in such circumstances staff ensured that the person received appropriate support and attention.

Relatives told us that they knew all staff and residents well and they were regularly in touch with the home and invited to social events. People's care plans provided details of the contact details and birthday dates of their relatives and they were supported to create birthday cards and purchase presents for such occasions. People's birthdays were celebrated at the home and we saw that there were plans to give a person a gift and take them out to celebrate their birthday.

People were communicated with in a way that met their needs. They had access to easy-read guidance about how they could raise concerns both in their care plans and on display in their bedrooms. The home had developed communication passports and we saw that staff had a clear understanding of how people expressed their views and needs. One person was supported by an advocate who they regularly met with to develop their social skills and visit local places of their choice.

Staff were attentive to people's needs and choices and we saw that they were aware of people's wellbeing over time and how they communicated this. The registered manager told us about one person who used the service who could not express themselves verbally and how they knew they were happy. They told us, "They smile a lot these days and take notice of what's happening around them." One relative told us, "For my relative expressing views, it's very easy, if they don't like something, their face tells you... staff know them

very well."

Other relatives also told us that staff communicated effectively with people living at the home. One relative told us, "[My relative] can communicate with staff. To express their views, they had used symbols and looks at pictures, but they express themselves with their face too." One staff member confirmed how this person communicated their preferences, "They like to go shopping and for lunch and will tell you as soon as they've had enough... they enjoy most things and we can tell if they are happy to go." People who used the service received advocacy and speech and language therapy support as required.

The home had taken care with people's care plans and records so that they provided detailed information about aspects of social events and activities that people had enjoyed. One person who used the service asked staff to bring them their care plan so that they could show us and talk through some of the information this contained. They told us, "You can look at my plan it's got all my details". Care plans were pictorial and written in a way that was accessible to people. These were regularly reviewed and developed with the involvement of people who used the service, their relatives and staff.

The registered manager and staff spoke about people with respect and care and provided examples of how they maintained their dignity. We saw that people had the privacy they needed and staff were aware of the importance of people having quiet space when they wanted. The registered manager had empowered one person to manage their personal care needs and comfortably maintain the cleanliness of their room.

People were encouraged to complete tasks independently wherever possible and their skills were regularly monitored to ensure that these were maintained. One person told us, "I change my bed and staff move my furniture and I vacuum. I tidy my drawers myself." Another person showed us the laundry room and told us that they took care of cleaning their clothes. Their care plan showed that staff had supported them to develop smart goals around maintaining their independence. The person had recently been awarded a 'Steps towards independence' certificate by the registered provider to encourage them to continue to maintain their independence. The person proudly showed this to us. A staff member told us, "Independence is about knowing the individual, what they can do and having them do it".

The registered manager had proactively and sensitively led conversations with relatives about people's end of life wishes with the intention to make this topic more approachable and to reduce the emotional burden of difficult choices for people in the future. The registered manager told us, "We did very pictorial simple plans with the person and family's main wishes." We saw that many person-centred details had been discussed and agreed in advance and relatives praised this approach. One relative told us, "We've gone through all this, it's all been thought out. It was very nicely done and very well portrayed... It's part of life and we needed to deal with this." Another relative told us, "It was all sensitively done, very, very well thought out... all of the details are thankfully sorted."

## Is the service responsive?

### Our findings

People received care that was responsive to their needs. A relative told us, "My relative has enjoyed their life more living [at the home], they have more purpose... They have come on in leaps and bounds since they've been there and that's the truth... People are at the heart of the service, it's about the actual people that live there." The registered manager and staff knew people, their preferences, interests and personal histories well. A staff member told us, "It's a nice environment, quite settled and all routines are followed."

People were involved in their care planning and one person had attended training with staff to understand how staff could support them. Renovations had been made to the home to increase another person's confidence, following a decline in their mobility. We saw that changes to this person's living arrangements had reduced the number of falls they experienced. People were comfortable and at ease at the home and fulfilled their daily living tasks when they pleased and at a pace that suited them. People behaved in a way that reflected that the home was theirs and they showed us around throughout our inspection and ensured that we felt welcome. They proudly showed us their rooms which we saw were personalised and pleasantly furnished, featuring items of importance and value to them. This meant that people felt at home at the service and enjoyed a comfortable and relaxed environment.

Care plans were centred around people and written in a way that expressed a sense of affection for people who used the service and brought their character to life. Care plans had an engaging and positive style and set a tone for providing person-centred care and showing respect to people who used the service. They outlined people's health care and support needs along with their likes and dislikes, favourite activities and other guidance for staff about their daily living tasks and specific instructions for these and we observed examples of these being applied in practice. People's monthly reviews focused on making sure people were happy with the care they received and aware of how to raise concerns. Reviews outlined people's health and support needs, their independence levels and activities and social visits they had enjoyed. People and relatives were involved in their care planning and decisions and were given regular opportunities to discuss this with staff. One person told us, "We have reviews, I've got one coming up. We talk about anything, they're interesting [about] things I like to do." A relative told us, "Staff listen to me. I talk to them a lot, every week. It's like seeing family. We have reviews every six months, they're very, very useful. I get very clear information."

Care plans included communication passports that were written with care and expressed how people communicated a range of feelings and how to support them accordingly. Hospital passports were ready in place so that other healthcare professionals could be aware of people's needs if they required hospital treatment. These clearly outlined key information about people's health and support needs along with person-centred details that were important to them. The registered manager had also gathered key information and obtained relatives' views in advance so that people could be supported in the event of emergencies.

