

Pinnacle Care Ltd

Elmhurst Assisted Living And Care Facilities

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 26 April and was unannounced. The service was last inspected on 16 June 2014 when we found they were meeting the regulations.

The manager had left the service a month before our inspection, and had deregistered with us. The provider told us in their provider information return (PIR), that they provided before our visit, that they planned to recruit a new manager as soon as possible. The home was being managed by the area manager and another registered manager from a nearby home in the provider's group of homes. 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.

The service provides accommodation and personal care for up to 10 younger adults who live with dementia, mental health, learning disabilities or autistic spectrum disorder in the shared residential house. The service also provides personal care as a domiciliary service for older people who live in their own homes. Five people were living in the shared residential house at the time of our inspection and one person was receiving care and support in their own home.

The provider's policies and procedures to minimise risks to people's safety were shared effectively. Support workers understood their responsibilities to protect people from harm and were supported to raise any concerns. Risks to people's health and welfare were identified and support workers took action in accordance with people's care plans, to minimise the identified risks.

There were enough support workers to meet people's physical and social needs effectively. The provider checked they had suitable skills and behaviours during the recruitment process. The provider regularly checked the premises, to make sure they were well maintained, and to minimise risks to people's safety. Medicines were managed, stored and administered safely by trained support workers.

People's needs were met effectively because support workers received appropriate training and support. Support workers read the care plans and shadowed experienced support workers, until they knew people well and understood their support needs and abilities. They were supported and encouraged to reflect on their practice individually and as a team to develop their skills and knowledge.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Support workers understood the principles of the Act and people had the freedom to make their own decisions.

People planned their own meals and were supported them to maintain a balanced diet. Risks to people's nutritional health were minimised because support workers knew about people's individual dietary requirements. Support workers ensured people obtained advice and support from other health

professionals to maintain and improve their health or when their health needs changed.

People were cared for with kindness and compassion. Support workers knew people's individual preferences for support and their likes and dislikes. Support workers encouraged people to relate to each other and to support each other.

Support workers knew about people's life stories and supported them to maintain their interests and preferred routines and to develop links with their local community. People were encouraged and supported to maintain their skills to promote their independence.

People and their relatives or representatives were involved in planning and agreeing the care to be provided. Care was planned to meet people's individual needs and abilities and care plans were regularly reviewed. People and relatives told us support workers respected people's privacy and dignity. They were confident any concerns would be listened to and action taken to resolve any issues.

People and relatives were encouraged to share their opinions to enable the provider to make improvements in the quality of the service. The provider's quality monitoring system included regular reviews of people's care plans and checks of the premises. The provider observed support workers practices, including how they administered and managed people's medicines, to make sure this was done safely.

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. Support workers understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care and support were planned to minimise the risks. The provider checked support workers' suitability for their role before they started working with people independently. Medicines were stored, administered and managed safely.

Is the service effective?

Good ●

The service was effective. People were cared for and supported by support workers who had the relevant training and skills for their roles. Support workers understood their responsibilities in relation to the Mental Capacity Act 2005. The provider understood their legal obligations under the Deprivation of Liberty Safeguards. People planned their own meals according to their preferences and specialist dietary needs. People were supported to visit healthcare professionals when their health needs changed.

Is the service caring?

Good ●

The service was caring. Support workers were kind and compassionate towards people and knew them well. People were encouraged and supported to live their lives in ways that gave them purpose and meaning. Support workers respected people's individuality and encouraged them to maintain their independence in accordance with their abilities.

Is the service responsive?

Good ●

The service was well-led. People and their relatives were encouraged to share their opinions about the quality of the service, which ensured improvements focused on people's experiences. The provider's quality monitoring system included minimising risks to people's safety and checking people received an effective, good quality service that they were satisfied with.

Is the service well-led?

Good ●

The service was well-led. People and their relatives were encouraged to share their opinions about the quality of the

service, which ensured improvements focused on people's experiences. The provider's quality monitoring system included minimising risks to people's safety and checking people received an effective, good quality service that they were satisfied with.

Elmhurst Assisted Living And Care Facilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 April 2016 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

We spoke with four people who lived at the home and a relative of a person who received care in their own home. We spoke with the area manager, three support workers and the maintenance person.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and observed how care and support were delivered in the communal areas.

