

Heathcotes Care Limited

Heathcotes (Tudor Lodge)

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 comprehensive inspection took place on 16 and 18 January 2018 and was unannounced. This was the first inspection since this location registered with us on 31 October 2016. The service was previously registered with us under a different provider.

Heathcotes (Tudor Lodge) provides 24-hour residential care for adults with learning disabilities, autism, and associated challenging behaviour. The service has seven en-suite bedrooms over three floors. The first and second floor rooms are accessible by stairs. There is a modern kitchen diner, two communal lounges and a well-maintained garden. At the time of our inspection six people were using the service.

A registered manager was in post at the time of our inspection. 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.

Information was available to people to explain what they should do if they felt unhappy or did not feel safe. The staff members we spoke with demonstrated a good knowledge on how to recognise abuse and how to report any concerns. Staff were familiar with the whistle-blowing procedure and told us they would follow it if appropriate.

Staff protected people from risk while minimising restrictions on people's choice and control. Staff told us about the risk people faced both in the service and in the community and how they could help to reduce risk but still encourage people's independence.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were adequate numbers of staff to support people and staffing numbers were flexible depending on people's needs and activities. The service followed safe recruitment practice.

There were appropriate arrangements in place for the storage, administering, recording and disposal of medicines. Staff administered medicines safely. All areas of the home were clean and well maintained. Cleaning schedules were in place and staff had access to personal protective equipment when required.

People were supported to keep healthy and well. They were supported to attend appointments with GP's and other healthcare professionals when they needed to. People were encouraged to make health choices about their food and supported to have sufficient amounts to eat and drink. Risks associated to people's diet had been identified and staff knew what to do to manage this risk.

People were offered choices, supported to feel involved and to have maximum choice and control of their lives while staff supported them in the least restrictive way possible. Staff knew how to communicate effectively with each individual according to their needs.

People were relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful and encouraged people to follow their own hobbies, activities and interests.

Care records focused on people as individuals and gave clear information to people and staff. People were encouraged to make decisions about their care and support needs. These were reviewed with them regularly by staff.

The provider had a number of audits and quality assurance systems to help them understand the quality of the care and support people received and look at ways to continually improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff knew how to recognise abuse and how to report any concerns. There was a sufficient number of staff during the day and night with the right skills and experience to care for people safely. People had personalised risk assessments which gave staff detailed information on how to manage the risks identified.

Medicines were safely stored, administered and recorded. The home was well maintained and equipment was regularly checked. The service had an infection control policy which staff understood and applied in the course of carrying out their duties.

Is the service effective?

Good ●

The service was effective. People's needs and choices were fully assessed. People were cared for by staff who knew and understood their needs. Staff had the knowledge and skills required to carry out their roles.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People's health was regularly monitored and they had access to a variety of external healthcare professionals and services.

Is the service caring?

Good ●

The service was caring. Staff were kind, attentive and knew people well including their preferred method of communication and in relation to their complex needs.

Staff treated people with dignity and respect and supported people to be as independent as they wanted to be.

Is the service responsive?

Good ●

The service was responsive. People's care plans were regularly updated and reviewed. People and their relatives were involved

in their care planning and felt in control of the care and support they received.

People could choose to participate in a wide range of social activities, both inside and outside the service. People were encouraged and supported by staff to be as independent as they wanted to be.

Relatives told us they were confident in expressing their views, discussing their relatives' care and raising any concerns. The service actively encouraged people to express their views and had various arrangements in place to deal with comments and complaints.

Is the service well-led?

The service was well led. Relatives spoke positively about the care of their family members and the attitude of staff and the registered manager. Staff told us that the manager was approachable, supportive and listened to them. Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Good ●

Heathcotes (Tudor Lodge)

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 comprehensive inspection took place on 16 and 18 January 2018. The inspection was unannounced and carried out by one inspector. Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with two people using the service and observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. This was because some people were unable to express their experiences of the service verbally. We spoke with the registered manager, the area manager and four staff members. We looked at records which included four care plans, three health action plans, four staff files, medicine records and other records relating to the management of the service.

