

# The Turning Point Project Ltd

## Jaden House

### 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Jaden House offers transitional accommodation and personal care for up to five people living with a learning disability, autism or mental health needs. The aim is to develop people's skills, confidence and self-esteem and support them to move on to supported living or other accommodation.

The inspection was unannounced and was carried out on 29 September 2017 by one inspector.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The registered manager was away on holiday at the time of the inspection, which was facilitated by the deputy manager.

Staff were extremely kind, compassionate and caring. They knew people and their family circumstances very well and provided sensitive support to help people at difficult times. Staff were very perceptive, understood people's moods and body language and responded to this appropriately.

Staff were extremely skilled at creating a culture of support, dignity and respect within the home. This ethos was evident in how people felt about their home and their housemates. People spoke respectfully about one another and supported each other to go about their daily lives with the additional support of staff.

Staff were skilled in communicating with people in a way that met their needs. Information was presented around the home in a colourful and visual way which engaged and involved people who told us they felt valued, listened to and in control.

Staff understood the importance of empowering people to make choices and take control of their lives. There was an excellent focus on person centred support and staff were exceptionally committed and determined in finding ways to help people develop trust, confidence, and self-esteem and achieve excellent outcomes.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Regular safety checks were carried out on the environment and equipment to keep people safe. Plans were in place to manage emergencies and personal evacuation plans were in place for people.

People and staff told us they felt the home was safe. Staff had received safeguarding training and understood how to report abuse. People had been given information about what to do if they had any concerns and who they could speak to.

Effective systems were in place for the safe storage and administration of medicines. Safe procedures and

risk assessments were in place for people who wanted to take their own medicines.

Safe recruitment procedures were in place and sufficient staff were deployed, including one to one and two to one staff support. People were supported by staff who had received appropriate induction, training and supervision and had the necessary qualifications, skills and knowledge to meet people's individual, complex needs.

People were supported to maintain their health and well-being and received advice and treatment from health care professionals when required. People made choices about their own individual food and drink requirements and often cooked their own meals at the time when they wanted to eat.

People's rights were protected because staff asked then for their consent. Staff understood the principles of the Mental Capacity Act 2005 and ensured decisions were made in their best interests. The registered manager understood the Deprivation of Liberty Safeguards and had submitted requests for authorisation when required. Other notifications were submitted to the commission when required.

People were encouraged to take part in a wide choice of activities and educational opportunities, both at home and in the community, which increased their skills and independence. People were also supported to be involved in their local community.

People were involved in planning their care and regularly reviewing their support plans. Robust record keeping enabled staff and health professionals to monitor the quality and effectiveness of people's care and support.

There was a positive, supportive and open culture within the home. Staff were positive about working at Jaden House and felt very well supported by the registered manager. Staff felt listened to and involved in the development of the service.

Relatives and staff had opportunities to feed back their views about the home and quality of the service being provided to help drive improvement. Complaints procedures were available and people knew how to raise a complaint, although no complaints had been received.

Robust systems were in place to monitor and assess the quality and safety of the home and these were kept under review by the registered manager and staff.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Outstanding ☆

The service remains caring and we have rated it outstanding in this domain.

There was an aspirational, positive, person centred culture within the home where people were encouraged and empowered to take control of their lives, make decisions and take informed risks to increase their independence.

Staff were extremely skilled at promoting dignity and respect within the home and this was also demonstrated through the care, respect and support people showed for each other. There was no hierarchy within the home and people and staff worked together to achieve their goals and wishes.

People were supported to maintain important relationships with family and friends and where people expressed a wish to explore romantic relationships, this was facilitated in a caring way, with consideration to people's vulnerability. Staff were extremely perceptive, kind, caring and compassionate and provided gentle re-assurance to people if they were upset, anxious or unwell.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Jaden House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was carried out on 29 September 2017 by one inspector. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and the most recent Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection. We also reviewed notifications. Notifications are events the provider is required to tell us about by law.

During the inspection we spoke with four people living at the home, two staff members and the deputy manager. We also spoke with the registered manager by telephone. We observed people being supported during the day to help us understand their experiences.