People were involved in individualised activities and they enjoyed social events at the home. The registered manager told us that all people who used the service had regular dedicated one-to-one time with staff for

activities and spending time together, for example going shopping, for meals and on trips to local cafes. One person told us, "We go shopping on Tuesdays, we do lots of nice things and I go to have tea and cakes or have lunch." This person talked positively about how they spent time with staff and in the home. A relative told us about social events they attended at the home, "We are having a summer party and my relative loves it. Every two or three months they have something happening; we had an Easter Parade, a Christmas get-together, now we've got this." People and relatives enjoyed positive relationships with one another and staff at the home.

People were supported to enjoy quality time on days out and short trips and holidays. The registered manager regularly recorded activities that had taken place at the home and invited relatives to social events. The registered manager presented this information to people and relatives in personalised and festive formats, which people were involved in designing and were signed with a template called 'Fab 4 Productions' to affectionately represent the people who lived at the home.

People were supported to follow their interests and staff catered to their needs and abilities so that they were enabled to participate in activities. Some people who used the service visited a day centre and one person promoted an activity they were involved in to us, which showed that they were enthusiastic about this activity and felt comfortable expressing this positivity. We saw that this person felt integrated in their group activities. A staff member told us, "There are enough activities, people are occupied during the day and we give individualised care to people. Generally we all do some things [together] and some things are individual."

People and relatives were encouraged to share their views on the service verbally and through occasional surveys. Another relative told us, "Staff send questionnaires and they know very well that I ring and ask anything. I don't see that we need questionnaires, because they're so responsible and tell me as much as I need to know." The registered manager told us that they had reduced the formality of resident and relative meetings for a tone that felt more comfortable for people and relatives. They told us, "We have review meetings for the people here and the families are very open with us and know exactly what's going on. We don't see the need to formalise... we found our formal meetings have become informal, become more like parties." Relatives had developed positive relationships with the home and were comfortable providing feedback.

The registered provider had a complaints procedure in place and relatives knew how to raise concerns if necessary. This outlined a clear process and was available to people who used the service in an easy-read format in their care plans and displayed in their bedrooms. One person told us, "I can't remember complaining. If I get bothered I can go to a member of staff and they can sort it out for me." We saw that there had been no complaints raised and that people and relatives were satisfied with the service. A relative of one person who had lived at the home over a long period of time told us that they were very pleased with the service. They told us, "I've never complained ever, not in all of this time." There was a compliments file in place which contained thank you cards from some relatives who had received framed photographs of their relatives from the registered manager.

## Is the service well-led?

### Our findings

There was a person-centred and inclusive culture at the home. We heard one person tell the manager, "I love it here... We do some good things here," as they looked through some photographs together and records of events they had enjoyed. One relative told us, "It's my relative's home and I wouldn't want it to be altered... it's a very solid and kind organisation." A staff member told us, "I'd be happy with my relative living here, I'd be happy to move them here."

People were supported to enjoy a good quality of life and engage in activities of interest to them. One relative told us, "[If there are] decisions to make... if they're going to take my relative somewhere for example, they always ask me and we plan." Relatives were involved in the planning of people's care and were kept in regular touch with the service. The registered manager spoke affectionately about people who used the service and had a clear understanding of their personalities, personal histories, preferences and needs. We saw that they had positive rapport with people and they laughed and recalled fun times with one person who used the service and outings they had enjoyed together.

The home regularly conducted quality assurance processes with people who used the service or their relatives, which assessed whether their care plan was up-to-date and accessible, and checked that they were satisfied with the service and aware of how to raise concerns. Records at the home were centred around people and provided high levels of person-centred detail. The registered manager fulfilled the requirements of their registration in relation to notifying us of any concerns or incidents and had kept up to date with changes to the regulations.

One staff member told us, "The registered manager is easy to talk to." Another staff member told us, "We all have a really good rapport." A student who had completed a placement at the home had written a thank you note to the registered manager which expressed that the manager had been both reliable and approachable. Staff views were gathered through a staff survey and staff meetings were held. Staff feedback described an open culture where they were comfortable offering challenge to the registered manager and one another to help the service to progress. A staff member told us, "We all meet as a team and can disagree and change things," and "Everyone is involved in making improvements to the service." Staff took ownership for how the service was run. During one staff meeting, staff had devised a strategy to manage one person's behaviours and had agreed a protocol to follow so that these were dealt with effectively. Staff also shared the responsibility of health and safety maintenance at the home. The registered manager told us that they trusted the staff team and that staff and the provider were very supportive.

The registered manager and staff had taken steps to ensure that people were supported to remain healthy and managed their risks effectively. There was a system in place for staff to share key information and updates with staff at a day centre that some people regularly attended. This helped staff to check that people had taken their medicines and were feeling well, and to be aware of activities that they enjoyed.

People and staff were involved in the running of the home as they contributed their ideas and staff helped to keep people safe and well. People felt comfortable at the home and proudly showed us their personalised

rooms and belongings. Staff had been proactive in trying methods of improving the quality of life for people who used the service through their wellbeing programme. The registered manager told us that they were open to feedback which they saw as a learning opportunity. They told us, "If I'm worried, everyone knows, because I'd want to know how to make it right. People are encouraged to be open with us, to tell us or their relatives and they'll tell us. I don't want to run a service with underlying problems."

The registered provider had conducted a mock inspection at the home which included a thorough review of key areas of service provision, for example, medicines management and health and safety checks. The report had highlighted areas of good practice and some prompts for updates which had then been completed. The local authority provided feedback that the home had scored highly in an assessment which reviewed how well staff kept people safe and helped people to be as independent as possible, as well as how well the home gave people a good quality of life and involved them in the way their care was provided.