Dimensions Somerset Sev Limited

Dimensions Somerset Selwyn House

Inspection report

Selwyn House
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Tel: 01935479143

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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 17 and 23 May 2018 and was unannounced. This is the first inspection for the location under this new provider.

Dimensions Somerset Selwyn House is a 'care home' which provided short stay opportunities and emergency assessment placements. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Dimensions Somerset Selwyn House accommodates up to eight people at one time. At the time of inspection there were 18 people using the service for either regular short stays or emergency assessments. Some of the people we met were able to verbally communicate with us and others were not. Their opinions were captured through observations, interactions they had with staff and their reactions. People were accommodated across two areas. One area for people with more complex needs and the other for more able people. Each person had a bedroom which was personalised with their belongings whilst staying at the home. There were communal spaces including a kitchen, dining room and lounges. There was a garden area and people were free to move around the home if they were able to.

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

At the time of the 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 told us they were happy and others appeared comfortable in the presence of staff. Those able to tell us and one relative told us they were kept safe. Most medicine was managed safely. Temperatures for medicine storage needed to be monitored to ensure medicines were not damaged. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. Health and safety checks were being completed by staff and external agents.

The management had developed positive relationships with people, their families and other professionals. There were enough staff to keep people safe including using regular agency staff. People's needs led the allocation of staff numbers. Recruitment systems were in place to reduce the risk of inappropriate staff working at the home.

People were protected from potential abuse because staff understood how to recognise signs of abuse and

knew who to report it to. When there had been accidents or incidents systems were in place to demonstrate lessons learnt and how improvements were made. Staff had been trained in areas to have skills and knowledge required to effectively support people. People had their healthcare needs met and staff supported them to see other health and social care professionals. When changes were identified to manage health needs staff liaised with health professionals.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. When people lacked capacity decisions had been made on their behalf following current legislation. People were supported to eat a healthy, balanced diet and had choices about what they ate. Small improvements were made during the inspection to ensure people on specialist diets had their needs met in line with current best practice.

Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Care plans contained a wealth of information about people's needs and wishes and staff were aware of them. These were updated in line with people's changing needs. People were listened to when they were upset and knew how to complain. There was a system in place to manage complaints.

People and one relative told us, and we observed, that staff were kind and patient. People's privacy and dignity was respected by staff. Their cultural or religious needs were valued. People, or their representatives, were involved in decisions about the care and support they received.

The service was well led and shortfalls identified during the inspection had mainly been identified by the management. There was a proactive approach from the management and provider and additional scrutiny was being sourced from external agencies. The provider had completed statutory notifications in line with legislation to inform external agencies of significant events.

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 were supported by staff who knew how to administer their medicine safely.

People were protected from risks because care plans contained guidance for staff and risk assessments were in place.

People were protected from the risks associated with poor staff recruitment because a recruitment procedure was followed for new staff.

People had risks of potential abuse or harm minimised because staff understood the correct processes to be followed.

Is the service effective?

Good

The service was effective

People were supported by staff who had the skills and knowledge to meet their needs.

People had decisions made in line with current national guidance and relevant representatives were consulted.

People had access to medical and community healthcare support because there were strong links with them.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

Is the service caring?

Good

The service was caring.

People were able to make choices and staff respected their decisions.

People's privacy and dignity was respected by the staff.

People were supported by kind and caring staff who knew them

very well.

People were able to exercise their religious and cultural beliefs.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes regarding their care were understood by staff. Care plans contained a wealth of information to provide guidance for staff.

People benefitted because staff found ways to undertake activities even with changes occurring.

People were listened to when they were upset. There was a system in place to manage complaints.

Is the service well-led?

Good

The service was well led.

People were supported by a management who made changes to systems when they identified things could be improved.

People were using a service which had clear scrutiny to ensure they were receiving care and treatment in line with their needs.

People were supported by staff who prevented the current changes with the provider having an impact on them.

People benefitted from using a service which had staff who felt supported and worked as a team.

Dimensions Somerset Selwyn House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 17 and 23 May 2018 and was unannounced.

It was carried out by one adult social care inspector.

The provider had 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. We spoke with other health and social care professionals and looked at other information we held about the service before the inspection visit.

We spoke with five people who used the service and spent time with others carrying out observations. We spoke with the registered manager and four members of staff. We spoke with one relative during the inspection.