After our inspection we spoke with four relatives of people using the service and the registered manager sent us additional information concerning staff meetings, duty rotas, training and quality checks.

Is the service safe?

Our findings

People we spoke with told us or indicated to us that they were happy living at Heathcotes (Tudor Lodge). One person told us, "I'm ok" and another person smiled, nodded and told us about their day. We spent time with people and observed they approached staff without hesitation and were comfortable in staff company. Relatives told us they were happy with the care their family members received and were confident people were safe. One relative told us, "Safe? Oh god yes." Another relative told us of an incident that had happened and the prompt action taken by the registered manager to put things right, they told us, "It has totally put my mind at rest."

Staff told us and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member told us how they would tell their manager if they had any concerns. If they felt they were not being listened to they would follow the provider's whistleblowing procedure. Staff knew the type of abuse they should look out for and report to the registered manager or the other members of the management team on 24 hour call. However, we found people using the service and staff did not have the contact details for the local authority readily available should they need to contact them directly. During our inspection the registered manager put local contact numbers in place and assured us they would inform staff of the procedures so staff could easily access these and take appropriate action to keep people safe. Guidance on reporting whistleblowing concerns was in place so staff were able to report any worries they may have in confidence.

Staff knew how to support people with the risk they may face both at the service and in the community. For example, staff described situations where additional support was required for some people crossing the road or when helping in the kitchen. Risk assessments and guidelines for staff were in place to allow people as much freedom as possible and promote their independence while still reducing the risk of injury and harm. Active strategies were in place and staff used these to help people when they became anxious or upset. For example, staff were advised to avoid public transport at busy times of the day for one person as crowds in confined spaces may upset them.

Staff understood how to prevent and manage behaviours that the service may find challenging. All staff specialist training in this area and helped staff to support people as individuals using prescribed intervention when they became upset or anxious. This meant that staff knowledge was up to date and followed the current best practice.

We observed sufficient numbers of staff on duty to keep people safe. Staff told us they thought there were enough staff on duty and the team work was good. People required a high level of support and we observed staff remained with the people they were working with throughout our inspection, giving support and assistance when required. The registered manager explained there was an on-going recruitment exercise and this gave staff the flexibility to meet people's needs and gain experience at other services. The rotas we viewed confirmed the ideal staffing level was mostly met with spare shifts displayed for staff to work should they wish to. Any additional staff required were sourced from nearby homes owned by the same organisation, allowing people to be cared for by staff they knew and recognised. The provider had a 24 hour

emergency call system in place and the registered manager told us a nearby home would provide emergency cover if this was ever required and this was reciprocated when needed.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People received their prescribed medicines as and when they should. Medicines were stored appropriately and securely. Only those staff trained in the safe handling of medicines were able to administer people's medicines. We saw the procedures in place for ordering, storing, administering and recording of medicines. We saw records of medicine profiles in people's files, which had details of their medicines, allergies, any side effects and the times they were to be given. There was guidance to staff about PRN "pro re nata" or as required medicine and this gave clear guidelines to staff on when these medicines should be given and why. People had regular reviews of their medicines to ensure they remained appropriate to meet their needs. We found no recording errors on any of the medicine administration record sheets we looked at. Audits of records and stock control were carried out regularly by staff and the registered manager to ensure people had received the medicine they needed at the time they needed them.

Regular environmental and health and safety checks took place to ensure people were safe. The building was well maintained and had recently undergone refurbishment work. An action plan was in place for the remainder of works to complete, this included some bathrooms. There were certificates to confirm the service complied with gas and electrical safety standards. Water temperatures were monitored to ensure people were not at risk of scalding. Appropriate measures were in place to protect people from the risk of fire. We noted a fire risk assessment was due. The registered manager arranged a date for this to be completed during our inspection.

People were protected by the prevention and control of infection. The service was clean and hygienic, cleaning schedules were in place and policies and procedures available for staff. We saw personal protective equipment such as aprons and gloves were readily available when needed and staff had received training in infection control and food handling.

