Dimensions Somerset Sev Limited

Dimensions Somerset The Old Police House

Inspection report

The Old Police House
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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

Summary of findings

Overall summary

This inspection took place on 20 June 2018 and was unannounced. This is the first inspection for the location under this new provider.

Dimensions Somerset The Old Police House 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.

Dimensions Somerset The Old Police House provides care and accommodation for up to eight people who have a learning disability and other complex health needs. It is operated by Dimensions Somerset Sev Limited, part of a national not for profit organisation providing services for people with learning disabilities, autism and complex needs. Five people were living in the home at the time of our inspection. Some of the people we met were able to verbally communicate with us and others were not. Their opinions were captured through observations, interactions they had with staff and their reactions.

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.

At the time of the inspection there was a registered manager in place. 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.

People told us and indicated they felt safe living at The Old Police House. One relative told us, "If I didn't think [the person] was safe I would remove them from the home."

There were processes and practices in place to keep people safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people and children. All staff spoken to were able to tell us what they would look for and how they would report anything they thought put people at risk of harm or abuse.

However we did find that one person could be at risk of burns from water pipes in a cupboard they used should the pipes become hot. During the inspection the pipes were cold. The registered manager took immediate action to find them alternative storage. We also found that some staff had been shown different ways of carrying out a medical procedure. Following the inspection the registered manager confirmed they had arranged for up to date training for all staff.

People received effective care and support from staff who had the skills and knowledge to meet their needs. All staff attended an induction which included the companies' mandatory training before they started to work with people. However one member of staff had not completed the practical hoist training which meant they had to be supervised by other staff. Staff also received training about the specific needs people had for example, the safe management of epilepsy.

People who were able told us, and we saw, they were cared for by kind and caring staff some of whom went over and above what was expected of them. Staff respected people's privacy and dignity at all times. Relatives told us they were kept involved in the persons care and they could express an opinion about the care provided and contribute to their care plans.

People received responsive care and support which was personalised to their individual needs and wishes. There was clear guidance for staff on how to communicate with people and how to know when a person was not happy or distressed. The registered manager confirmed that they would only take people if they felt they could meet their needs. For example, one of the empty rooms was upstairs and they were assessing people who would be able to manage the stairs. People were supported to access health care services and see healthcare professionals when necessary.

People were supported by a team that was well led. Everybody spoken to said they thought the service was well led. Staff and people's relatives said the registered manager was open and approachable. However relatives were anxious about the changes being made by the new providers. The registered manager had arranged for the provider to meet with relatives to allay some of their fears. However relatives told us they felt the changes could be detrimental to their relatives care. One relative said, "I am concerned the changes are not going to be for the better and that will mean staff leaving and lots of changes in the management of the home." Another relative said, "Although there have been a lot of changes the excellent care has continued. [The person] is looked after by a marvellous team and they have ensured the care they provide has not been affected at all."

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised. The provider learnt from issues raised at CQC inspections at other services in the organisation and shared them with the registered managers to ensure improvement was on-going and cascaded through the organisation. The registered manager closely monitored the progress being made in the home with the adoption of the new working practices and kept staff informed.

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 always safe.

The inconsistent knowledge of staff in carrying out a specific procedure had the potential to put people at risk.

People were supported by staff who had been well recruited to make sure they were safe to work with vulnerable people.

There were sufficient staff to maintain people's safety and meet their needs.

People's medicines were safely administered by staff who had received appropriate training to carry out the task.

Is the service effective?

Good

The service was effective.

People's health and well-being was monitored by staff and advice and guidance was sought from healthcare professionals to meet specific needs.

People had access to a good diet and food was provided which met their specific needs and wishes.

People received care with their consent or in their best interests if they were unable to give full consent.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and patient.

People's privacy and dignity were respected and they received support in a way that respected their choices.

Is the service responsive?

Good

The service was responsive.

People were supported to make choices about their day to day lives where possible.

People were able to take part in organised activities or choose to occupy their time in their preferred way.

Relatives said they would be comfortable to speak with a member of staff if they had any complaints about the care or support provided.

Is the service well-led?

Good

The service was well led.

The registered manager promoted inclusion and encouraged an open working environment.

Staff received feedback from the management and felt recognised for their work.

Quality monitoring systems were in place which ensured the management had a good oversight of service delivery

The home was led by a management team that was approachable and respected by the people, relatives and staff.

The home was continuously working to learn, improve and measure the delivery of care to people.

Dimensions Somerset The Old Police 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 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 20 June 2018 and was unannounced.

It was carried out by two adult social care inspectors.