We looked at three people's care records in various depths. We observed care and support in communal areas. We looked at two staff files, information received from the provider, staff rotas, quality assurance audits, staff training records, the complaints and complements system, medication files, environmental files, statement of purpose and a selection of the provider's policies.

During the inspection we asked for further information including quality assurance documents and training records. We received all of this information in the time scales given.

Good

Is the service safe?

Our findings

People and their relatives told us they were safe when staying at the home. One person said, "Yes" when asked if they felt safe. They continued, "All my friends make me feel safe and secure". One relative agreed their family member was safe whilst staying at the service.

People were kept safe from potential abuse because all staff were aware of how to raise concerns and recognise signs. Staff knew what to do when they were concerned and what signs to look out for. All staff agreed if they raised concerns to the management it would be resolved. They all knew which external bodies they could report their concerns to if they were still worried. Every month the provider would review the safeguarding raised on the system to ensure any patterns were identified and acted upon.

People were supported by enough staff to meet their needs and keep them safe. We saw people had their needs met in a timely manner when they made a request. One relative told us they thought there were enough staff. Since the change in provider there had been staff losses. Many of the remaining staff had worked at the home for years to maintain consistency. One member of staff said, "We are working hard and have to be flexible" to meet the needs of the people. Staff had a detailed understanding and knowledge about the people's needs, preferences and wishes if they were regularly receiving respite. When new people were placed in an emergency the registered manager adjusted the staff levels to keep people safe.

There had been use of consistent agency staff when it was required to ensure there were always enough staff to meet people's needs. One person confirmed they knew the agency staff because of their regular visits. When there was no management present there was a senior on call system in place. This provided support for staff when there was an emergency. The provider and management were continuing to actively recruit new staff to the service.

People were kept safe because there was a recruitment system in place. All members of staff were being required to have new checks to ensure they were safe to work with vulnerable people. New staff had full employment history, references from previous employers and criminal record checks. Members of staff were able to tell us what checks they had been through when they first began working at the home. No staff had begun work prior to the checks being completed.

People with behaviours which could challenge themselves and others had positive input from staff to reduce their levels of anxiety. One person explained the work the staff had done with them to manage their own feelings. As a result of the work their levels of anxiety had reduced dramatically. Staff told us they knew how to support people because it was written in their care plans. They knew to look at what the person was trying to communicate and ways to reduce the likelihood of them getting distressed. One member of staff told us they gave simple choices to one person and waited for them to respond. This helped them remain calm and not become distressed. The staff knew which signs to look for to know a person was becoming upset and what actions they could take to reduce this.

People were kept safe because the provider and staff took health and safety seriously. There were portable

hoists and ceiling hoists at the home. All had regular checks to ensure they were safe to use. During the inspection one of the ceiling hoists started to go wrong. The staff had immediately stopped it being used and made contact with the manufacturers. All cleaning chemicals were locked away. To prevent people falling out of windows there were restrictors on them.

People were kept safe in the event of a fire because each person had an individual evacuation plan. There were regular fire alarm and fire equipment tests. People and staff were involved in fire drills so they knew what to do in the event of a fire. Night staff were included in these practices to ensure they were familiar with the systems too. There were clear visual instructions for staff about how to use specialist evacuation equipment for those less mobile. The home had a sprinkler system to help minimise the spread of a fire.

People were kept safe because risks had been assessed and ways to mitigate them found. There was a focus on maintaining as much independence as possible. There were a range of risk assessments for pressure care, mobility, eating and drinking and accessing the community. When people needed transferring there were clear guidelines about which type of sling and hoist should be used. One person had risk assessments which showed other health and care professionals were involved. This ensured they were in line with a person's needs and up to date with current practice.

Some people required staff support with more medical procedures such as feeding and medicine through a tube into their stomach. Guidance had been offered by nurses and all staff had received training. There were times the management had not ensured there were regular visits from the health professionals who had delegated the medical tasks. By not ensuring this there was a potential risk the person's health could decline. The registered manager told us they would follow this up and ensure people had regular reviews.

Most medicines were managed safely. One person explained they had staff supporting them to take their medicine. They would be administered in their bedroom or the kitchen which was their choice. There were detailed plans in place when people required emergency medicine to reduce the damage of a seizure. Staff were aware of what was in these plans. There were stock records for all 'as required' medicine. All medicine was stored in lock cupboards in each person's bedroom. There were signing in and out sheets for medicine if people were staying for short periods of time.

