Heathcotes Care Limited

Heathcotes (Blythe Bridge)

Inspection report

Southlands
Aynsleys Drive, Blythe Bridge
Stoke On Trent
Staffordshire
ST11 9LR

Tel: 01782398372
Website: www.heathcotes.net

Date of inspection visit:
18 September 2018

Date of publication:
09 November 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 September 2018 and was unannounced.

Heathcotes (Blythe Bridge) is a 'care home'. 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.

The service accommodates up to eight people in one adapted building and at the time of this inspection, there were eight people living at Heathcotes (Blythe Bridge). 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.

There was a registered manager. 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.

At the last inspection, the service was rated as inadequate. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

This is the first time the service has been rated Requires Improvement.

At the last inspection we found a number of breaches of regulations. At this inspection, sufficient improvements had been made to show the provider was no longer in breach of regulations, however further improvements and monitoring were required to ensure that improvements were sustained and built upon.

Improvements had been made to staffing levels to ensure there were enough staff to safely meet people's needs. However, further work was required to ensure a consistent staffing level and to ensure staff were all suitably trained to provide safe and effective care.

People received their medicines as required, though more detail was required to ensure staff knew when, where and how to apply people's prescribed creams.

People were treated with kindness and compassion, however there were some examples of staff using undignified language. We have made a recommendation about this.

People were safeguarding from abuse and the risk of harm. Their risks were assessed and managed to help keep them safe whilst protecting their freedom. People were protected from the spread of infection and the provider had learned lessons and made improvements when things had gone wrong.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People's needs were holistically assessed and met, including healthcare needs and they had access to healthcare professionals. The design and adaptation of the service met people's needs.

Staff worked together and with other agencies and professionals to provide effective support. Staff had access to training and support to equip them with the skills and knowledge to care for people. People had access to a well-balanced diet, had choices and their independence was promoted.

People received personalised care as staff knew them well and supported them to access activities that interested them. People and relatives were involved in developing and reviewing their care and support plans. People had been supported to consider their wishes for end of life care.

People felt confident to complain if they needed to and felt the registered manager was approachable and supportive. Opportunities to provide feedback were available and feedback was used to make changes to 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?

Requires Improvement

The service was not consistently safe.

Improvements had been made to staffing levels but further improvements were required to ensure a consistently safe staffing level and to ensure that all staff were suitably skilled to provide safe care. Improvements were also required to ensure topical medicines were consistently administered as prescribed.

People were protected from harm and their risks were assessed and mitigated.

People were protected from the spread of infection and the provider had learned lessons and made improvements when things had gone wrong.

Is the service effective?

Good

The service was effective.

Improvements had been made to ensure that people consented to their care when they were able and that current law and guidance was followed to protect people's rights.

Staff had the knowledge and skills to provide effective care and worked well together and with other professionals.

People's healthcare needs were met and they were supported to eat and drink enough to maintain a healthy diet.

The environment met people's needs and people's needs and choices were effectively assessed.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People were supported to make choices and their communication needs were assessed and met.

People's independence was promoted and their privacy was respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. People were supported to access activities they enjoyed.

People felt confident to raise complaints if they needed to and the provider responded to complaints and made changes when required.

People had been supported to consider their wishes for end of life care when appropriate.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Whilst improvements had made since the last inspection, there was still work and monitoring to be done to ensure the improvements were sustained and that further areas for improvement were identified and actioned.

The registered manager was visible and approachable and feedback was gathered and used to make changes.

The service worked in partnership with other agencies to improve outcomes for people.

Heathcotes (Blythe Bridge)

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 18 September 2018 and was unannounced. The inspection team consisted of two inspectors.

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information about safeguarding concerns, serious injuries and deaths that had occurred at 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. We also considered feedback received from local authority commissioners and the safeguarding adults team about the services provided.