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with other health and social care professionals and looked at other information we held about the service before the inspection visit.

Some people who lived at the home were unable to verbally express their views to us. We therefore used our observations of care and discussions with staff to help us form our judgements. We spoke with two people who used the service and spent time with others carrying out observations. We spoke with six staff including the managing director, registered manager and support staff. We also spoke with one visiting health care professional. We spoke with three relatives over the telephone following the inspection.

We looked at three people's care records. We looked at three staff files, information received from the provider, staff rotas, quality assurance audits, staff training records, the complements and complaints system, medicines records, health and safety records and a selection of the provider's policies.

During the inspection we asked for further information including quality assurance documents to be emailed to us. We received all of this information in the time scales given.

Requires Improvement

Is the service safe?

Our findings

People who were able to express their views told us they felt safe living at The Old Police House, one relative told us, "If I didn't think [the person] was safe I would remove them from the home. [The person] is very happy and relaxed so they obviously feel safe." One visiting healthcare professional said, "People are safe. If I had any concerns I would raise it." During the inspection we saw people were at ease and cheerful when staff spoke with them or provided care and support. However we did not always find people were safe and there was potential for some people to be placed at risk.

Most health and safety risks had been assessed and ways to mitigate them were in place. Hoists had stickers on to demonstrate they had recently been checked for safety. However, there was an unlocked cupboard with exposed water pipes which could become hot. During the inspection the pipes were cold. One person was using this as a place to store their activity equipment. During the inspection they were seen getting things out the cupboard by leaning in. Although they had not hurt themselves on the pipes there was a potential risk. The registered manager told us they would find a new location for the person to store their equipment. During the inspection the manager started to look for alternative storage arrangements for the person. Following the inspection the registered manager confirmed a risk assessment had been completed until the replacement storage arrived.

People with specific health needs were not always being supported by staff who had received up to date training from professionals on specialist techniques. Some staff had been shown by other health professionals such as physiotherapists and nurses the correct way to complete certain techniques safely. However, new staff working in the service were only shown techniques by longer standing staff. As a result, one staff member had been shown two different methods to complete physiotherapy for one person. This meant there was a potential risk of the person becoming unwell or being hurt. Following the inspection the registered manager confirmed they had spoken with local healthcare professionals who were going to visit the home to train all staff in the correct procedures to follow.

Improvements could be made with following up how frequently other health professionals reviewed health conditions people had. This would reduce the risks of their health declining. One person needed a medical procedure four times a day. All staff appeared to know what they were doing. Records showed no health professional review had been carried out for a long time, however at the time of the inspection a follow up review had been arranged and booked. The managing director explained they were currently completing some work at provider level about coordinating with other health professionals.

People's medicines were managed safely. One member of staff said, "Someone observes you" administering medicines to make sure you are safe. People had medicine administration records which were complete. 'As required' medicines had clear guidance to ensure staff were consistently administering them. There were temperature checks of the cupboards to ensure medicines were stored at a safe temperature. Records showed action was taken such as opening bedroom windows when room was found to be above the required temperature. One person's medicine cupboard was found unlocked during the inspection. This meant there was a risk unauthorised people or visitors could access their medicine. The registered manager

immediately went and locked the cupboard.

People were supported by enough staff to meet their needs. When the change in provider first happened a number of staff left. The registered manager explained they had recruited more staff and regular agency staff were used to ensure people were safe and their needs met. One staff member said, "We do have enough staff now. We have to top up with agency staff. We have got agency here all the time". They continued, "They are amazing. Really professional". However staff did comment on needing more staff. One staff member said, ""If we had more staff people could go out more. We need two staff to use the minibus". The registered manager said they were looking at changing the minibus so it was smaller and did not need special training to drive. This would mean all staff would be able to take people out. The registered manager was particularly proud of the staff team during the snow. They pulled together as a team and the provider published "Snow heroes" to recognise those who went above and beyond.

The provider had systems and processes which helped to minimise risks of abuse to people. This included a robust recruitment policy and procedure. Each staff member had to complete an application form, provide a full employment history and attend a face to face interview. Thorough checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. One staff member said, "I only started when all the checks were done".

People were supported by staff who knew how to keep them safe from potential abuse. One member of staff said, "I make sure people are safe and secure". Another member of staff talked us through the actions they would take if they suspected someone was being abused. All staff recognised the signs of abuse in people who were unable to verbally communicate. All staff agreed the registered manager would take action if they reported any concerns. One member of staff said, "Yeah, she [meaning the registered manager] would protect these guys. We are their voice". Every member of staff knew which external bodies to contact if no action was taken by the management to keep people safe.

