

## Purley Park Trust Limited

# Hazel View

### Inspection report

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#### Ratings

### Overall rating for this service

Good



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?

Good



#### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

At the time of our inspection there was no registered manager in post at the home. However, the acting

manager was planning to start the registration process to become a registered manager for Hazel View. In this report we will refer to them as the manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law as does the provider.

This inspection was unannounced. Hazel View is one of eight separate residential care homes within Purley Park

# Summary of findings

Trust Estate. Hazel View provides personal care and support for up to five people who have learning disabilities. There were five people living at the home when we visited.

We looked at the provider's recruitment processes. It is a legal requirement for the provider to obtain full employment history together with a satisfactory written explanation of any gaps in employment. In one out of three staff files we looked at, employment history and gaps were not fully explored.

People and their relatives felt safe at Hazel View and they were protected from abuse. Staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected.

People and relatives told us good things about the service they received. Our observations and the records we looked at confirmed the positive descriptions people and relatives had given us. Staff understood the needs of the people and we saw care was provided with kindness and compassion. People and their families told us they were happy with their care.

Staff were appropriately trained and skilled, and provided care in a safe way. Staff received a thorough induction when they started work at the home. They understood their roles and responsibilities, as well as the values and philosophy of the service which we saw were put into daily practice. The staff had also completed extensive training to ensure the care provided to people was safe and effective. The home ensured there were enough qualified and knowledgeable staff to meet people's needs at all times.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Staff had been trained to understand when and how an application to deprive someone of their liberty should be made. The manager was knowledgeable about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). They had taken appropriate action with the local authority to determine if anyone was being restricted of their rights and liberties. At the time of our visit no one was deprived of their liberty and no applications were made. Staff were following the principles of MCA when supporting people who lacked capacity to make a decision.

Throughout our inspection we saw examples of appropriate support that helped make the home a place where people felt included and consulted. People and their families were involved in the planning of their care and were treated with dignity, privacy and respect.

The provider had employed skilled staff and took steps to make sure the care was based on local and national guidance. Staff were knowledgeable and focused on following the best practice at the home making sure people received appropriate care and support.

The manager assessed and monitored the quality of care consistently with the help of other managers on the estate, the operations manager and the chief executive of the company. The home encouraged feedback from people and families, which they used to make improvements to the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The home was not always safe. The provider's recruitment process was not always robust and did not fully check staffs employment history. Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Staff were employed with the right qualifications and skills to work at the home. The provider had arrangements in place to ensure there were enough staff to care for people safely. They had effective systems to manage risks to people's care without restricting their activities. Staff respected people's freedom and rights. They acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were protected and supported appropriately when they needed help with making decisions.

Staff and people worked together to manage people's daily tasks and activities safely and encouraged them to be independent with their care when this was possible and safe.

**Requires Improvement**



### Is the service effective?

The home was effective. We saw people and their families were involved in their care and were asked about their preferences and choices. People received care from staff that were trained to meet their individual needs.

People were supported to receive specialist support when needed. Staff had good systems to help them quickly identify any changes in a person's condition. Staff communicated with other professionals to make sure people's health was monitored and any issues responded to.

People enjoyed the food and could choose what they ate and where to eat. People planned the menu with staff support. People were supported to eat or drink appropriately to maintain their health.

**Good**



### Is the service caring?

The staff were caring. During our visit staff were kind and compassionate and treated people and their families with dignity and respect.

People and their families were supported to express their views and be involved as far as possible in making decisions about their care, treatment and support. Staff understood and provided the best care and support to people.

People's privacy and dignity was respected. Staff responded in a caring way when people needed help or support.

**Good**



# Summary of findings

## Is the service responsive?

The home was responsive. During our visit we saw staff responded quickly and appropriately to people's needs. People and their families told us they could raise their concerns in the home and it would be responded appropriately. The management and staff were approachable and dealt with any concerns promptly.

Staff had established effective ways of communicating with people to enable them to express their views about their care and any wishes were included in their care records. Therefore, staff were able to respond to people in the right way. People were always asked for their consent before staff supported them with any tasks.

There was a choice of activities for people to participate in if they wished. The home arranged activities for people who use the service according to their wishes and interests. Families could also get involved in some activities if they wished.