Is the service effective?

Our findings

Relatives told us the transition from the old provider to the new provider had been worrying for them and there had been many staff changes which was unsettling for their family members. However, they all agreed that improvements had been made. One relative told us, "Everything is fine now; I am very pleased with what is happening, everyone is very nice and staff are doing their job properly." Another relative explained, "There were teething problems but everything has settled down now." They went on to explain that staff knew their family member well and knew what they were doing with their care and support needs.

People's needs were effectively assessed to identify the support they required. When new people joined the service staff made sure they made the transition as smooth as they were able. During our inspection the registered manager spoke about one person who would be joining Heathcotes (Tudor Lodge). We saw the service was working closely with the funding authority and the person's family to learn about the person and their needs. This included training sessions for staff on the care approach used and a timeline for introductions to staff and people who currently used the service. Visits to Heathcotes (Tudor Lodge) were being gradually increased so the person felt comfortable in their new environment. The service used a social story to fully inform the person joining them and help them settle. This contained pictures and photographs of staff, the service and their new room. We saw staff had spent time building a positive relationship with the person. Staff also sought the views of others living at Heathcotes (Tudor Lodge) to ensure consistency and positive outcomes for everyone.

The service continually assessed people's needs and these fed into people's person centred care records and detailed the support people needed with their everyday living. Assessments covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. People's choices and preferences had been identified and care records gave guidance to staff on achieving the best outcomes for people. Staff were trained in PROACT-SCIPr-UK (Positive Range of Options to Avoid Crisis and use Therapy and Strategies for Crisis Intervention and Prevention.) This technique enabled staff to support people as individuals using prescribed intervention when they became upset or anxious. We saw examples of strategies used in people's care records including recognising signs in people's behaviour or situations that may trigger an event and actions staff can take to help de-escalate a potential incident. Staff knew these strategies well. A relative told us, "Staff explain things to [my relative] so they are ready for the day...if there is a situation they will find a trigger to why it happened and learn from it...they do things properly." During our inspection one person became upset and we observed staff supporting the person in line with the guidance in their care records thus deescalating any potential incident.

Staff had the skills, knowledge and experience to deliver effective care and support. Records were kept of the training undertaken by staff and these were monitored by the provider. The registered manager used this system to ensure all staff had completed their mandatory training. We noted some training was due for renewal or had expired. These had been noted and the registered manager explained training had been booked and the provider was supporting him with this. Staff were in the process of completing the Care Certificate (a set of recognised national standards) as part of their on-going training and induction. Further training was arranged to help staff support people and meet their assessed needs. This included

Qualifications and Credit Framework (QCF) level 2 to level 5 for staff, team leaders and managers. Staff completed other training courses to support them in their roles. This included safeguarding, mental capacity act, PROACT-SCIPr-UK, first aid, epilepsy awareness and medicine management.

Staff told us they felt supported to do their jobs and received regular supervision. Supervision records were detailed and included discussions about people using the service, day to day issues in the home and personal development needs. We noted some staff supervision's had not been completed in line with the provider's policy. The registered manager explained his previous team leader was providing additional support at another service and this had resulted in a delay in providing some staff supervisions. We were assured that newly appointed team leaders would soon be trained in this role and that moving forward there would be a more consistent approach. In the meantime the registered manager felt staff would approach him if they had any concerns and had an "open door policy". Staff we spoke with confirmed they felt well supported. We will look at staff training and supervision again during our next inspection.

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 authorisation procedures for this in care homes 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.

Policies and guidance were available to staff about the legislation with information displayed about the Mental Capacity Act. Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. Staff understood people's individual communication needs and how they expressed themselves. There were assessments and information about people's mental capacity to make day to day decisions, in their care plans. Care plans explained where people could not give consent and what actions were needed to protect and maintain their rights. When people lacked capacity to make a particular decision, records were kept of decisions made in people's best interests. Where people were thought to be deprived of their liberty applications were made to the local authority. Records of these applications allowed the registered manager to monitor authorisations granted, those still pending and those needing renewal ensuring they continued to comply with the legislation.