We looked at two people's care records and pathway tracked one person's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We reviewed the recruitment records for four staff. We also looked at other records related to the running of the home, including staff training and appraisals, incident and accident records, medicines records and systems for monitoring the quality of the service provided.

The service was last inspected in June 2015 where no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe at Jaden House. One person said "I feel safe and secure here." Another person said "I would contact my social worker or CQC if I felt unsafe. I have some information about it."

People were protected from harm and improper treatment. Staff had received training in safeguarding people and knew how to identify abuse. They understood their responsibilities for reporting any concerns, including to external agencies such as the local authority out of hours team and the police. Staff discussed safeguarding issues during their staff meetings and we observed information about people's safety was also shared during handover between staff.

Individual risks relating to people's daily activities had been assessed and measures were in place to mitigate the risks. For example, consideration had been given to the risks of people managing their own money, using the internet and sharp utensils in the kitchen. Staff were aware of these risks and took steps to support people in a way that enabled them to be as independent as possible and continue to use these resources safely.

Where people had specific health conditions such as epilepsy, the risks had been assessed and detailed guidance provided for staff to follow. Staff were knowledgeable about the risks to people and how they should support them to keep them safe. One person was feeling unwell on the day of the inspection and said they thought they might have a seizure as they recognised the early symptoms. We observed staff talked to them about how they were feeling and arranged, with their consent, to check on them in their room every fifteen minutes. Where people displayed behaviours that might challenge others, risk assessments were in place to guide staff in how to support them. One person told us about their red, amber and green cards which they used to help identify how they were feeling. Staff we spoke with were all aware of signs to look for that might indicate people were becoming distressed or anxious and the risk of increased behaviours. Whilst staff had received training in physical intervention, they understood how to employ a range of early interventions and how to de-escalate situations in the least restrictive way.

Environmental risks were identified and managed. Robust systems were in place to check safety within the home. For example, a security alarm was in place in the staff sleep in room to alert staff to any security breaches during the night. Monthly checks of the environment and equipment were carried out, including general health and safety, lone working, slips, trips and falls. Fire alarm systems were tested fortnightly which included fire doors and emergency lighting. A fire risk assessment had been completed and reviewed in February 2017. Any identified issues were recorded and actions required were followed up. The home had an emergency plan which gave guidance to staff in the event of an unforeseen emergency.

Robust recruitment processes were in place which ensured only staff suitable to work in a social care setting were employed. Staff were required to attend an interview to demonstrate their skills and knowledge and provided a full employment history, proof of identity and satisfactory references. A Disclosure and Barring Service (DBS) check had also been carried out before staff started work. DBS checks help employers to make safer recruitment decisions.

There were sufficient numbers of staff to meet people's needs and keep them safe. Two care staff were on each day shift, as well as the registered manager and/or deputy manager, to provide advice, support and assistance when required. People were quite independent at home and we observed staff responded to ad hoc requests for support promptly. Some people were able to access the community without staff support. However, where people did require this support, it was scheduled in to the rota and staff were available to assist people with their community support needs. One person told us "Staff are always here if I need them" and another said "Staff support me when I need it." One member of staff slept at the home every night so they were available to provide re-assurance and support to people during the night if required. One staff member told us "It's very rare to be woken. We always check they are safe in bed last thing. They can text us or knock on the [staff sleep in room] door. They have done that before."

People received their medicines safely from staff who were appropriately trained to do so. Staff were also assessed periodically to check they remained competent to administer medicines. Some people preferred to take their own medicines and this had been assessed for any risks. For example, one person had been identified as being at risk if they were given all of their monthly medicine to look after and were therefore only given three or four days medicines to keep at a time. Where people were prescribed medicines as required, such as pain relief, clear protocols were in place to guide staff about how and when this should be administered. Each person had a medicine administration chart (MAR) with details of the medicines they required. This was checked and signed for by staff when administering medicines or when giving them to people to keep themselves.