However, for 'as required' medicines there was no guidance to ensure staff were administering it consistently. Neither was the temperature being checked for each locked cupboard. This meant there was a risk the medicine could be damaged if the temperature got too high. The registered manager said they would immediately put temperature checks in place and they would create guidance for any 'as required' medicine. They had already got the paperwork from the new provider ready to do this.

The provider and management took accidents and incidents seriously. They strove to learn from any which had occurred to prevent people or staff getting harmed. When accidents or incidents did occur they demonstrated how lessons had been learnt and actions taken to reduce the likelihood of a repeat. For example, there had been an incident where a person's pocket money had gone missing. The money had been reimbursed and new systems put in place by the management. This included limiting which staff had access to the money and regular balance checks. By having a robust system for any accident and incident people were being protected by lessons being learnt.

Some incidents and accidents had been identified by the provider as 'never events'. For example, if a person was injured by a member of staff. If any of these events did occur there was a clear reporting system in place. It would lead to a 'never event panel' which would then identify any improvements which immediately needed to be made. This would lead to working practices changing and communicated through operational

meetings. Additionally, there was a team manager's brief which contained important information including outcomes from these meetings to makes sure any learning from such events was shared to improve practice and outcomes for people.

Good

Is the service effective?

Our findings

People were supported by staff who had received most of the training they needed to meet care and health needs. One member of staff told us there were, "Experienced and qualified" staff on shift with them. They explained staff completed all the mandatory training and they could, "Request additional training". Another member of staff said they had completed lots of training including, "Quite a few courses outside of mandatory training". Staff told us they had regular observations when they were supporting people to transfer or administering medicines. This made sure they were following current best practice and doing it safely. They could request agency staff who they felt had received enough training to support the people in the home.

New staff completed the induction set up by the provider. This was so they could learn new systems and refresh their knowledge. Many of the staff currently working at the home did not need to complete the Care Certificate because they had been working in care for a long time. The Care Certificate is a nationally recognised standard to make sure all staff working in care has basic skills to look after people. Systems were in place for when new staff started to undertake the Care Certificate to ensure they had understanding of how to support people.

The home regularly took people in emergencies when they had placement breakdowns. People had a thorough assessment prior to moving into the home to prevent incompatibility. One member of staff explained they spend time speaking on the telephone with relatives or whoever made the referral. They found out what needs the person has and any medical or health issues. Additionally, they looked at other health and social care professionals assessments. Prior to admitting anyone they would assess the compatibility with the current people using the service. The registered manager told us they had never had a placement breakdown because of this robust system in place. During these assessments people's preferences were established and their communication methods. This ensured staff were aware of how to support them and help them settle.

During the initial period at the home people had a thorough assessment of their care and health needs. The staff would review whether the quantity of medicines and health interventions were appropriate for the person. When they assessed changes needed to be made they liaised with other health and social care professionals. Two people had medical equipment reviewed to find out if they were healthy. Following the reviews decisions to remove their catheters had been made in conjunction with other health professionals. Another person had been reviewed by a speech and language therapist to assess whether they had any sensory issues which was leading to anxiety. The registered manager told us they pride themselves on their relationships with other health and social care professionals. They believed this was why they had a high success supporting the emergency placements.

One person had recently moved in because of a previous placement breakdown. Their chiropodist had noticed the quality of care they were now receiving because of six weeks healthy toenail growth. Another person had become able to attend a dentist examination due to the work staff completed supporting them. Other people had been registered with the local GP during their emergency admission. This meant they

could have all their current medicine reviewed to ensure it was necessary for their health. When it was not the staff worked with the GP to make the changes. One person moved in on daily pain killers. Over time these had been reduced to being when required rather than daily.

People were supported to eat a healthy balanced diet. One person said, "I do my own breakfast" and told us they liked the Sunday roasts at the service. They reminisced on the last chicken roast they had eaten at the home. People were able to choose their meals and staff supported them to prepare their choices. One person chose macaroni cheese and then decided they wanted some toast. This was facilitated. Another person had been helped to make their own sandwich. When people required specialist diets these were facilitated. Improvements were made during the inspection by the management.

When a person struggled to eat food staff found inventive ways to support them. One example of this was mixing fruit into the person's favourite food. The result was the person who did not eat any solid food prior to moving to the service was now eating some solid food. At all times the staff were working with other health professionals to ensure the person was getting enough nutrition.