People were supported to access sufficient food and fluids. Staff told us people made choices about the meals they enjoyed and there were always alternatives to the options available. Staff had a good knowledge of people's likes and dislikes and if anyone had specific dietary needs. The daily menu was displayed in the kitchen and the registered manager had begun to collect pictures of the food on the menu so people were fully informed of the choices available. Staff told us some people using the service enjoyed being involved with the preparation of their meals. For example one person liked to peel potatoes and another person liked to stir sauces. We observed healthy snacks and drinks were available for people throughout the day. People's nutritional needs were reviewed and regular checks maintained on their weight.

People were supported to have access to healthcare services and received on-going healthcare support. Health Action Plans were in place for all the people using the service. These identified people's health needs, the treatment required and when. Appointments with healthcare professionals such as doctors, dentists and

psychiatrists were listed with details of the advice given on the day and any follow up action required. Staff gave people information about their care and support options and took time to help people understand the treatment they needed. For example, one person told us about their toothache and how they would need to go to the dentist. People had hospital passports in place. These contained important information about the person, their health history and preferences that can be passed quickly to health care staff if the person is admitted to hospital. The service also worked with the local authority to adopt "The Red Bag Scheme" this allowed important information about a person to be kept in one place, easily accessible to ambulance and hospital staff. The registered manager explained documents such as the hospital passport, a copy of the medicine administration record, spare clothing, personal possessions such as glasses and the person toiletries were placed into the bag. We were shown a spare set of people's favourite toiletries were available so staff could access them quickly in an emergency.

People's diverse needs were met by the adaptation, design and decoration of the premises. For example, we saw that each person had their own bathroom, which was equipped with the equipment they needed. The service was working with an occupational therapist to assess the needs of one person and the equipment they needed in their bathroom so they could be as independent as possible. People's bedrooms were personalised with their belongings and were decorated according to their choice.

Is the service caring?

Our findings

People indicated by their comments and actions that they were happy living at Heathcotes (Tudor Lodge). Relatives commented, "It is [family member's] home and they are very happy. I love everyone there", "I don't have a bad word to say about the staff...they are very caring" and "I have got to know the staff and they are all lovely."

We observed staff when they interacted with people. Staff had good rapport with people, they laughed and joked with people and the atmosphere felt happy and relaxed. One person was laughing as staff pretended to chase them, there was a lot of banter and joking which the person enjoyed. Later we looked at the person's care records and noted this positive behaviour had been identified so staff could be sure the person was in a good mood and when this happened they were more likely to enjoy activities in the community. All of the people we observed were comfortable with staff. Staff used enabling and positive language when talking with or supporting people and treated people with respect and kindness.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. Some people living at the service were not able to verbally communicate and staff explained how they found other methods of communication to help people make choices and be involved in their care. This included Picture Exchange Communication System (PECS), photographs and symbols to help staff and people using the service communicate with one another. We observed various methods of communication being used throughout our inspection for example to help people choose the activities they wanted to do or inform them of outings in the community.

Staff talked about people with care and compassion. They explained that they wanted to provide care that met people's needs to improve their quality of life. One staff member told us, "I love caring for them, making [people's] lives as normal as possible and seeing their smiling faces." Another staff member told us, "The guys bring joy to my day, even the simple things. I enjoy getting up in the morning and coming to work. I just want to improve these guys' lives even the small things make a difference."

People were involved in making choices about their care and support. We saw people making choices about their day to day life, for example, during our inspection people moved freely around their home, choosing to spend time in their rooms or one of the two living rooms or having snacks and drinks in the kitchen. People were given the choice to go out into the community with staff and asked how they would like to travel, for example one person was asked if they would like to take the bus or to walk. Another person wanted some private time to prepare for a trip to the shops and staff respected this.