Safe systems were in place for the ordering, storage and disposal of medicines. Medicines were safely stored and organised in locked cabinets. People's medicines were ordered in a timely way which ensured they were always available when needed and were not at risk of running out. Spoilt or unwanted medicines were stored safely until they could be returned to the pharmacy. Audits were in place to monitor the effectiveness and safety of medicines management. We carried out a spot check of medicines and found stocks of medicines and their records corresponded and were correct.

The home environment was clean and training records showed that staff had completed initial training in infection prevention and control.

# Is the service effective?

## Our findings

People were happy with the health care support they received. One person told us they had lost a lot of weight and staff had supported them to maintain a healthy diet.

People were supported to enjoy a varied diet, sufficient for their needs, and to make choices about their meals on an individual basis. People's personalised menus were displayed and showed a variety of food choices such as meat, eggs, fruit, vegetables and cereals. People sometimes purchased their own ready meals or ingredients and cooked these themselves. Staff spoke with people about their choices and provided prompts to ensure people had planned ahead. For example, a staff member asked one person what they were having for their meal. The person replied they were having lasagne and replied "Yes" when asked by the staff member if they had taken it out of the freezer. Another person told us they sometimes liked to cook for their housemates. They told us "I love cooking. I make stews in the slow cooker; chicken or sausage and put in garlic, herbs and sometimes I put lentils in. I cook for everyone sometimes." People could eat when and where they chose to and this was encouraged by staff. People's support plans included information about their food preferences and any support they required to help them maintain a healthy diet.

Staff supported people to maintain their health and wellbeing. People had access to a range of health care to support them with this, for example, attending hospital appointments and/or visiting the doctors and dentists when necessary. Records showed people had also received preventative health screening and regular general health reviews. Any health concerns were referred to health professionals promptly for investigation and treatment. Staff were aware of people's health conditions and shared information about any changes to people's health during a robust handover meeting and throughout the day. Notes from each handover meeting were available for staff to refer to during the day if they needed to do so.

People were supported by staff who were skilled and knowledgeable. Staff received regular training in a range of key topics such as first aid, safeguarding adults, equality and diversity and health and safety which enabled them to provide effective support to people. Additional training was provided to staff to help them meet people's specific support needs, such as an understanding of epilepsy, autism and mental health awareness. One staff member told us "We get a lot of training. We have a lot of information and knowledge." Following the inspection, the registered manager sent us an up to date training plan which showed all staff were up to date with their training.

Staff received regular supervision and an annual appraisal from their line manager. These provide a formal opportunity for staff to discuss their work performance, any training needs, ideas or concerns. Staff told us they felt well supported by the management team and could ask for advice or guidance when they needed to. New staff received on-going probation reviews as part of their induction to discuss how they were settling in and to assess their performance and training needs.

People's rights were protected because staff understood the importance of asking people if they needed any assistance and gained their consent before providing any support. People were supported to make



decisions and their wishes were respected, including when deemed 'unwise' decisions were made. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Mental capacity assessments had been completed to determine if people had the capacity to make specific decisions for themselves. Where they did not, best interest decisions were made on their behalf with the involvement of relevant others.

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 application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA 2005 and DoLS, and appropriate applications had been submitted to the local authority for authorisation. There was one DoLS in place and this was regularly reviewed by all relevant parties to ensure it remained appropriate and least restrictive. The registered manager was aware of the imminent changes to the DoLS legislation and told us they would provide additional training for staff once it was in place.

## Is the service caring?

### Our findings

People consistently told us they were very happy at Jaden House and the staff were kind, friendly and supportive. One person told us "They [staff] have been through thick and thin with me. They don't judge me. Staff respect me and listen to me. I feel in control. I make my own choices." Another person told us "They [staff] respect my choices and wishes. There are other people here. I'm not lonely. It feels like a more loving home than my last placement. If I need comforting I can ask for a cuddle. They [staff] are here if I'm angry. They talk to me. I tell them why and they calm me down. It works for me." A staff member told us "She [the person] is calmer now, can say what she's thinking. If she gets upset she knows we'll be there completely."