Good



## Is the service well-led?

The home was well-led. People's voices were listened to and we saw their comments were taken into consideration and respected. Staff felt confident to share any concerns about the care provided at the home. The management was available for guidance and support. People and their families were regularly invited and involved with the service to help drive continuous improvements of the service.

The manager and senior management monitored incidents and accidents, any risks or concerns raised to make sure the care provided was safe and effective. Staff were skillful and knowledgeable which helped them put values such as kindness and respect into daily practice when supporting people.

Staff were working towards the same values of keeping people comfortable, happy and safe. We observed good and well managed practice taking place during our inspection that had a positive impact on people's lives.

Good



# Hazel View

## Detailed findings

### Background to this inspection

We inspected Hazel View on 24 July 2014. The inspection was carried out by an Adult Social Care inspector. The inspector carried out the visit on their own as this was a small home. We last inspected this service on 17 September 2013 and found no concerns.

Before the visit to the home we looked at previous inspection reports and notifications that we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and identifying areas of good practice. 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.

During our inspection we looked at how people were supported during the day and how staff interacted with them. We also reviewed a range of care records for three people and records about how the home was managed.

We spoke with three people and three people's relatives. We also spoke with the home's manager and three staff.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

The provider did not always carry out robust recruitment processes. We looked at three staff recruitment files to see what checks have been carried out. The provider checked staff's employment history, competence and conduct, and health. Provider also checked criminal record to confirm the staff members' suitability to work with vulnerable adults. One staff file did not fully explore gaps in employment history. It is the legal responsibility of the provider to obtain full employment history to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff.

People said they felt safe in this home and liked their staff. Comments included: "I trust them and would tell staff if I felt unsafe", "It is good in here" and "I would ask staff for help." People were safe because any concerns about people's safety were appropriately reported. All staff could clearly explain how they would recognise and report abuse. Staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. The home had a safeguarding policy and procedure for staff to follow if there were any allegations of abuse or concerns raised these were regularly discussed with staff to make sure they understood when to raise concerns. Staff were familiar with the whistle blowing policy and knew who to go to in order to raise a concern. Whistleblowing is the term used when someone who works for an employer raises a concern about malpractice, risk (for example about patient safety), wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. Staff told us they were encouraged to raise any concerns so things could be put right. Senior management were approachable which also helped to raise concerns or issues if any arose.

Risks to people's safety were assessed, managed and reviewed. We looked at the care records for three people who use the service. Each person had a risk assessment and analysis to review and reflect specific risks and individual needs of that person. Risk management plans were put in place where needed and took into account people's wish to be independent. This balanced risk taking and people's independence. It helped staff to ensure people were protected from specific risks but also enabled

them to remain independent where possible and undertake the activities they liked. Staff demonstrated they knew the details of these plans and how to keep people safe.

Staff had received training on the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to help them make decisions. This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Staff described how they had consulted with people, relatives and professionals as part of making decisions in people's best interest. The manager and staff encouraged people to make their own decisions ensuring those important to the individual were involved in this decision making. They were aware more complex decisions would need to carry out necessary assessments and best interest meeting to ensure decisions were made in accordance with people's wishes and the requirements of the law.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had training to understand when and how an application to deprive someone of their liberty should be made and they had access to the relevant policies and procedures. The manager reviewed and assessed all people with the local authority to determine whether people were deprived of their liberty unlawfully. No DoLS authorisations were in place at the home. People's rights were recognised, respected and promoted.

We looked at staff rotas and discussed if there were enough staff to keep people safe. The staff numbers were based on people's needs and it were regularly reviewed by the senior management. Any staff absences were covered by staff from other houses on the estate to make sure people remained comfortable and relaxed as staff would be a familiar face. The home had a calm and relaxed atmosphere and no one was being rushed. People could go out of the home whenever they chose to. Staff were aware where each person was and used the company's transport if someone needed to go out. Staff told us there were enough staff and there was always help available from other homes or senior management. Relatives told us there were no issues with staff and their family members were supported well. They said staff were skilled to provide their relative with care and the support they needed and

## Is the service safe?

responded to unforeseen events. Relatives said: “Staff look after [name] well, they are safe there” and “Staff have done their best to support [name], they do their best to find out what is wrong.”