Staff told us they had sufficient time to listen to people and spend time with them. When they first joined the service they were given time to read through people's care records so they fully understood the care and support each individual needed. Staff told us they were people's keyworkers which meant, as part of a smaller team, they were able to develop trusting relationships with people and provide consistent support. We spoke with people's keyworkers. They knew people's care needs well and were able to explain people's preferences and daily routines. One staff member told us, "Staff read through people's care plans... when

there are changes we read them and sign the files so all staff are aware."

Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, there was information about people's goals and aspirations, how they liked to spend their time, what made them happy or sad, what activities they enjoyed and their preferred method of communication. For those who were unable to verbally communicate there was guidance for staff on how to recognise signs of happiness or anxiety using the person's body language and facial expressions.

People's right to privacy and to be treated with dignity was respected. Staff knocked on people's doors before entering and were discreet when assisting people with their personal needs. People's bedrooms were personalised and contained items which reflected their age, culture and personal interests. People's values and diversity were understood and respected by staff. For example, people were supported to take part in activities which reflected their culture and preference.

Is the service responsive?

Our findings

People received care and support that was personalised to their individual needs and wishes. Relatives told us they felt involved in developing care and support plans and they all told us they were involved in regular care reviews. Comments included, "I am fully informed of [my family member's] care...staff are always available if I want to discuss anything", "I never miss a review. Staff always let me know if there is a problem" and "They [staff] are brilliant, they phone and let me know about things...they always find a way round problems."

Care plans contained good detail for staff to follow, such as information on people's history, preferences, interests, goals and aspirations. Staff helped to ensure people received continuity of care by attending daily handover meetings, and recording information in people's daily notes and in the communication book. This helped share and record any immediate changes to people's needs. People and their relatives were involved in the assessment and planning of their care through regular review meetings. During the inspection we observed the care and support delivered by staff was person centred based on individual needs. People were encouraged to make choices and have as much control over their life as possible and risks identified allowed people to have as much independence as possible while still remaining safe. Throughout our inspection we observed that staff supported people in accordance with their care plans.

The service had policies in place for equality and diversity and religious and cultural needs, this helped raise staff awareness of people's diversity, faith and culture and understand the impact it may have on everyday life. People had details of major festivals they liked to celebrate in their care plans, for example, celebrations for Shrove Tuesday, Mothering Sunday and Easter Sunday.

People were supported to maintain relationships with their family and friends. Care plans recognised all of the people involved in the individual's life, both personal and professional. We spoke to the registered manager about the ways staff could support people with their personal relationship needs. Staff were asked how they would demonstrate positive support for relationships between service users as part of the recruitment process and the registered manager explained they were looking at providing additional learning and development in this area so staff had the knowledge they needed to support people appropriately.

People were supported to follow their interests and hobbies and there were examples of staff using innovative ideas to involve and empower people. One person loved the Star Wars films and characters. The registered manager realised not all staff would be aware of Star Wars so created a conversation story card with important information on the story and the main characters. The registered manager hoped this would allow staff, who were not familiar with this topic to hold a conversation with the person, actively engage with them and make the person feel listened to and valued. The registered manager had plans to roll out this idea for others using the service, for example, information on cricket or other sports people may like.

During our inspection we observed people preparing for activities, going to the shops or out for a walk. Each person's activities for the day were clearly marked on a board in the hallway, together with a photograph of

the staff member supporting them. Information was written but also pictorial so people knew what they would be doing and could plan accordingly. One person had a diary with pictorial information about what would happen each day and staff told us how this would help then support the person with daily routines and activities.

Staff told us about the activities they did with people and this included going to discos, trampolining, horse-riding and bike riding. Staff said they were always looking for new and different things for people to try and get involved with and when people made suggestions they would try to make this happen. For example, one person had recently suggested they would like to try playing golf so staff were organising this. All the staff we spoke with felt the winter weather had an impact on what people were able to do so were looking for alternatives that were not weather dependant so people could still enjoy a full schedule of activities.