The atmosphere in the home was homely yet vibrant, colourful, welcoming and relaxed. We received a warm welcome from one person who was in the kitchen and who immediately offered us a cup of tea. It was evident the person felt at home and did not have to ask for permission to make that decision. Staff took an interest in people and had time to sit and chat with them about their day. There was laughter, banter and an easy, relaxed relationship between people and staff with no hierarchy. A staff member told us "This is a nurturing home. I'm proud of the atmosphere. It feels homely." Staff were empathetic and caring, providing gentle reassurance when people felt unwell or were upset. They were also sensitive to current family situations and made sure to keep a discrete eye on people who were feeling unhappy so they could offer timely, emotional support if needed. They explained this in more detail and said they also felt sad when supporting people through difficult times and told us, "We support with family as much as possible." We noted a number of staff had qualifications in counselling and bereavement and had the skills to provide this support.

We observed that staff were extremely caring and thoughtful in their interactions with people and recognised and celebrated the important progress people had made. Staff supported people to achieve their potential and focus on their strengths and personalities. They had encouraged people to identify things they were proud of which they called their 'High five' moments and these were documented in their care records, such as 'not winning and being okay' and 'menu planning.' We asked one person if they had a high five moment and they told us "I lost five stone!" Staff and people contributed to a 'dignity tree' display to help promote dignity within the home. Each month had a theme for people to think about and say how they contributed to this. For example, January was all about empathy, November was about honesty and September was commitment month. People had cut out paper acorns and written on them what they had done in that month. We saw examples that included one person had stuck to their healthy eating plan and had lost weight and another person had stayed within their budget. A staff member told us that they also had a 'best bedroom' and 'best effort' award to recognise people when they had done their best.

Staff were extremely skilled at creating a culture of support and respect within the home. We noted a painted wall hanging in the kitchen which said "House rules – be thankful, dream big, be happy, help each other, respect one another, know you are loved, hold your head high." This ethos was evident in the way staff promoted respect and how people felt about their home and their housemates. People spoke respectfully about one another and supported each other to go about their daily lives with the additional support of staff. A star of the week award had been given to one person which recognised "well done for

cooking dinner for everyone on Saturday and Sunday." Another person was in the kitchen/diner listening to music on their laptop. They had earphones in but another person walked past and said "I love this song." The person immediately pulled the earphones out so the music could be enjoyed by their housemate.

There was a very strong, person centred, aspirational culture within the home and staff had excellent knowledge of the people they supported, including their life histories, likes and dislikes, families and other people who were important to them. Staff treated people as individuals with specific needs, wishes and aspirations. A staff member told us "They are all different and unique. Their support is all different." Support plans included important information about people's preferences, such as requesting female support staff and supporting their religious needs. We also noted that consideration had been given to sensitive issues such as continence care and the need for this to be provided in a way that respected people's dignity and privacy. People were empowered to make decisions and choices about how they lived their daily lives. One person told us they could decide, for example, when to get up and go to bed and said "I like a lie in on a Sunday!" People were fully involved in their support planning with staff which was an on-going process. One person told us "I've become more independent since I have lived here. We have made changes to my PCP (person centred plan). We sat together and agreed the changes. There's still a little bit to do, maybe tomorrow."

People were supported to develop and maintain their independence in a variety of situations. For example, people were supported with positive risk taking to increase the scope of their independence. One person went to the swimming pool twice a week to take part in water aerobics. They had just started going to the morning session on their own and had agreed to send a text message to staff to say they had arrived safely, which they did. We observed that staff shared this news between themselves during the handover meeting and there was a clear sense of pride in the person's achievement. People were also encouraged to help take personal responsibility in their daily lives. For example, looking after the house guinea pigs. One person told us "I clean out the hutch and make sure they have enough food and water. I put them in the run if it's a nice day. It's nice to have them. I've had pets all my life. If I get upset I cuddle them and it helps calm me down." People also took responsibility for their own housekeeping and had one day a week on which they cleaned their room and did their laundry. We saw that some people did this quite independently although staff were on hand to help if needed.