We checked whether support workers were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

People told us they felt safe at the home, because they trusted the support workers and there were always enough to support them. One person told us they had a key for their own door, which gave them peace of mind about the security of their possessions. A relative told us they were confident their relation felt safe with support workers in their own home.

Support workers told us about the actions they took to reassure people the shared home was a safe place to be. For example, the side door was key-coded so only people who lived at the home could access the house from the laundry, and the curtains were closed and the front door locked at dusk.

People were protected from the risks of abuse. Support workers told us they had training in keeping people safe from the risks of harm and they knew the actions to take if they had any concerns about people's safety. Support workers told us, "There is no risk of abuse here. If I saw anything, I would report it to [Named team leader]. I have never had to yet" and "I had safeguarding and whistleblowing training. I have no concerns about people being safe here." They told us they could report any concerns to 'the manager', or to the provider if they were not taken seriously. In the hallway, we saw there was information about the process for raising concerns and copies of the provider's whistleblowing policy, to reassure support workers their concerns would be taken seriously. The provider had not needed to make any referrals to the local safeguarding authority because no concerns had been raised.

The provider minimised risks to people's health and wellbeing. People's individual risks were assessed and their care plans described the actions support workers should take to minimise them. For example, one care plan we looked at identified the person lived with a health condition that needed continuous monitoring. Their care plan included instructions for support workers to complete a specific health check on the person every day and the actions they should take if the results of the check were unusual. A support care worker showed us the test kit and explained how it worked. They showed us the records they kept of their daily checks. Records showed that when the results of the tests were unusual, support workers took advice from healthcare professionals to minimise risks to the person's health.

People were assessed to identify risks associated with their physical, psychological and emotional needs. Care plans explained the actions support workers should take to support people with their everyday lives and in specific situations where people's behaviour might be unpredictable. Support workers told us the prescribed actions were relevant, proportionate and individual to each person. A support care worker told us they had training in recognising when people were at risk of presenting behaviours that challenge and how to distract them. They told us, "You make eye contact, and watch their facial expression to judge their mood. I occasionally step in to stop people arguing or to stop them touching out at each other."

No accidents or incidents had occurred during the previous 12 months. Support workers told us people who lived at the home were all independently mobile and mostly got on well together. A support care worker told us, "Sometimes we might ask them to apologise to each other or to move away to the garden or their room to calm down. They need to live peaceably with each other."

The provider assessed risks to the premises and equipment and took action to minimise the identified risks. Records showed the provider had implemented a system of regular checks of the premises, the fire alarm and essential supplies such as the water, gas and electricity. Risk assessment records included information about preventative measures already in place and actions for support workers. Actions included, for example, checking contractors' work permits, supporting people to use the electric oven and hob and putting salt on the front steps in frosty weather. Support workers told us they read and followed the provider's 'lone worker policy' to minimise risks to support workers. A support worker told us, "On the night shift, we phone the sister home every night at three designated times. We ask and check that each other is alright and there are no problems. We support each other."

The area manager told us the maintenance person for the provider's group of homes was on site every day, which meant issues were reported and resolved promptly. One person who lived at the home told us a piece of decorative architecture had recently fallen off the roof into the garden, which had alarmed them at the time. The maintenance person told us they had immediately called out a roofing specialist to investigate the cause of the incident and to identify any further risks. The specialist had identified the cause as 'frost damage' and confirmed there were no signs of this re-occurring. No repair or remedial work was required for safety or maintenance purposes.

Support workers knew the procedures to follow in the event of an emergency such as a fire, because they had completed training in fire safety and practised the routine. A support care worker told us, "The fire bell is tested every week. We have fire practice. Everyone joins in and takes it seriously and "We would assemble in the car park if there was a fire."