People were able to provide feedback about their experiences in a range of accessible ways. The registered manager explained people using the service were asked for feedback during regular meetings. Keyworker meetings allowed people to raise issues privately and yearly surveys allowed people and other stakeholders to comment on the service. We saw information about how to make a complaint was in an easy read and pictorial format and displayed in communal areas so it was accessible for people using the service and visitors. The registered manager showed us cards they had printed giving his and the provider's contact details. The card was given to people and staff so when they were in the community they could give his contact details to those people who may want to give feedback. On the reverse of the card was written, "If you have any concern regarding the service user or staff contact us on ...". There was also a suggestion box in the main reception area although this was not often used. Relatives told us they would talk to the registered manager if they had a complaint and they were confident he would act on their comments. The registered manager confirmed there had been no complaints since he had been in post but any complaint would be taken seriously, thoroughly investigated with outcomes and learning noted in line with the provider's policy. All complaints were reported and monitored at provider level.

Is the service well-led?

Our findings

The registered manager had been registered with the Commission since April 2017. The service had changed ownership in October 2016 and this was the first inspection of the service under the new provider. Relatives we spoke with told us they had met the registered manager and were confident the service was well run. One relative told us, "He is the best manager they have had for a very long time...he is so relaxed... [my relative] loves him." Another relative said, "[The registered manager is a nice chap, he listens and takes on board any concerns...in fact he is the best one [manager]."

People were asked about their views and experiences and this information was used to help improve the service for them. People were in the process of completing surveys but were actively involved in the service through regular meetings and feedback via their keyworker meetings.

We met with the registered manager and the area manager. They spoke about the work they had done introducing their vision and values to staff to improve the outcomes of people using the service. The registered manager explained how they had moved the main office to the ground floor when they had first arrived, so they could operate an open door policy, be available for people and staff and be actively involved in people's day to day care. They told us "Just being around has really had a positive impact."

The registered manager explained how lots of open group discussions had helped share ideas and the service values and these were reinforced during staff meetings and supervisions. Staff told us they felt supported by their team leaders, the registered manager and regional manager and were confident about raising issues and concerns and being listened to. Comments included, "[The registered manager] is a good listener. He listens very well", "Honestly they are all great, I feel comfortable speaking to [the registered manager] and [the regional manager]. The [regional manager] asks me how things have been and I am happy to tell him" and "If I have any problems I will go to my team leader or to [the registered manager] I am comfortable with both."

There was a strong focus on continuous learning at all levels. Managers meetings shared best practice and areas where improvements could be made at a strategic level. Staff meetings were held monthly and helped to share learning and best practice so staff understood what was expected of them. Staff spoke positively of these meetings, one staff member said, "Staff meetings are really good because everyone says their opinion, any ideas, problems or conflicts...we all come up with ideas, it really helps." Another staff member told us, "Staff meetings are good; we get to speak about anything." Minutes included details of people's general well-being and guidance to staff for the day to day running of the service including health and safety issues, incidents and safeguarding concerns and any suggestions for improvements. Staff also used a communication book, shift handover and daily planners to keep informed about any changes to people's well-being or other important events.

The service worked closely with the local safeguarding team to report and investigate any alleged abuse. Whistleblowing telephone numbers were displayed so staff could report concerns anonymously if they felt they needed to. Records confirmed accidents, incidents and safeguarding concerns were monitored

centrally and any lessons learned were discussed both during management and staff meetings to ensure the continued improvement of the service.

The service worked well with other external agencies and stakeholders and during our inspection we noted one example where best practice was shared with a local authority to support one person's care provision.

There were arrangements in place for checking the quality of the care people received. These included monthly and weekly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks. Home audits and provider visits were carried out regularly to check people were provided with a good standard of care and support. Ratings for both audits showed a continually improving service, for example in November the service was rated by the provider as adequate but had reached 'good' in December 2017. A continuous improvement plan was in place allowing the registered manager and the provider to review and monitor actions on a monthly basis to ensure service improvement.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the registered manager had notified us appropriately of any reportable events.