People had risks identified and things in place to mitigate them to help keep them safe. This included pressure care, mobility and eating and drinking. Clear guidelines were in place for staff to follow to reduce these risks. When people had been identified as having behaviours which could challenge themselves or others there were directions for staff to follow. These helped to reduce people's anxiety and reduce the likelihood of them becoming distressed. One member of staff said, "I look in care plans about agitation" and explained this told them how to support the person. All other staff we spoke with were aware of each person's risks and actions they needed to take to reduce them.

People were supported safely to transfer between two places. There was ceiling tracking fitted in bedrooms to enable people to be safely hoisted from their beds to the bathroom or their wheelchairs. There was also a mobile hoist. Lifting equipment had been tested to ensure it's safety. Staff had received training in how to safely move people using this equipment. One person was supported by a member of staff to transfer between their bed and a wheelchair using a hoist. The member of staff constantly reassured the person throughout the transfer. They checked the person's legs were safe. Once sitting in their wheelchair they checked the person was comfortable.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and

arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared: these detailed what room the person lived in and the support the person would require in the event of a fire.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made or lessons learnt. Reports were also reviewed at the provider's auditing visits to further ensure accuracy in recording and that appropriate action had been taken.

People were protected against the risks of the spread of infection because all areas of the home were kept clean. There were hand washing facilities throughout the home and alcohol gel was available for staff and visitors to use. Staff had received infection control training and had access to personal protective equipment such as disposable gloves and aprons. We saw these were used appropriately throughout the inspection.

Good

Is the service effective?

Our findings

People received care and support from staff who had the skills and knowledge to meet their needs. People who were able to express their views indicated that staff knew them well. One relative said, "The staff know all about [the person's] needs they understand them inside out." Another relative said, "Many of the staff have been there a long time and they know [the person] as well as anyone will."

People were supported by staff who had a thorough induction to ensure they got to know people and the systems. One member of staff said, "I shadowed for a week". They told us all members of staff showed them how to support each person. Concerns were raised by staff about how long they had to wait for some of the essential training they required to support people in the home. One member of staff explained new staff were unable to transfer people alone because they were still waiting for some practical training around using a hoist. They explained this could be frustrating for new staff and experienced staff. The managing director told us they would look into this when we fed it back.

Staff told us they had received enough support from the registered manager to meet people's care needs. The registered manager completed an annual appraisal for each member of staff to discuss their performance, training needs and where improvements were required. They also had a one to one supervision system with senior staff managing supervision for staff in their team. One staff member said, "[Name of registered manager] talked about how to supervise" when they began supervising others. The registered manager also held regular team meetings when wider issues could be discussed. For example, we saw evidence of discussions around issues raised by CQC at other services within the organisation. This showed that lessons were learnt and cascaded through the organisation.

People were supported by staff who had a range of training reflecting most of the people's care and health needs. One member of staff said, "I have passed all training. This includes food and drink and epilepsy. I do like to train". Some staff had mixed views about the changes to training the provider had made. One member of staff explained they felt the online training was not as good as classroom based training. Some staff had completed additional training in health and social care qualifications. The registered manager told us they ran staff training when they had the knowledge. For example, they had run a refresher for staff around the Mental Capacity Act (MCA) and best interests.

The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. People's legal rights were protected because staff worked in accordance with the act. Staff had undertaken training in the mental capacity act and knew how to support people who were unable to make a decision for themselves. Care plans contained information about people's capacity to consent to areas of their care. Where people lacked the capacity to give consent best interests' decisions had been made.

The registered manager told us they were aware staff used the MCA daily to help make decisions in people's

best interest. One member of staff said, "We have to do best interest and mental capacity assessments" when a person lacks capacity for a decision. They told us they would liaise with a person's family. Care plans documented when people lacked capacity for important decisions and best interest decisions were made. One person had an MCA assessment and best interest decision recorded about how to support them with transfers to prevent discomfort.

When restrictive practices had been identified such has having bed rails or straps on their wheel chairs there were risk assessments and guidance in place to protect people. If a person was unable to consent to the restrictive practices then a MCA assessment and best interest decision was in place. When appropriate, people important to the person including family and other professionals had been consulted. One staff member told us they would, "Pick [the option] they would normally like" when making a decision in a person's best interest.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Where people required this level of protection the registered manager had made applications to the appropriate authority. DoLs authorisation which had run out had also been reapplied for.