During the inspection, we spoke with two people who used the service and we telephoned two people's relatives to gain their feedback. We also spoke with the registered manager, the regional manager and three members of care staff. We did this to gain their views about the care and to check that standards of care were being met.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We looked at the care records of three people who used the service, to see if their records were accurate and up to date. We also looked at other records relating to the management of the service including complaint records, accident and incident reports, staff recruitment, training records and rotas, meeting notes, quality assurance records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found the provider was not meeting the regulations for safe care and treatment, because there were insufficient staff available and people were not safeguarded from harm. We found a breach of Regulation 12 for safe care and treatment, 13 for safeguarding people from harm and 18 for staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was meeting these regulations but further improvements were needed to ensure consistently safe care was delivered.

At the last inspection there were not enough staff to keep people safe and meet their needs. At this inspection, we saw that there were enough staff on duty to safely meet the needs of people who used the service. On the day of our inspection visit there were eight people living at the home and all of those people had been assessed as requiring a level of one to one staff support daily. This one to one care had been commissioned because people living in the home had complex needs and required this specific care to maintain their safety and each person was assessed as requiring a different level of one to one support. There were seven care staff on duty on the day of the inspection and the registered manager who was additional to these seven staff members. We saw the staffing level was safe to meet people's needs. A staff member said, "People get their one to one hours and more. Staff are allocated to provide specific one to one care for individuals, we don't combine the hours." However, staff rotas and handover records showed that there had been recent occasions when this staffing level was not maintained. The registered manager told us they would provide support to people when required, however this meant that further improvements were still required to ensure a safe and consistent level of staffing.

People and relatives confirmed that improvements had been made to staffing levels since the last inspection. We found that new staff had been recruited and the home were not needing to use agency staff to cover staff shortages. A relative said, "The staff are nice. There's a big turnover but that's to be expected." Another relative said, "They've been through a difficult time. It's not done [my relative] a great deal of good with the staff changeover. It's been more rapid turnover since Christmas. It's settled a bit more in the last three months." Recruitment of new staff meant that staffing levels were now improved but some new staff were still to receive all the training they required. A staff member said, "Generally [there is enough staff], we are just limited when new staff are on, as some have not been fully trained. It's a lot better than it was." Another staff member said, "Staff continuity has not been good, there's been lots of changes of staff but it's getting better." Training records showed that some night staff had not been trained to administer medicines which meant that the registered manager or other senior carers would have to travel in to the service if anyone required medicines during the night time. People were not prescribed routine night time medicines but may require 'as required' epilepsy or pain relief medicines. Night staff were in process of receiving the correct training, which meant the temporary measure of trained staff having to travel to the service would only be required for a number of weeks.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make

safer recruitment decisions. They also requested references. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

People told us and we saw they received their medicines as prescribed. One person said, "I take [Epilepsy] medicine. Staff give them to me. If I have a headache, staff give me paracetamol." A relative said, "They give [my relative] medicines. They're very professional. It's always locked away." However, we found that one person was prescribed a cream and the instructions stated to apply three times per day. There was no detail recorded about where the cream should be applied. The registered manager was administering medicines and explained to us what the cream was for and where it should be applied. However, because this information was not recorded, there was a risk that staff administering medicines may not know where to apply the cream which meant the person may not get their cream as prescribed. We told the registered manager about this and they told us they would ensure the necessary documentation was in place.

At last inspection we found that people were not protect from the risk of harm. At this inspection, we found that improvements had been made. People told us they felt safe. We asked one person if they felt safe living at the service and they responded, "Course I do." Another person said, "Yes and I like it. I have friends, all of them [people who used the service] are my friends" and "I feel safe. I like the people here. We do things together." Relatives confirmed this and felt confident their family members were safe. Staff we spoke with were knowledgeable about safeguarding adults' procedures and knew the different types of abuse which may occur, how to recognise signs of abuse and how to report any concerns. One staff member said, "I would follow the procedures in place and report it to the manager or regional manager." The registered manager understood their responsibilities in safeguarding people from abuse and we saw that incidents had been reported to the local authority when required, so that necessary investigations could be carried out and protection plans implemented when needed.