Relatives told us the service looked after their family members in a caring way: “The staff skills are quite good, and they accommodate [names] wishes and likes.” Another relative said: “What we have seen, nothing is concerning us. We are very impressed with them.” Relatives were

complimentary about the way staff supported their family members and were confident if any issues arose about people’s wellbeing, staff would address it and inform the family. Staff were aware of and understood how to respond to emergency situations and knew which people to contact if they needed making sure people remained safe. For example, they called the manager for advice and support, called 999 or GPs if people needed medical assistance.

# Is the service effective?

## Our findings

People and their families confirmed they were involved in the assessment and care planning process. This enabled staff to identify people's support needs and preferences. The relatives told us: "We have done a review meeting and I was happy with it" and "Yes, I am quite involved in care and support, I always want to know things." Another relative said: "Staff picked up early [name] issue, talked to us, got a learning disability nurse involved to help and prescribed medication. We are very happy with [name] care."

People were supported to live their life the way they chose and maintain a good quality of life. For example, people chose the activities they wanted to participate in and staff respected their choices. One person told us: "I do not really go anywhere, I do not want to but I know I could." Staff had meetings with people and communicated daily about what people's wishes and preferences were. This way they could help them find and choose activities everyone enjoyed. There were activities and good links with the local community, for example, gardening, church service, cycling sessions. A trip out for a house brunch was held weekly and during our inspection a few people went out with staff. On Saturdays people and staff would go out for a coffee and visit local shops so people could buy things they needed. We wanted to speak to one of the people who lived at the home but they told us: "No, I'm too busy in the garden."

Care records contained care plans and risk assessments personalised to each person's needs. The acting manager told us care plans were being changed to a more personalised format. These plans outlined the likes, dislikes and preferences of each person. A new risk assessment analysis system was being put in place to make sure it was an effective system to identify and manage risks so it was minimal to the person and did not affect their daily routine. During our inspection we saw staff were knowledgeable about people's needs and supported them on an individual level.

We spoke with staff about their work and the support they provided to people. They were knowledgeable about their roles and responsibilities as care staff. Staff were trained so they can provide appropriate care and support for people. All the staff had completed relevant training. Examples of subjects covered during this training included Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), coping strategies for behaviour that may challenge,

medication, moving and handling, safeguarding, dementia and infection control. One staff member told us: "The training is really helpful, guides you what to do and the right way to do it."

Staff used shift handovers and made sure all staff were aware of any actions or events. Staff used a communication book to record anything that had been going on in the house, important information and any actions to take that would help manage risks associated with people's care and support. The home ensured important events and actions were not missed and there would not be a negative effect on people's care and support. If there were any concerns or risks identified, staff demonstrated they would follow correct procedure and report these concerns to the home manager, senior management or to other healthcare professionals and make sure risks were managed.

The home used assessments and monitoring tools to identify changes in people's health and wellbeing so they could quickly access appropriate support when needed. The service communicated with and involved social workers, GP's, dietitians, physiotherapists, psychiatrists and speech and language therapist (SALT) to make sure people's health needs were met on time. People told us their health needs were supported: "Yes I do see my GP" and "I see GP all the time, to have check-ups."

Staff involved people, their families and other professionals in the risk assessment process. Staff told us they contacted other professionals, such as GPs about people's risks to make sure the best support and treatment were arranged. For example, one person had their medication prescribed due to their condition and dietitian was involved to make sure their diet was improved and nutritious. Relatives told us they were informed if staff had any concerns regarding their family members or if their needs changed.

Staff told us about meal options. Every Tuesday the staff and people made a menu for the next week putting people's preferences together. We saw the home supported one person who had cultural dietary needs. There was also a list of certain foods one person could not have. Staff and the manager told us they always talked to people to make sure they find out what they wanted or disliked. People told us their wishes were respected and they could make their own choices.

Individualised care plans for specific areas, such as dietary requirements and physiotherapy exercise plans, had been



## Is the service effective?

developed with the involvement of the person, family, staff and healthcare professionals. Care plans had been reviewed regularly to ensure they reflected people's needs. For example, one person's health changed and they were referred to SALT. They were prescribed a certain diet to maintain their health and wellbeing. Staff made sure people's health or wellbeing issues were picked up and addressed quickly with minimal effect.