On the first day one person had soft food all mixed together rather than served so each food was separate. Staff were not aware current best practice was to separate the food out so each food could be distinguished by the person. By the second day we saw their meal was served so each food was separate. Additionally, information about each person's diet was made available in the kitchen. This helped staff to have a reference if they were new or unsure how a person's food and drink should be prepared.

People were supported by a staff and a variety of health and social care professionals to help them transition to their new home. One person had begun the process of completing a number of visits including for mealtimes. They were beginning to familiarise themselves with the home, staff and people already living there. As well as this they were inputting into their bedroom environment including the wall colours and furniture. Alongside the visits there was input and guidance from health professionals such as psychologists. Staff told us the purpose of these visits was to increase the likelihood of the new placement succeeding. It provided opportunities to share successful strategies the person used to help reduce their anxiety. One member of staff said, "We do not want someone to fail". The registered manager told us, "We will work hard to ensure people move to appropriate onward placements". Recently, they had prevented someone being moved to a placement which would not have met their needs or wishes.

People living in the home were able to make some basic choices themselves with the support of staff. They would be offered objects to choose from or a choice of clothes. When there were significant decisions many people lacked capacity to make it on their own. 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.

We checked whether the service was working within the principles of the MCA and found people who lacked capacity to make important decisions had them made in line with current legislation. When people had restrictive practices in place to keep them safe and meet their needs there were clear plans in place. These demonstrated they were the least restrictive options and who was consulted with the choices if the person lacked capacity. One person had a restrictive practice plan to cover the lap belt on their wheelchair and bed rails. However, one person lacked a capacity assessment and best interest decision for an intrusive medical procedure being completed regularly. During the inspection the person's family were spoken with to get

further information. Following the inspection the registered manager demonstrated they had followed up this concern and put things in place.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These had been applied for all people living at the home because they were all monitored closely by staff and unable to leave the premises alone. The registered manager told us they liaised with the local authority to find out the progress for the applications.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. One person said, "I get lovely support" and continued, "I couldn't get any better care". Another person demonstrated how much they like the members of staff by greeting them with a big hug and smile. Their relative explained they wanted to come back and see the staff. The person then said, "I love the staff". Other people smiled when asked if staff looked after them well. We saw positive interactions between staff and people throughout the inspection. For example, when staff arrived for a shift they always greeted the people in the room before they did anything else.

Staff valued the time they spent with people. One member of staff told us they, "Focus on the people". Another member of staff said, "People are supported to the best of our ability". When staff interacted with people they made sure they could make eye contact and spoke clearly to them. One person was not feeling well and sitting on a chair. The member of staff crouched down and spoke calmly and clearly to them. They gave options about what the person could do and respected their choice. Another person was trying to get staff attention through vocalisations. Every time they did a member of staff would come over and try to find out what the person wanted.

Comments received from people and their relatives reflected what we saw. One person wrote a reference for a member of staff which read, "You make me very happy in all what you do for me and all the lovely help that you gave me and the lovely talks what you gave me". One relative had written, "Words cannot express how grateful I am for all the help, support, love and care you have given [name of person] and I over the last months. I don't know where we would be without you all. You are the most amazing people". Another relative said, "I just wanted to say thank you for looking after [name of person] so well whilst she was with you. She loved being there especially being able to make new friends".

Other professionals commented on how caring they found staff. One social care professional said, "I would like to take this opportunity to say a big thank you for the excellent service you and your team have provided to [name of person] over the time he has stayed at Selwyn House. Throughout this difficult period for [name of person] you have provided his family and me with peace of mind knowing he is safe and well looked after while in your care". One health professional said, "Staff were skilled and experienced and always supported new customers with enthusiasm".

People were encouraged to maintain relationships with relatives and friends. Two people told us they had missed each other whilst one had been home with their family. Another person told us they were visited regularly by their family member. They also spoke on the telephone to their family member when they were unable to visit. Another person had their own mobile telephone to speak with their relatives. Other people were regularly visited by their relatives at the home. The staff were proud that if anything happened they would always communicate with relatives. One member of staff said, "I strongly feel communication between us and relatives is really good. That is why it works so well."