At the last inspection we found there were not always enough staff available to ensure that people's assessed risks were mitigated and their risk management plans were followed. At this inspection we found that improvements had been made. Staff knew people's assessed risks and described how they managed these, which matched what was recorded in people's risk assessments and management plans. For example, one person experienced seizures which meant they needed to be monitored closely by staff. They had a specific and detailed risk assessment in place and staff told us about this. We observed staff delivered in care in line with this plan. The person liked to be able to spend some time alone in their room to have privacy and we saw they were supported to do this and to remain safe by having checks every fifteen minutes. We saw these were carried out to keep the person safe whilst respecting their privacy. This meant that people's risks were assessed, monitored and mitigated to help them stay safe whilst respecting their freedom.

We observed that all areas of the home and equipment looked clean and hygienic. Staff understood the importance of infection control and their responsibilities to lower these risks. We observed staff using personal protective equipment (PPE) such as disposable gloves and aprons during the inspection. At the last inspection, some areas of the home were observed to be unclean and the registered manager told us new cleaning schedules had been developed which were included on the daily handover to ensure the home remained clean and tidy. We saw these were working effectively to ensure people were protected from the risk of infection and cross contamination.

The registered manager told us and we saw that lessons had been learned and improvements made when things had gone wrong. At the last inspection, we found a number of concerns arose from a person being admitted to the service as an emergency placement at short notice. It was later found their needs could not safely be met which had an impact on the quality and safety of the service people received. The person was

no longer living at the service at the time of this inspection. The registered manager and regional manager explained how the admissions procedure had now been improved to make it more robust and try to reduce the risk of inappropriate admissions occurring again. Since the last inspection two new people had moved into the home and we saw their needs had been fully assessed and planned for before they moved to the home. The admission process included gradual visits to the home prior to admission to ensure their needs could be met and that they were compatible with the other people who used the service. This worked better and showed the provider had learned lessons and made improvements when things had gone wrong.

Good

Is the service effective?

Our findings

At the last inspection we found that the service required improvement as the principles of the Mental Capacity Act 2005 (MCA) were not always being followed and people's needs were not always assessed effectively to ensure they could be met safely. There was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not always being supported to consent to their care and support. At this inspection, we found that improvements had been made and the provider was no longer in breach of this regulation.

The 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 observed staff asking people for consent before they supported them. When people lacked mental capacity about certain aspects of their care, we saw that a decision specific test of their capacity was carried out, in line with the MCA. We saw that decisions were made in people's best interests when required and relevant people were consulted before any decision was made on behalf of a person, for example, relatives and health professionals. These best interest decisions were accurately recorded and shared with staff to ensure that people's rights were protected.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people had been referred for a DoLS authorisation when this was required and conditions in place were being met. This showed that the service was working in line with the current legislation and guidance to ensure that people's rights were protected.

At the last inspection we found that the assessment of people's care and support needs was ineffective as even though an assessment of one person's needs was carried out, the provider was unable to safely deliver the care and support they required. At this inspection, we found that improvements had been made. People's needs and choices had been effectively assessed to ensure care and support could be delivered in line with current legislation and guidance to achieve effective outcomes. For example, one person had recently moved to the service and we saw they had a thorough assessment which included liaison with the person, their family and other health professionals. There were clear plans in place for each area of need and the service had arranged for further assessment with relevant professionals regarding a particular health need. This showed they had considered the persons choices and needs and sought additional support when required.