Staff felt supported and enjoyed their work. One staff member said: "It is a very open house; I like it, good

communications". Another staff member said: "I am happy here; no concerns and I would not tolerate bad practice." Staff told us the home operated effective training programme that contributed and helped them to further develop their skills and do their job through this training and other development programmes like the diploma in Health and Social Care. Records showed staff received regular supervision sessions. Staff were confident they would receive support from the manager and each other when needed.

# Is the service caring?

## Our findings

The provider placed a strong emphasis on the ongoing relationship between people, families and the home. Staff were allocated as dedicated key workers to people and their families to ensure people felt they could express their views. This also ensured they could offer continuous support in the home and keep up to date with the development of the person. Each person had a session once a month to meet with their key worker and discuss any issues or matters they had. People told us they could and would go to staff if they had any problems. Staff provided care that was individual and centred on each person to ensure people felt they mattered and belonged.

We observed friendly and attentive interactions between people and staff. People and staff had established good relationships and communication between each other and this was understood and promoted. We saw staff communicated with people using sign language or Makaton and this was done in a very respectful manner giving people time to respond. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. By learning people's language, staff supported people to express their views and be actively involved in making decisions about their care and support. The manager also told us information was available should anyone need help to express and represent their views and wishes. These requests would be referred to the operations manager to arrange it.

We observed staff treating people with respect. For example, people were supported with meals where necessary. We saw staff dined alongside people and interacted with each other well. People could have and maintain friendships with other people and spend time together without any restrictions. For example, one of the people's friends joined dinner at the home. They told us they often visited the home. People's families could visit the home whenever they wanted to and were welcomed by staff. Staff supported people with dignity, care and compassion. For example, we observed staff responded to a sensitive situation in a calm and relaxed way preserving people's dignity to which they responded positively.

People were encouraged to be independent as much as possible. Staff understood every little thing or tasks was important to people and their independence. They were encouraged to carry out tasks themselves, for example, washing and dressing, preparing dinner or tidying their rooms. Staff were there to help if someone needed assistance. Staff understood and promoted respectful and compassionate behaviour. People felt they mattered and belonged to the home. They told us: "I like all of the staff and the manager, they are helpful", "The manager is good, and all the staff are good" and "Yes, staff do listen to me". One relative told us they asked staff to help their family member with some tasks. They were happy with the way staff approached the request and supported the person in a creative way to achieve goals. The manager and staff told us they encouraged people to do things for themselves but assisted them when needed support. Relatives told us the home was a good place for people to live because of the support and care they received.

The manager was reviewing people's care and support needs with them and their families to make sure they were supported in the way they preferred and which met their needs. Staff were knowledgeable of each individual living in the home. This also encouraged good staff practice to ensure people were supported in a personalised and caring way. Staff made every effort to make sure people and family members were involved in this process. Staff made special arrangements if someone could not make it to the meeting or review. They made sure people, and those that matter to them, were there to discuss important decisions.

The staff promoted the privacy and dignity of people. For example, making sure doors were closed when support was provided, preserve dignity during personal care and knock on the door before entering people's rooms. The home kept any private and confidential information relating to the care and treatment of people securely locked. Staff were aware of the importance of confidential information and talking to people in privacy. People told us staff respected their privacy, choices and the right to be independent. Comments included: "Yes, my wishes will be respected and I can do things myself" and "Yes, I am independent and I am happy".

# Is the service responsive?

## Our findings

Important information was recorded daily about people. This was used to understand people's behaviours, moods and wellbeing in order to respond to any changes and make prompt referrals to appropriate professionals. We saw there was a lot of information about the person presented in a creative way, with pictures and written in the first person. When we read it, we saw this helped staff to get to know the person and their character, their likes and dislikes, support needed and things they could do themselves. This was a valuable tool to be used for all people involved, and especially if new staff came in to work in the home.

The provider regularly sought feedback from people, their families and professionals about the care and support. This was achieved through reviews of each person, Quality Assurance (QA) questionnaires sent out yearly, as well as, speaking to the person and their families. In addition, the home received feedback on the quality of support during staff in supervisions and meetings, and communicating with other professionals on a day to day basis. This helped identify any improvements necessary so it could be addressed straight away and did not have a negative effect on people's lives.