People had their privacy and dignity respected at all times by members of staff. Some people had keys to their bedroom so they could access them when they liked. Others communicated with staff if they wanted to

enter their bedroom and this was respected. One member of staff told us they would disconnect any monitoring equipment to ensure privacy during intimate care. All staff knew to close doors and cover the person to keep their dignity. They knew to give people time alone and if there was a health condition like epilepsy to closely monitor the person.

People with religious and cultural differences were respected by staff. One person had expressed food and drink choices to meet their religious needs. All staff were aware of these and ensured the person did not get offered specific drinks. Alternative options were always available. Another person told us, "I go to church" and explained they would travel in a taxi and friends at the church would bring her home. They said, "Mixing with people down there does me good".

People were offered choice and staff respected them. One person made a choice of which drink they wanted by eye pointing to one the options they were shown. The staff member then prepared their drink for them following their eating and drinking guidelines. Another person expressed choices about the music they wanted to listen to. Staff supported them to put the record on so the music played. Other people made choices about where they spent their time. One person wanted to listen to music in another area of the home. Staff facilitated this by supporting them to set up the music they wanted.

Good

Is the service responsive?

Our findings

Peoples care plans were personalised and considered their needs and wishes. There were sections on different areas of their life. This included communication and mobility needs; eating and drinking support; health needs and life history. Staff were familiar with them and knew about people incredibly well. Additionally, there was goal setting within the care plan to identify aspirations the person would like to achieve. One person wanted to be able to prepare and cook a meal. People were known incredibly well and their care plans reflected this. One member of staff explained when a person arrives for an emergency placement they get to know them as a person so they can write an appropriate care plan which reflects their needs and wishes.

When people had difficulties communicating verbally there was clear guidance about how they did express themselves. One person who had limited communication skills had information about using facial expressions, body language, eye contact and vocal sounds as their alternative communication methods. All staff we spoke with were aware of these and it was clear they knew how to understand the person. There was also information to help staff identify when the person was in pain or not happy. Again, all staff were aware of this. This meant people were listened to and staff worked with them so they could have their wishes documented.

People's care plans had been updated in line with changes to their care needs. One person had recently had input from a health professional. Their care plan now reflected the guidance put in place following this input. Staff told us it was important for people's care plans to be up to date because some will move onto other placements. Therefore, new staff working with them will require the up to date information.

People were able to participate in a range of activities and staff tried to reflect people's wishes and hobbies. One person told us they enjoyed the activities they could participate in. This included colouring books, cooking, knitting and writing letters. As well as this they accessed the community, both with staff and independently. Some people had portable tablets and these could be connected to the internet system. One person was enjoying watching a film on theirs. One relative told us their family member paints and draws whilst staying at the home.

At times staff found it difficult to plan activities because they did not always know who would be living at the home. One member of staff told us they worked with the staff from the care home next door. This meant people could attend activities held at or by the other home. For example, if there were music sessions then people from this service could attend. Other activities arranged by the service were trips to the local pub for meals or a drink.

One member of staff oversaw saw the booking of people's short stays up to a year in advance. This ensured people and their relative's preferences were respected. One person wanted to always attend when there were skittle matches and it was accommodated. It also meant if there were any emergency placements the short stays were not impacted. The member of staff responsible said, "I need to know who is compatible. It has got to be safe".

Transition planning involved the person as much as possible. When options of new homes were found by professionals and family people were encouraged to visit themselves. They helped to prepare their care plans ready for the move. If able to, people were supported to share their needs and wishes so that new staff would have the important information. As a result of involving people so much some became upset when it was time to move to their new home. Staff would welcome the person to visit once they had moved for a drink. This helped them understand they were valued by the staff even though they had moved to a new home.

We discussed with the registered manager and staff how they promoted communication and information sharing in line with the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand. Some people were shown information in a visual way; this included pictures or objects of reference. One member of staff explained they would use short sentences and give a person time to process information. The PIR told us, and we saw, they had a variety of techniques to communicate information depending upon the person's needs. This included objects of reference, signing and pictures.

People communicated when they were not happy through their behaviour or by speaking with a member of staff. One person chose to write down their worries in a book. Staff knew people well and recognised when they were upset. One relative was aware of how to raise a concern they informed us they would speak with the registered manager. There was a robust complaint system in place to manage formal complaints. There was an electronic system which improved people and relatives receiving a timely response. It was clear all concerns received a timely response when they had been raised.

Good

Is the service well-led?