Staff were supported to develop the skills and knowledge to provide effective care. A relative said, "They [staff] seems to know what they're doing." Staff told us they were provided with a thorough induction. A staff member said, "The induction was quite good to be honest. I spent a week reading all people's care plans

and shadowing more experienced staff. Everyone is different so it was important I had this time to get to know people. I did classroom based training but also learned about the service users and went through some scenarios. You also learn on the job." The registered manager kept track of staff training and we saw that some staff were awaiting training in some areas, however this had been arranged for them and the registered manager had plans in place to ensure the correctly trained staff were available to support people when required. Staff felt well supported in their roles and had access to regular supervision and support from the registered manager. One staff member said, "We have regular supervision. We try and rectify any concerns or deal with any issues." This showed that staff were supported and encouraged to develop their knowledge and skills in order to provide effective care, meaning that people were supported by suitably skilled, supported and trained staff.

People enjoyed the food on offer, had choices and were supported to eat and drink enough to maintain a balanced diet. People's comments included, "I like cheese sandwiches, sometimes I pick that" and "I like the dinners. Curry is my favourite. I have it. I go shopping and buy all the different things." A relative said, "Some weeks [my relative] eats better than I do. They ring us each day and tell us what they're having for food. There's a system where they choose what to eat. They seem to have a balance of different types of food." We observed that people were offered choices and were included in menu planning, shopping and cooking to help promote their independence. When people has specific dietary needs, these were assessed, planned for and met.

Staff worked together to deliver effective support. A staff member said, "We always have handovers in the morning. It's in two halves. The night staff give feedback about any problems through the night and then the team leader allocates a staff member to support each person." We saw that handover records were kept which showed that information had been shared effectively between staff. However, it was not always clear from the records which staff were providing one to one support to which person. The registered manager explained how they were ensuring staff knew who they were allocated to support, and there were plans in place to improve this once all new staff were recruited and full trained.

People had access to healthcare professionals and staff worked effectively with them to ensure people's health needs were met. One person said, "I see the doctor and the dentist. I've been in an ambulance when I was poorly. Staff called them [paramedics], they [staff] help me." Records showed that people had access to a variety of health professionals and staff worked proactively to try and involve people in their own healthcare. For example, staff had worked with people and professionals to alter a person's medicine regime. The registered manager told us, "[Person] was losing their balance and falling, they had lots of [medical] investigations and their medicines have now been reduced which has done the trick, they're a different person now." This showed how people were supported to manage their health needs and live healthier lives.

The design and decoration of the building met the needs of people who used the service. A relative said, "[My relative] has got a nice room." Each person had their own room which had an en-suite bathroom and there were additional, separate bath and shower facilities including an accessible bath which meant that people's changing needs could be met. Bedrooms had been decorated to each person's individual preference, for example one person took pride in showing us their bedroom which had been decorated with the colours of their favourite football club. Another person who had recently moved to the service had specific sensory needs and we saw that a sensory room was in the process of being developed to enable them to access a quiet space which would meet their need for sensory stimulation.

Good

Is the service caring?

Our findings

At the last inspection we found that not all interactions between staff and people who used the service were respectful. There was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not always treated with kindness, respect and compassion and were not always given emotional support when needed. At this inspection we found that improvements had been made.

People and relatives told us they were treated with kindness and compassion. One person said, "It's good here. I'm happy. All the staff like me and I like them. I'm good at football and I play it with staff." The person showed us a list that staff had helped them to write which detailed all the things people liked about them and all the things they were good at. The person was very proud of this and showed it to us with a big smile. Relatives comments included, "[My relative] likes it there, they enjoy themselves" and "The staff have been excellent. I can't fault the staff." We observed and heard staff treating people with kindness and compassion and providing reassurance when required. For example, a person was being supported to make their lunch and was hesitant at times, staff provided positive encouragement throughout. A staff member said, "I love working with the [people], making them smile, and seeing their achievements."

However, we did find some examples of undignified language being used by staff. A staff member recorded on an incident form; "[Person] was told off by staff." We also heard staff members using terms that could be seen to infantilise people, which was not respectful. We spoke with the registered manager and regional manager about this and they told us they had already identified this issue and had been working with staff to try and help them to use more dignified language. Staff meeting records confirmed these discussions had taken place.