People were encouraged and supported to maintain important relationships with family and friends. Two people had visits to family members arranged during the week of the inspection and we observed staff taking an interest in this and assisting one person to organise their spending money for their night out with their relative. Families were welcome to visit at any time and two families had attended the home's summer Bar-B-Que. One person's daily record showed they had spent time talking to their relative on a video phone and staff had noted "It was a positive chat and left [the person] calm and happy." They had also started voluntary work at a local charity shop and told us "I've made friends there." Where people expressed a wish to explore romantic relationships, staff discussed and supported this sensitively with due consideration to risk and vulnerability whilst respecting the person's right to do so. Staff were also in the process of obtaining appropriate and accessible information from health professionals on relationships to share with the person to support them with their decision. People had access to advocacy services when they needed impartial advice and we saw that one person had been supported by family and an advocate to make certain decisions and choices.

Staff were skilled in supporting people to communicate in a way that met their own specific needs and maintain control and choice. For example, proactive communication was clearly identified as an important part of people's positive behaviour support planning (PBSP). Staff were very perceptive, listened attentively to what people had to say, watched their body language and other signs and responded appropriately.

Information around the home was often pictorial and very colourful, visually stimulating and interesting which we observed people understood, engaged with and responded to positively.

We also observed that staff respected people's privacy and dignity and this was confirmed by people who told us "They do respect my privacy. They always knock and respect my nice, polite notice [on my door]." People had their own key to their room and could keep it locked if they wished to do so. People's bedrooms were decorated to their own tastes and were furnished with their own belongings such as toys, pictures, photographs, music systems and TVs.

## Is the service responsive?

### Our findings

People consistently told us they felt very well supported by staff who responded to their needs and wishes. One person told us "Staff help me with cooking, with the timings so it's all ready on time. I like my meal nice and hot." They went on to say "They help me on my home day and on Tuesday evening to go to the pool. It's dark then."

People received responsive, person centred support from staff who knew them well. Staff were extremely committed to helping them make choices and improve their quality of life. People's support was planned with them, and where appropriate, their relatives and relevant health and care professionals. Robust assessments of people's support needs were undertaken and developed into detailed support plans. These plans were extremely person centred and included information about people's behaviour, religion, emotional wellbeing, medication, activities and communication. Support plans also focussed on people's rights, choices, control and achieving positive outcomes. These were clearly well used documents and were updated regularly to reflect people's changing needs and current goals. A staff member told us about one person who had "Made amazing progress. Their PCP is a live document, it changes all the time." We saw this was in the process of being updated to reflect changes that had been agreed with the person.

People were supported to develop their skills, knowledge and progress towards achieving their life goals. People had contributed to creating a daily living skills board which consisted of a large paper star with different goals for daily living skills and tasks, which people were working towards. These included health and safety, food management, employment and education and interpersonal skills. Each of these had a description of what was involved to achieve each goal. For example, interpersonal skills included; showing people around, listening to people and communication. One person talked to us about the goals they were working towards and were very knowledgeable about how the board helped them and how to explain it to us. Each person had a 'living skills' folder which was reviewed each month to assess what had gone well, what support had been required and areas for improvement/development. This enabled staff and people to continuously review and progress towards their goals.

People were empowered to make choices about how they spent their time and were supported to follow their interests and hobbies. People accessed a range of personalised activities each week and this was recorded in their support plans, although these could be changed if the person wished to do so. One person's weekly records of their daily outcomes and one to one time included having a facial, swimming and making a dream catcher. People told us they had choice about how they spent their time. One person explained they worked at a charity shop and had learnt how to use the till and serve customers and steam the clothes for display. They told us "I had training to use it [the steamer]." They went on to tell us they liked to watch TV in the evenings and put their feet up. On the day of our inspection we observed three people arranged to go to the local shops together. They let the staff know where they were going and then left the home together. This seemed to be a usual event and whilst staff asked where they were going, they were very relaxed about it and told us people were very capable of going shopping together.