People told us there were always enough support workers around when they needed support. The provider assessed people's needs and abilities to determine how many support workers should be on duty. For example, there were more support workers on duty during the morning, to make sure everyone was supported to get up, have breakfast and to go out at the times they preferred. There were less support workers in the afternoon because the main meal of the day had been served and the routine household tasks had been completed. We saw the home was clean and tidy and lunch was served at the time people expected. There were enough support workers to support people with their physical and emotional needs, because they had time to talk and socialise with people, which improved people's well-being.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed new support workers were required to complete an application and interview process. The interviewer checked their skills and experience, and that their behaviours would fit well with the team and ethos of the service. The provider checked the support workers' identity references from previous employers. The provider checked with the Disclosure and Barring Service (DBS) to see if they had any information about newly recruited support workers. m. The DBS is a national agency that keeps records of criminal convictions.

Medicines were managed and administered safely. A relative of a person who received care in their own home told us, "[Name] only gives the medicines we leave out." A support care worker showed us people's medicines were kept in a locked cupboard. They told us only trained support workers administered medicines, in accordance with the provider's policy. They monitored the temperature of the cupboard to ensure medicines were stored in accordance with the manufacturers' guidance. The pharmacy delivered medicines with an accompanying medicines administration record (MAR) for each person.

The MAR listed the name of each medicine and the frequency and time of day it should be taken. The MARs were signed to confirm people's medicines were administered, or if, for example, a person declined their medicines. There were written protocols which explained how to support people with medicines which were

to be taken, 'when required', such as pain relief. A support worker told us everyone who lived at the home was able to say if they wanted pain relief medicine and they all understood their GP's advice about how frequently they could be taken.

Is the service effective?

Our findings

People told us they were supported effectively, because support workers understood their needs. One person told us support workers recognised and supported their need to, "Feel fulfilled, feel useful." A relative of a person who received care in their own home told us care support workers supported their relation effectively with their practical needs and gave them the 'companionship' they needed.

People received care from support workers who had the skills and knowledge to meet their needs effectively. A support care worker told us, "I read policies and procedures, did the Care Certificate, worked with the team leader, was assessed for competency, and was supported by the manager. I felt ready to start." A support team leader told us night support workers did their training and induction during the day to make sure they knew people well, before working independently with them. They told us, "You must know the people, their relationships and the building to be successful (in role)."

The area manager told us all new support workers were required to complete the 'Care Certificate' during their probationary period. The Care Certificate was launched in April 2015. The Care Certificate will help new members of support workers to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

Care support workers attended training in subjects that were relevant to people's needs, such as dementia, food hygiene and first aid. Care support workers told us their training gave them confidence in their role. They were tested and observed by the trainer after training to check they understood and used their training to improve how they supported people.

Support workers told us they had regular opportunities to discuss their practice, training needs and any concerns at one-to-one meetings with their line manager. A support care worker told us, "[Name] is a good team leader. Any problems I just tell them and they sort it out." They told us the provider encouraged support workers to consider and plan their own professional development. Two support workers told us were being supported by the provider to study for a diploma in health and social care, which will increase their understanding and develop their skills.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider understood their responsibilities under the Act. People's care plans included risk assessments

to establish people's understanding, memory and psychological support needs. The assessments identified whether people understood risks, such as, the risks associated with going out alone. Records showed people had signed to say they understood and agreed to their care plans and how the service would support them.

People's liberty, rights and choices were not restricted unnecessarily. For example, three people who had the capacity to understand the risks of going out alone, told us they could go out whenever they felt well enough and wanted to. One person told us they could go out alone, but preferred the company of support workers.

Support workers understood the principles of the Act and respected people's right to make their own decisions about care and support. However, care support workers had a different understanding about why they accompanied one person when they went out. One care support worker told us the person could be at risk of being influenced by 'other people's behaviour', but the team leader told us, "Concerns for [Name] going out alone are around their physical well-being. They can only go out (walk) for short distances." The area manager told us they would review the person's risk assessments and care plan and make an application to the supervisory body if their care plan included restrictions to their liberty.

People were supported to maintain a balanced diet that met their needs and preferences. People told us, "There is a good choice of food. I am well fed" and "The food is excellent and I have a good choice." Everyone who lived at the home was able to state their preferences for eating and drinking and their care plans included their likes, dislikes, allergies and any cultural preferences for food. People planned the week's menu with support workers. A support care worker showed us the menus that people had put together between them the previous week. These included 'favourites' people had identified that were recorded in their care plans.