We recommend that the service seek advice and guidance from a reputable source, about supporting staff to use respectful language to promote people's dignity.

People were supported to express their views and make choices. We saw that staff encouraged people to make their own choices in a variety of ways. For example, one person struggled to make a choice about the sauce they wanted with their food so a staff member showed them two bottles of sauce which helped them to make a selection. Some people had particular communication needs and we saw these were assessed and met. A staff member said, "[Person] does not talk. I use Makaton and body language to help communicate with them." They described how they communicated with the person using gesture and simple language to help them understand and this matched what was recorded in the person's detailed communication plan.

People were supported to be as independent as possible. They were encouraged to help with the running of the home including cleaning and cooking. One person said, "I do the drying up because I don't like cooking." A relative told us, "They do try to involve [my relative] in cooking which they enjoy and helping the handyman that visits." One person told us they helped with tasks such as cutting the grass. We observed staff encouraging people to do as much as they could for themselves. For example, a staff member helped a

person to prepare their lunch and said, "Remember I am helping you" to encourage the person's independence.

People were supported to maintain important relationships and visitors were made to feel welcome. A relative said, "I'm not there that long but they [staff] offer me a cup of tea." Some people were supported to visit friends and family when this was important to them. People's privacy was respected and they could spend time in the room alone if they chose to and staff ensured they were safe and happy.

Good

Is the service responsive?

Our findings

At our last inspection we found that improvements were needed because people were not always receiving the care that met their personal assessed needs due to a lack of available staff. At this inspection, we found improvements had been made.

People received care that was personalised and responsive to their needs. People has been supported to be involved in developing their plans of care as much as they were able and relatives and advocates had been involved when this was appropriate. Staff told us how they linked in with family to support people in a way they would like to be supported. People's plans contained important life history information and detailed personalised information which staff were aware of and used to help provide personalised care. This included consideration of diverse needs including religion and sexuality. Staff knew people well. One person loved motorbikes and a staff member described how they arranged for a local motorbike group to visit the person. Another person was interested in trains, all staff knew about this and a staff member said, "I went and spoke to a person at the local railway and arranged for [Person] to go and help with maintaining the trains regularly." This showed that care and support was personalised to people's preferences and interests.

People were supported to participate in activities that interested them and maintained their hobbies. One person said, "I go to town to play pool and I like dancing. I'm good at swimming. I'm going out to the pictures on Friday." A relative said, "They [staff] take [my relative] away on holiday. [My relative] seems to go out a lot and tells me they go out. They tell me what they've done all week such as bowling, shopping, playing pool, goes to the pub." Some people needed more support and encouragement to complete activities they enjoyed. For example, one person had been reluctant to go outdoors, even though they enjoyed accessing the park. A staff member told us, "[Person] wouldn't get out of the car when we got there, so I showed them a picture on my mobile phone of what it looked like [the park] and this helped them to understand where we were going. I take them out all the time now, we like walking." This showed that people received the support, time and encouragement they needed to participate in activities they enjoyed.

People told us they could spend their time how they chose. One person said, "When I feel tired I just go up to bed. I do what I want and get up when I want." We saw that people got up at the time they chose, were supported to eat their meals at a time they chose and could go out when they wanted to. For example, one person asked to go out to buy a variety of items they wanted. We heard staff discussing with them what they would like to buy and where they could buy it from, they were supported to plan their trip including how they could get there and went with a staff member to buy the items they wanted.

People and relatives felt confident to make complaints if they needed to. A relative said, "I've never had to make a complaint. I'd find out how to if needs be." We saw that the provider had a complaints procedure and that it was available in a pictorial form to support people's understanding. When complaints had been received we saw that they were dealt with and responded to in line with the policy and procedure. Action was taken and changes were made as a result of complaints.