People were supported to eat and drink with individual plans to support their health needs. These were accessible by all staff in the kitchen. Food and drink was prepared in line with this information. For lunch the staff had carefully thought how to provide the opportunity to have a hot dog whilst preparing it to the correct consistency for each person. One person had it in small pieces they could eat themselves whilst others had it blended. Staff spoke with the person about the food they were eating.

When people were not happy with the food which was offered they were given alternatives. One person kept turning their head and indicating they did not want the food by keeping their mouth closed. The staff immediately recognised this as a choice for wanting something different. The staff member went to find two alternatives the person could choose between. The option they chose was eaten by them.

Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. They also showed how risks would be minimised. During the inspection staff were reviewing care plans and recording them in the new providers format

People were able to access other health and social care professionals to meet their health and care needs. One person had recently seen the doctor for medicine to treat some pain. The staff told us about this and the person showed us how it had helped them.

The registered manager said, "We have an amazing relationship with our GPs". They explained the GP will send out someone straight away when the home call them. They were working together to improve people's annual heath and medication reviews. Additionally, there were more opportunities for people to visit the surgery with a named GP. The service had also signed up to the STOMP initiative. "STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines." This is a national project and healthcare providers have been encouraged to sign up and support people to reduce over medication. The registered manager confirmed they were working closely on the project with the GP.

The Old Police House provided appropriate accommodation for the people who lived there. All accommodation used by people on the ground floor including bedrooms, communal areas and the garden

could be accessed by people using wheelchairs. There were two rooms upstairs. The registered manager confirmed they would ensure a person using an upstairs room would be able to use the stairs. Each person's bedroom was personalised in a style they liked. One person had trinkets around their bedroom whilst another had pictures on the walls.

Good

Is the service caring?

Our findings

People were cared for by kind and caring staff. Throughout the day we saw staff spoke to people respectfully and showed kindness and patience when supporting them. One relative told us, "The staff are all amazing they do a brilliant job and they really care about the residents in the home. I can't fault them." Another relative said, "All the staff are very kind and caring. I am so happy we found The Old Police House we are both very happy with the care provided."

Staff knew people very well and could understand their communication even if it was not verbal. One member of staff told us a person was banging on the table because it was sensory pleasure rather than being communicative. Some staff had worked at the home for a number of years and had built trusting relationships with people who lived there.

People were supported to maintain relationships with family and friends. One member of staff told us one person's "Mum and dad visit regularly". The registered manager told us one person's relative came to visit multiple times in a week. Whilst other relatives phoned regularly or just visited when they could. Events were held to regularly involve families. At Christmas there was a pantomime and during the summer they had barbecues. The registered manager said, "We try and involve families as much as possible. It prevents worry".

People were able to make choices and staff respected them. Staff facilitated people to make choices in ways they could understand and express preferences. One person was offered a choice of drinks by a member of staff showing them two different squash bottles. Another person expressed their choices using eye pointing. All staff knew this and how to offer the choices. One member of staff said, "[Name of person] makes a choice and she points. [Name of another person] has facial expressions". They then described all the different facial expressions and meanings.

When people expressed their unhappiness or discomfort through body language, behaviour or vocalisations staff knew exactly what they were communicating.

People were supported by staff who respected their privacy and dignity. One member of staff explained how they protected a person's dignity during changing for swimming sessions. They said, "I draw curtains [of the cubicle]. Tell her what I am doing" and then described how they protected the person's modesty with towels. Other staff were able to tell us how to protect people's privacy and dignity during intimate care. One member of staff told us they would, "Make sure the bedroom door is closed and curtains were closed". All staff knew to knock on people's doors when they entered the room.

People with religious and cultural differences were respected by staff. The registered manager explained that they did not have anyone who went to church at the time of the inspection; however they had supported a person to attend church regularly in the past and were maintaining contact with the local church to enable people to attend when they wanted to. The registered manager was also aware of how they could access community links for people with other religions or cultural needs. Staff told us how they

had supported people living in the home to attend the funeral of a person who had lived with them at the home for many years. This meant people could be involved and have closure at the loss of someone they had spent a lot of time with.

Good

Is the service responsive?

Our findings

People received care and support which was personalised to their needs and abilities. Relatives told us, "We are kept informed." And, "We take part in reviews and decision making and communication is really good." And, "We can talk with staff about any concerns at any time."

People's care plans contained a large amount of detail and guidance to provide staff with information about their health and care needs. This was especially important due to staff changes and use of agency staff. All staff knew people incredibly well when we spoke with them. Care plans were personalised to individual people. One person's plan contained a wealth of information about the different positions they should be in throughout the day to prevent pressure ulcers. As well as this, there was detailed information about how they communicated and what each action or body language meant. Each part of a person's plan described the support they needed and identified any risks. All records were kept up to date and reflected people's current needs. One relative told us they had been involved in a recent review and had a copy of the most up to date review meeting. They told us it was all about the person not the systems in place.