People chose where they ate their meals and support workers respected their choices. People were encouraged to socialise at lunchtime because support workers sat down and ate with them in the dining room. We heard support workers encouraging people to talk about their morning and their plans for the afternoon. We saw people were at ease with support workers and were involved as much as they wanted to be with preparing and clearing after meals. We saw people took their own plates back to the kitchen and helped themselves to puddings. One person washed up and checked the kitchen was tidy before they helped themselves to a pudding. Another person told us they had made the pudding because it was their favourite and everyone else seemed to like it too.

A care support worker showed us how they supported people to ensure food was stored and served safely. They showed us how they checked and recorded the temperatures of the fridge, the freezer and of hot meals before they were served. Support workers were trained in food hygiene and maintained a daily, weekly and monthly schedule of kitchen cleaning tasks to ensure meals were prepared in accordance with food hygiene standards.

Support workers ensured any risks to people's nutritional health were minimised and ensured meals were available when people wanted them. For example, one person was not at home at lunchtime, when the main meal was served, so support workers set their meal aside for them to re-heat and eat later. Another person said they were "not hungry" at lunchtime, because they had eaten a large snack in the morning. They asked support workers to set their meal aside for later too. Another person who had slept late decided they would prefer to have lots of drinks to re-hydrate, so their meal was also covered and put aside for later.

People told us support workers supported them to access healthcare professionals when they needed to. Records showed people were supported to visit healthcare professionals regularly and to seek specialist

advice when needed. A support care worker told us, "We make appointments for people to see their GP or dentist when needed. We ring and ask on their behalf."

People's care plans included checks support workers should make when people showed signs of ill health that may require professional advice. For example, to check for signs of swollen feet or ankles for a person who was at risk of a high blood sugar level. A relative of a person who received care in their own home told us, "[Support workers name] is very good at letting us know if they notice any changes, or anything unusual, or if [Name] looks unwell. [Support worker's name] tells us and writes it down in the book." Support workers recorded the advice the healthcare professionals gave, whether the person followed the advice, and the impact on the person's health.

Is the service caring?

Our findings

People who lived at the home told us care support workers were kind and caring. People told us, "I am very happy living here. I feel looked after" and "The staff are nice to me. I have been treated with respect and friendliness since I arrived." A relative of a person who received care in their own home told us, "[Support workers name] is brilliant, really, really lovely."

We saw people teasing support workers, telling jokes and sharing information, which showed they trusted them and were confident support workers understood them and their sense of humour. A support care worker told us, "You've got to be in the right job for your personality. You need to have patience and actually care and love people."

Support workers told us they felt like people's surrogate family because they shared their daily lives and took pleasure in people's achievements and expressions of independence. Support workers told us, "We are their family. We are part of their family" and "We (support workers) put up a united front, to ensure people have consistency in their lives." The area manager told us, "Each person here has adapted to the home and each other. They have all taken a 'family role' in the group."

People told us they made their own decisions about how they lived their lives. People told us they got up, went to bed and went out when they pleased and there were always support workers around to help them with anything they needed. People told us the most pleasurable aspect of living at the home was having "others" around them, and said the support workers made them feel valued as an individual. A support care worker told us, "We are here for them and they welcome us."

Support workers knew people well and understood their individual needs for reassurance or company. They encouraged and supported people to be as independent as possible. A support care worker told us, "Everyone here has their own ways, ideas and experience."

People's care plans included detailed information about their preferences for care and support. For example, care plans explained people's preferences for their room lights to be on or off and their doors to be open or closed at night. Care plans explained people's preferred night time drinks. Care records for one person stated they liked to "snuggle or hide right under a big, fluffy quilt", which demonstrated their need to feel secure was recognised. Support workers knew people's preferred routines well and they spoke warmly when describing people's individual ways.

The provider supported people to take a pride in their environment by maintaining the premises and décor to a high standard and by providing good quality fittings and furniture. Support workers told us there was an agreed cleaning schedule for the home and they were all the support workers were equally committed to maintaining the home to a standard people could be proud of. A support care worker told us, "Everyone does their job. They know what they need to do. If night support workers don't get time to finish the laundry or cleaning, they let us know and we carry on the next day."