At the time of the inspection, no-one was receiving end of life care. However, where appropriate people had

been supported to consider their wishes for their end of life care. We saw that one person had been supported to complete an easy read booklet which supported them to think about what they would like to happen at the end of their life and following their death and to record their wishes so that people were aware of their choices and preferences.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found that improvements were required because the provider's governance was ineffective in identifying and addressing the concerns we found during that inspection. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for good governance. At this inspection we found that improvements had been made, however there was further work and monitoring to be done to ensure that the improvements were sustainable.

At the last inspection, the lack of staff had a major impact on the quality and safety of the support people received. We found during this inspection that staffing levels had increased, however there was still further work to be completed to ensure there were consistently enough staff on shift to deliver people's commissioned one to one care, whilst keeping others safe. The registered manager told us that staff recruitment was ongoing in the hope of over recruiting to avoid a scenario where there were insufficient staff to provide people's commissioned care. The registered manager told us that the planned staffing level was seven care staff plus the registered manager to allow safe care to be delivered. However, rotas and handover records showed recent occasions when only six staff were on duty. This meant that one staff member was responsible for providing one to one care to two people at the same time and this was documented in handover and staff allocation records. There was a risk that people may not receive their commissioned one to one care. The registered manager explained this had not happened and they themselves provided one to one care to people in this scenario. This meant that further work was required to fully recruit and train enough staff to provide safe and good quality care, so that the registered manager was not routinely required to deliver care.

A recent home audit report had been completed by the provider and we saw this detailed that the home was "running mostly overstaffed". However, we found this was not the case and the registered manager confirmed that work was ongoing to recruit more bank staff and train more permanent staff to further improve on staffing levels. The audit had not identified the issues described above about the risk of people not receiving their commissioned one to one care. This meant the quality audit had not been fully effective in identifying areas for improvement.

We found that other quality and safety checks had been effective in identifying areas for improvement and ensuring action was taken. For example, a medicines audit had identified that some medicines did not have a date of opening recorded. Action had been taken to ensure this did not happen again and during our inspection we found that all medicines requiring a recorded date of opening had them in place.

At the last inspection the governance systems did not review or monitor that the principles of the MCA were incorporated into care practices to ensure people's liberty was not being unlawfully deprived. At this inspection we found that this area had been appropriately managed and monitored to ensure that the MCA was followed to protect people's rights.

Notifications were received promptly of incidents that occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The registered manager was open

and transparent in sharing information about these incidents.

People and relatives told us the registered manager was approachable and visible throughout the service. A relative said, "He's very good, any problems he always rings me. He's always on the phone and lets me know. I'm happy with him and able to approach him." A staff member said, "If he's needed he is there. He gets his sleeves rolled up and helps us when needed but he does spend time in the office doing management tasks too." We saw that the registered manager was visible throughout the home; they knew people well and chatted to them as well as providing care and support when required. The registered manager was present throughout the day to enable them to review the day to day culture and working of the home and how staff interacted with people to provide good quality care. Staff told us this was usual practice and that everyone worked together to achieve good outcomes for people. A staff member said, "It's been a hard slog but we are getting somewhere now. We have some laughs. It is great when you see a [person we support] smile and then you know you have helped."

People, relatives and staff felt engaged and involved in the development of the service. There were monthly resident's meetings, alongside annual surveys which gave people the chance to share their feedback on the quality of the service provided. A relative said, "They send me a monthly letter telling me what [my relative] has done all month and about events like open days that are on." There were also regular staff meetings where staff were given the opportunity to provide feedback. A staff member said, "You can make suggestions and they are listened to. As well as meetings, informally I can approach [the registered manager] and he will say, 'yes, we'll try that.'" This showed that feedback was gathered and used to improve the quality of the service provided.

We found the registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as doctors and specialist nurses. We also saw that the registered manager and provider had worked alongside the commissioners to help improve outcomes for people and implemented improvements following commissioners' suggestions. For example, staff refresher training in MCA was now completed annually instead of three yearly, as a result of commissioners' suggestions to ensure that staff were up to date and aware of their responsibilities to help protect and promote people's rights.