The home had a complaints procedure in place and a complaints/compliments book to capture people's

feedback. No formal complaints had been received. People told us they would speak to staff if they were unhappy about something and were confident that they would be listened to and their concerns resolved. People were encouraged to give on-going feedback through regular review meetings or during the course of each day. Two people had written feedback in the compliments book which demonstrated the help and guidance they had received from the staff team. "Thank you for always being there for me when I needed you the most" and "Staff helped me make a chocolate cake and dumplings for my stew. I want to say a big thank you to all the staff."

## Is the service well-led?

### Our findings

People had a positive and trusting relationship with the deputy manager and staff. We were unable to observe their interaction with the registered manager as they were away at the time of our inspection. However, people talked to us about the registered manager and clearly felt they were part of the team and supportive of them. Staff told us the registered manager was very approachable and spent time with people. One staff member said "If you could write down what well led means it's [the registered manager]. She's very good at informal chats [with people]." They went on to say the registered manager knew the best time to choose to sit with people for a conversation as they all had different times of day when they would be more chatty.

Although away on holiday, the registered manager was engaged with the inspection and called us from their holiday to ask if we needed any information from them. During our discussion they told us about how they had managed staffing issues and what they had learnt from recent incidents. They said they had attended two CQC training sessions this year and were keen to let us know "I have a really good team."

There was an open and relaxed culture within the home and staff spoke highly of the registered manager and deputy manager. Staff felt very well supported by them and told us they were provided with clear leadership and direction. One staff member told us "It's a very unique place here. It's like a breath of fresh air." They went on to say "They [the registered manager] is very hands on and very appreciative. She doesn't take us for granted." Staff felt listened to, involved in the service and contributed to its development.

The provider had a clear vision for their services and shared their philosophy on their website which states; "This unique private independent service is all about commitment and dedication to helping young people and adults with learning disabilities. We thrive on achieving positive outcomes for people who come through our service and for the people who work in it. We take a non-judgemental approach that enables us to provide specific tailored support for each individual. Our cheerful and optimistic outlook has the desired affect that is crucial for transitional support into more independent living. We endeavour to give people the opportunity to experience a family type environment that can manage the usual ups and downs of everyday life. Our objectives are to provide a stimulating environment that promotes positive social interaction that encourages confidence and wellbeing. Everyone likes that feel good factor and 'Hi five' moment". We found this philosophy was understood by staff and was fully embedded within their daily practice within the home.

Staff meetings took place which provided opportunities for staff to share information and good practice. Staff told us these meetings were helpful and enabled them to offer support to each other as well as discuss any issues or concerns. Minutes of recent meetings showed staff discussed issues such as key worker roles, training and security within the home.

People's records, and records relating to the management of the home were detailed, up to date, well maintained, securely stored and accessible to staff, as appropriate to their role. Throughout the inspection we observed staff retrieved records promptly and understood the need for confidentiality. The registered manager also had a 'live file' for staff in which they placed any information updates or support

documentation for staff to read, such as risk assessments. This was accessible to all staff and they signed to say when they had read it before it was appropriately filed. This system worked well in keeping staff up to date.

Regular 'service user' meetings took place and people were encouraged to raise items for discussion. For example, minutes from the most recent meeting in July 2017 showed they had discussed a pamper night, bingo and camping. We saw the pamper night had taken place and other actions were in hand.

Quality assurance systems were in place to monitor the quality of care and drive improvements. Relatives and health professional were encouraged to feed back their views and any concerns, which were welcomed as a means of improving the service. A recent relatives survey rated Jaden House as excellent and comments included, "All the staff are amazing." Health professionals also rated the home as excellent and said they would recommend the home.

A range of audits were carried out to check the quality and safety of the home such as; maintenance; health and safety; people's finances; medicines and care. The care audit included reviews, risk assessments, advocacy availability and activities. We noted that any actions identified had been followed through. Incidents and accidents were recorded and actions taken when necessary. Any learning was shared with the staff team.

The registered manager understood their responsibilities under the Health and Social Care Act 2008. They had submitted notifications of events and incidents to the commission when required.