Relatives told us staff responded well to people's care needs and supported them as best as they could. One relative told us: "Staff are pretty good reacting to [name] behaviours." They told us staff helped their relative to stop one routine that was affecting the person's life. This made a positive effect to person's confidence and quality of life. Another relative told us: "They are doing a very good job. Staff are professional, caring and they got to know the person well." Staff worked with people and their families to establish effective methods of communications. This ensured people's care and support was personalised and effective.

We looked at three people's files to see evidence of personalised care responsive to their needs. We saw support was provided, individual needs were assessed and monitored, referrals made where applicable to other healthcare services, and health was being monitored and information recorded. People had their hospital information recorded should they need to go to hospital, health action plans completed and other medical information specific to individual health needs guiding staff

how best to support the people. There was evidence in each person's notes of appropriate input and referral to other agencies to make sure people received care, treatment and support when they needed it.

Staff have established effective ways of communicating with people to enable and encourage them to express their views about their care. People's wishes and preferences were included in their care records. Staff always talked to people and found out what they wanted to do. If there was something to do outside the service, they would contact the organisation and arrange the activity making sure this was safe for people to attend. People could stay in the home and interact with staff. For example, while chatting to the staff at the home, some people joined us in the conversation or just sat together by the table. Their choice was respected. A few other people decided to take part in activities taking place on the estate.

Each person in the home was supported to make their own decisions. The manager and staff understood the importance of this. They promoted and encouraged people to make own decisions. We observed people were given time to make decisions and this was respected.

We saw records of people's meetings and key worker's sessions. At these meetings, people and staff discussed topics like daily tasks, activities, their likes and dislikes, any concerns or issues, and the support they needed to meet their diverse needs making sure they were protected from any risks. This way staff made sure they knew each person on an individual level and provided them with personalised care.

The provider was responsive to the feedback from people and families. The provider improved contact with people from outside to make sure phone calls were directed to the right department the caller wanted to speak to. Information sharing between staff, people and relatives was also improved following feedback received. We asked people and relatives what was good about this home. We heard a lot of complementary and positive comments. They told us when issues arose, the home was listening to them and addressing it appropriately and making sure next time the same mistakes or issues would not happen.

Staff knew how to respond to complaints and understood the complaints procedure. People and their relatives told us they were aware of who to go to if they had any concerns or issues: "I would tell staff", "We would address it with the

## Is the service responsive?

manager or the management team” and “I would go to the chief executive, operations manager or the manager, they

are very accessible”. One relative told us they brought a few issues up in regards to their family member’s care and this was addressed accordingly. All relatives told us complaints would be addressed appropriately and in a timely manner.

# Is the service well-led?

## Our findings

The home's aim and objectives were to provide people with excellent support. The home made sure people and what is important to them was at the centre of staff's attention.

There was a family environment at the home where people were respected and involved. We saw people and staff had built good and kind relationships and communication between each other. They were relaxed, happy and liked living in the home. We observed friendly and fun interactions and respectful support provided to people. They told us: "Staff are good", "I like here, got my room" and "I like living here, I like the quietness, it is nice". Relatives told us: "They are genuinely interested in people's needs and responsive to those needs – it demonstrates they do a good job", "The staff are good people there, helpful and supportive" and "I have no worries about staff, they are pretty good and have the right skills".

People, their relatives and staff felt there was always an opportunity to talk to each other, bring up any issues and these would be addressed accordingly. The service promoted open and transparent culture in the home and people, relatives and staff were supported not to hesitate to share anything that was important to them or thought it did not work. The management team involved people and their families in the assessment and monitoring of the quality of care. Relatives told us they were always informed about things going on with the provider, for example, any changes, events happening or any important information. They also told us there was always an opportunity to give feedback regarding care, support, staff or any other issues. There was always access to the senior management and relatives felt they were approachable and focused to achieve the best outcomes in regards to care and support for people.

Staff had clearly defined roles and understood their responsibilities in ensuring the home met the desired outcomes for people. They were working towards the same values of keeping people comfortable and ensure they felt important and included. Staff understood the importance of respect, dignity, kindness and compassion which we saw was put into practice. Staff in the home worked together as a team and motivated each other to provide people with the support and care they wanted. We observed good and well managed practice taking place during our inspection that had a positive impact on people's lives.