Our findings

People had a positive relationship with the registered manager. Every time the registered manager walked in the room people smiled and went to engage with them. It was clear people were comfortable in their presence and enjoyed being engaged by them. One person said, "I like [name of registered manager]. She is alright". They told us the management help them if they had problems and gave an example of how they had done this. One relative expressed how supported by the registered manager and staff they felt. They explained it had made a very difficult time easier because of the support they had received. One member of staff said, "[Name of registered manager] is very flexible and easy to work with". Another member of staff told us the management were, "Always available. Can go to them".

People, relatives and visitors were encouraged to contribute their ideas to help improve the service. To capture the views of people and their relatives there were annual questionnaires. These provided feedback such as, "The service gives us a piece of mind and relaxation. They're so professional. They never let us down. We see them as part of our family". Other feedback included, "We would not send [name of person] if we didn't trust the service completely" and, "[Name of person] seems happy with the help he wants". If suggestions were made as part of the process these were followed up. One relative told the staff their family member was only being given toast for breakfast. In response, the person was now offered cereal as well as toast.

People were encouraged by the registered manager and staff to help run the service when it was possible. They believed this helped the people take ownership of the home even if it was only temporary. It also promoted them to feel valued as part of the team. One person worked alongside the registered manager to greet us on the second day. They checked our identification and expressed how much they enjoyed being at the home. Another person had their own fire marshal hat so they could assist with fire alarm tests and drills.

The registered manager had created a strong ethos at the service. Their aim was to make it homely whilst encouraging people to be as independent as possible. If people were on an emergency assessment then they wanted to ensure they moved to an appropriate placement. The registered manager said, "The people come first". All staff were aware of this and truly understood the values being promoted. One member of staff said, "My job is part of my family. It is an extension of me". Another member of staff demonstrated they understood how flexible they needed to be. They said, "Every day is different" and explained this is why they enjoyed working at the service.

People were supported by staff who had a clear line of accountability. One member of staff told us, "I feel like I am supported". Another member of staff said, "Totally" when asked if they were supported. The home was overseen by a registered manager who was supported by an acting assistant team manager, team leaders and support workers. The registered manager was positive about most of the support they received from the provider and access to other specialist professionals such as human resources and a quality lead. They told us they had been visited by the managing director who wanted to discuss how to move forward their service. The registered manager was positive about the experience and felt listened to.

The provider was aware the service and staff had been facing a lot of change. There continued to be regular meetings when changes were going to be introduced. This was to ensure there was a drive to provide high quality care whilst respecting the need for people and staff to adapt. It was clear through the provider audits that the paperwork was still being developed to ensure the new provider's systems were in place. Staff told us this had been a lot of work and it was still ongoing. The registered manager informed us they were ensuring all the new policies and procedures were implemented. This included updating their medicine administration practice using the new monitoring sheets.

Staff all agreed it was still unclear what was happening at provider level. All the staff were clear they did their upmost to prevent any impact on the people. One member of staff told us, "Got to think of the customers" and continued, "The core staff are passionate about their jobs". It was clear during the inspection this was the case other than the type of activities people participated in. The registered manager told us they did their best to keep staff up to date with any further news from the provider. They informed us they kept supporting the staff to the best of their ability through the changes to prevent impact to the people.

The registered manager was proud of the close working relationship the management and staff had developed with the community including other health professionals. They explained these were how they managed to settle emergency placements so quickly. The ability to consider the care and health needs of people new to the service was down to these relationships. In addition, links were developed with other resources in the community such as local shops and cafes. These were to facilitate people accessing them. The registered manager told us they had plans to further develop links with the local community to increase opportunities for those staying at the service.

People were supported by a provider and management who had a system to monitor the quality and committed to on-going improvement to people's care and support. Quality assurance systems identified areas for improvement. These were then acted upon. For example, one external risk assessment for the water systems identified a number of issues and these had all been resolved. It had been identified staff required some more specialist training around specialist diets. Two staff completed additional training during the inspection on this. Every month one member of staff was responsible for completing medicine audits. As a result of these audits they had been monitoring whether staff were correctly completing the medicine administration records.

The registered manager and provider were aware of when notifications should be sent in line with current legislation. There had been notifications received in line with statutory requirements to inform the Care Quality Commission (CQC) when people had been hurt or there was a death. There was a system which was in place to monitor all incidents. This would highlight if appropriate action had been taken including sending notifications to external parties such as CQC.