People were involved in decisions about the home environment. People's rooms were decorated according to their preferences and arranged to suit them and accommodate their personal possessions. Two people were proud to show us how they had arranged their rooms to suit themselves. We noted people's bedroom doors had knockers and letterboxes, which promoted their privacy and independence.

Two people told us, "I am comfortable with staff. They are respectful" and "They respect my privacy. Support care workers spoke respectfully about people and understood the importance of treating people fairly and equally. Support care workers told us, for example, "We always use respectful language. I would record '[Name] swore', not the actual words used" and "Support workers all do the same so people always get the same response from us.." People's records were kept in the office where only support workers could access them, which protected people's privacy.

Is the service responsive?

Our findings

People told us management team and support workers were responsive to their needs, which could change from day to day. Two people told us support workers recognised their needs to go out independently and another person told us they had the freedom to pursue their own interests. A relative of a person who received care in their own home told us, "Sometimes I need to change the days and they are always okay with that. They are flexible and adaptable to our needs."

People and relatives told us they planned their own care with the support workers. Support workers were flexible and responsive to people's individual needs and preferences. They ensured people were supported to live the lives they wanted, in accordance with their abilities. People who wanted to take an active role in the daily running of the house took responsibility for tasks they enjoyed. One person had assumed responsibility for washing up and putting out the bins because they were familiar with these tasks. The person told us they liked to keep busy in the house and helped with household chores such as washing up, setting the tables and taking out the rubbish. They told us these tasks helped them to, "Fill my day. Makes me feel useful."

Another person told us they liked to bake and make puddings. They told us there was always a good store of ingredients in the house to enable them to bake and they had a choice of kitchens to use. We saw other people appreciated the person's skill at baking and ate the pudding the person had prepared. One person told us they liked to go out for coffee in the morning, but they preferred support workers to go with them because they liked company. We saw the person waited for a support care worker to go with them, rather than go out alone. We saw the beneficial impact of the support care worker's company on the person when they returned to the house. The person was more energetic and talked enthusiastically about their experience for the rest of the day.

A relative told us they were happy with the service because the care support workers delivered the care and support their relation needed. They told us the person's care plan included light household jobs 'if time allowed'. The relative told us they were pleased that support workers, "Sometimes do housework, but on the strict understanding [Name] comes first." The relative wanted this arrangement as it gave their relation the care and support they needed and the companionship they wanted within a traditional 'family' way.

A relative told us their support care worker helped their relative to establish an independent link with the world through engaging them in conversation. The relative told us, "[Support workers name] brings the world into [Name]. As it is, [Name] would only see the world through our eyes, but [Support workers name] talks to them about their life, their world and the things they are doing and that gives [Name] something to talk about. [Support workers name] is their personal link to the outside world. It's very, very important for [Name] to have that link to the outside.

People were invited to regular meetings with support workers and the manager on duty to discuss how the home was run. People were asked for their suggestions for events they would like to hold or attend. Minutes of a recent meeting between four of the five people showed they had agreed to postpone their spring fayre,

due to the poor weather, and to hold a summer fayre instead. People had agreed they preferred to go out to their individual places of choice and were not interested in group-outings. People told us there were things to do in the house, such as reading, talking with each other, enjoying the garden and watching the television. One person told us, "There is plenty to do in the house and I never get bored." We saw the different communal rooms in the house offered space for people to enjoy different pursuits such as reading, playing darts or watching television, separately from each other.

People were invited to one-to-one meetings with a support care worker to make sure they had the opportunity to discuss any concerns or issues privately. Records showed support workers listened to people's concerns and took action to resolve them. Support workers recognised that some people's concerns related to their personal on-going circumstances or health condition, which they could not resolve. However, they listened and made notes to ensure each person had a regular opportunity to voice their frustrations with life in general. Monthly care plan reviews included a review of risks to people's health and wellbeing and care plans were updated when people's needs changed.

The provider's complaints policy was shared with people and their relatives and was displayed in the entrance hall. There was a 'complaints, compliments and comments' book in the entrance hall so anyone could leave feedback about the service. No-one had made a complaint in the book, but one person had complimented the support workers and management and a thank you card was tucked into the book. One relative told us, "I have never had a problem, I have never made a complaint. If I did, I am confident they would deal with anything."