The leadership structure was well defined and staff told us the senior management gave them direction and a sense of value. The provider supported all people and staff ensuring they received consistent support from them and were visible and accessible to all. Staff appreciated that the senior management stayed different hours during the day so everyone had a chance to come and talk to them, even if it was later in the day. Staff said the manager at the home was good, supportive, helpful and acted immediately on any concerns staff would report while maintaining their confidentiality. Staff were supported to question practice and were confident in raising any concerns. They were encouraged to bring any issues up to make improvements to help ensure people received the best care and support in a safe environment.

The provider sought feedback from the staff through regular meetings and day to day communications. They used this feedback to make changes or improvements to the service. For example, there was an incident with finances earlier this year. It was investigated and feedback gathered to make sure this would not be repeated. A new system was working in the home where robust checks were carried out by staff to make sure people's money was kept safely.

The manager was genuinely interested in their job and making sure people at the home were at the heart of the whole organisation. They demonstrated they knew the details of the care provided to people and showed they had regular contact with the staff and people who use the service. We asked her about support received from senior managements and their style of leadership. The manager gave us positive comments and felt she was supported to carry out her role, especially as she became the home manager recently. Senior management was helpful and approachable which was very important to the manager in making sure the home ran smoothly. The manager said other home managers on the estate were always helpful and supportive. The provider ensured there was continuous communication and support within the organisation among the homes on the estate, which contributed to the good service they were providing to the people and families.

We asked the manager if they had made any recent improvements to the service. The manager told us, for example, some suggestions to changes with the recording system and the recycling system were discussed in the

## Is the service well-led?

team meeting which were implemented afterwards. The home had feedback from Environmental Health Officer (EHO) regarding cleaning products. Staff followed the recommendations and changed cleaning products. In the near future the service planned to change to a different chemist that would be able to provide new medication dispensing system, especially as some medication was in liquid form.

The manager was working in the home so they could oversee the service daily. They carried out a number of checks and audits to make sure the home ran smoothly. For example, health and safety checks daily, comprehensive finance checks, medication and first aid kit checks, and checks for safe food handling. All staff were involved in doing these checks so they all had a responsibility to maintain the service. The manager monitored the quality of the care provided by completing regular audits and checks to pick up any concerns, as well as, taking into account any feedback received. They evaluated these audits and created action plans for improvement, when these were needed. Any issues or concerns raised were addressed with staff in supervisions or straight away. They had a system to monitor staff's performance and take actions if staff did not perform their tasks and role to standards.

Any incidents or accidents were recorded and reviewed to make sure any risks, patterns were identified or lessons could be learned to make sure people were kept safe. The manager carried out daily checks including for cleaning, service management and people's care to make sure tasks were completed, actions had been taken and the home was left in good order. People were also involved in home management to help staff maintain it. This way the home worked together with people and promoted their independence.

We spoke to the manager about quality assurance processes and how it helped them to learn from events. The manager used a system which monitored the quality of service according to required standards identifying any problems or shortages. They also reviewed information from incidents and accidents, complaints and compliments, and any other feedback to make sure any improvements necessary were done. Any actions set to be completed would be checked to make sure these were done. In order to ensure and maintain good practice in the service, the manager used legislations, followed updates or new guidelines regarding best support and care. For example, recently National Institute for Health and Care Excellence (NICE) released updated guidance regarding certain medication. As there was a person who took this medication, the manager and staff made sure they followed it and monitored the health of this person.

People, their family and staff were regularly involved with the service in a meaningful way to help drive improvements. People had regular house meetings where they had an opportunity to discuss things that mattered to them, issues or concerns, share any ideas or experiences or make requests. The quality of the service was continuously monitored and issues addressed promptly. We saw there was an open and encouraging culture in the home which had a positive effect on people, their families and staff's relationships and communications. Provider reviewed incident and accident reports that contributed to monitoring of people's safety and any reoccurring trends. The service had clear visions and values put into practice like kindness, compassion, dignity and respect which we saw in staff's practice. They worked hard to make sure people received support tailored to individual needs and important aspects of their lives. Management worked well with staff, people, families and other stakeholders to make sure best practice was always present in the service.