Is the service well-led?

Our findings

People and relatives told us they were happy with the quality of the service. Two people told us, although they hoped to "move on" in the future, they were, "Very happy living here for now." A relative told us, "We are all very, very happy with everything that happens. We couldn't be happier with the service."

The provider's quality assurance system included asking people and relatives about their experience of the service. The satisfaction surveys included questions that reflected the same questions that CQC ask when we inspect services against the fundamental standards of care. This showed the provider understood the importance of delivering a safe, effective, caring, responsive and well-led service. For example, their survey questions included asking people whether they felt safe, were treated with dignity and respect, were involved in planning their support and whether support workers had sufficient experience and skills to support them. The most recent survey of people who used the domiciliary care service showed people were satisfied with the service and had commented positively. Comments included, "You're always very, very good" and "Very pleased with you."

A survey of people who lived at the home had not been undertaken at the time of our inspection. However, we saw records of the one-to-one conversations between people and a support care worker, during which, people were asked for their suggestions for improving the quality of the service. The area manager told us, "Our greatest achievement is to support people to live the lives they want to live. People being so unchanged, in a 'steady' state, (since they moved into the home) shows how effective the care and support is."

The area manager monitored the quality of the home through regular visits. They checked the (recently de-registered) manager's records, looked around the home and spent time listening to what people and visitors had to say about the service. The area manager, who was on duty during our inspection, ate lunch with people and made casual conversation about their day, which ensured people's views were made known to the provider in an informal way.

While the provider was recruiting a new manager, the home was being run by another registered manager from a sister home and the area manager. The provider had notified us when the previous registered manager left the service, and had told us about their plans to recruit a new manager. In the PIR, the provider told us they planned an improved interview and selection process to better identify candidates' suitable for the role. They planned to review the job description to ensure they employed a person who was appropriately skilled and to implement monthly one-to-one meetings for the manager so they were supported in their role to minimise the risks of a second change of manager.

The provider's improvement plans included a review of policies and procedures and to develop a more frequent and in-depth quality assurance system. They also planned to increase the number of opportunities for support workers to discuss their practice and more frequent support workers' meetings. This was to ensure the support workers would be well prepared for the potential increase in the number of people living at the home. The area manager told us there was no pressure to fill the five available bedrooms because, "A

new person must fit in with the current personalities and their ways of being'. This demonstrated the area manager's determination to minimise risks to people's wellbeing. The area manager told us, "Our greatest challenge is in introducing new people into the home without disturbing the happiness of people currently at the home. The next person needs to fit in with people and support workers. They are happy here now."

Support workers told us they felt well supported by management and they worked well as a team. They told us the team leader, area manager and the sister-home's registered manager had continued to provide the support they needed since the registered manager left. Support workers told us, "[Name] is a good team leader. They have been stepping up and the area manager has been supporting them" and "Any problems, I just tell [Name]." The team leader told us they felt supported because there was always someone they could talk to for advice. They told us, "There is always an on-call, seven days a week. The on-call rota shows who to call first and next, in which order." The team leader told us they planned the support workers rota up to four weeks in advance, "So support workers can plan their own life too." Support workers told us, "I like working here" and "We all love it here."

A support care worker told us all staff were involved in monitoring the quality of the service. They told us the quality assurance system included, "Checking care plans and records and checking beds are changed on bed change day." Records showed there were regular audit checks such as checks of people's care plans, the premises, equipment and medicine administration. The most recent medicine audit had found there were no gaps or errors in administering medicines, which demonstrated these, managed effectively and safely. Support workers told us they felt well informed about the home and people's support because all the support workers kept effective records.

The provider had set up a schedule of 'monitoring reports' to produce monthly statistics where they could compare the performance of services within the organisation and learn from others. For example, the provider monitored how many people across their group of homes were at risk of poor nutrition, the number and causes of accidents and incidents and how complaints were handled. The area manager attended regular meetings with registered managers to discuss the monthly reports, to reflect on their practice and share ideas for improvement.