Each person's care plan had details about their family history. This was important because they were unable to communicate this themselves. Often relatives had been involved in creating this information to support the person.

Some people had lived at the home for a number of years and their needs had changed as they aged. Staff had responded to changes in people's needs by ensuring appropriate professionals were involved in their care to support their changing needs. One person had recently been seen by a physiotherapist because their wheelchair needed reassessing. All the information was recorded in the care plan about new instructions. When people's needs changed the staff ensured their care plans were updated.

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The majority of people who lived at the home had no verbal communication. Assessments had been carried out by speech and language therapists to promote good communication for people. Each person had a communication profile in their care and support plans which gave staff some indication of how people communicated and what certain sounds and gestures meant for that person. Staff told us they used a variety of methods to communicate with people, which included verbal communication, some signing and some used pictures. During the inspection we saw staff showing people things to enable them to make choices through gestures or eye pointing. The registered manager explained how they were looking at ways of improving communication for one person.

People were supported to participate in a range of activities in line with their needs and wishes. Two people attended hydrotherapy swimming on the day of inspection. One person was laughing and vocalising with a member of staff during some floor time. They appeared to be very happy and attempting to interact with the member of staff. Other people had aromatherapy sessions in the afternoon with a visiting professional. The registered manager told us how they were supporting one person to select where they wanted to go on

holiday. They said they were looking at the staffing required to ensure they had a good time.

People could complain if they were unhappy. Records showed that generally people were very settled, so were happy with their care. People would not be able to use the complaints procedure independently; they would need staff to help them. There had been no complaints made in the last 12 months. Relatives spoken with did not raise any concerns with us; they knew they could complain if they needed to and knew who to complain to. One relative said, "I have absolutely no complaints the care [the person] receives is excellent. I know who to talk to and I am certain they would listen and sort anything out straight away."

At the time of the inspection no one at the home was receiving end of life care. The registered manager told us how they had supported a person who had lived at the home for many years. They wanted to stay in the home so they had worked with other professionals to ensure they had a good end of life. The registered manager also explained how they had supported the people still living in the home who had known the person for many years to come to terms with their grief. We also saw one person was being supported to take out a funeral plan and to ensure their wishes were recorded.

Good

Is the service well-led?

Our findings

The service was well led. There was an established management team with clear roles and responsibilities. Relatives told us they knew the manager and they felt the service was well managed. One relative said, "Communication is very good and they seem to be very well organised."

There was a registered manager in post. A registered manager is a person who has registered with CQC 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.

Relatives spoke about their anxiety of potential changes in the management team; which they felt could adversely affect people's care and the service more generally. One relative said, "I am concerned the changes are not going to be for the better and that will mean staff leaving and lots of changes in the management of the home." However staff spoken to were more positive about the changes one staff member said, "Everything has settled down now." Another staff member said, "Moral was down. It is getting better." Whilst a third member of staff and a relative felt the changes had had no impact on the care provided, The staff member said, "Care is second to none here. Care has not diminished at all. No fluctuation of care." Whilst the relative said, "Although there have been a lot of changes the excellent care has continued. [The person] is looked after by a marvellous team and they have ensured the care they provide has not been affected at all."

The registered manager had arranged for the managing director to come and speak with parents during the change to a new provider. This helped to provide reassurance due to the complex needs of the people. One relative told us, "It was good that the manager arranged for the new boss to visit."

Staff spoke highly about the registered manager. One member of staff said, "She [meaning the registered manager] is lovely. Very approachable. She gives guidance. She listens to you". Other staff said, "[Name of registered manager] is amazing. Very approachable". One relative said, "[The registered manger's name] is brilliant you can talk to her and because she works on the floor with the residents she knows what is going on. You can talk to her anytime and she is good at keeping us informed."

The registered manager led by example. They completed a range of shifts and told us they were, "Hands on". This meant they knew the people who were supported. As a result, they were able to guide staff and improve their lives. For example, one person had gone from not leaving the building to regularly accessing the community. Another person enjoyed discussing visitors to the home with the registered manager and smiled when we talked with them about this.

Staff were supported by the management at all times. The provider had an on call service for out of hours to support the management and staff. To support staff, all managers in the area had a rota of on call for evenings and weekends.

People were supported by staff who received regular supervisions to discuss work practices, training needs and any concerns. One member of staff informed us they met with the registered manager about every six weeks. The registered manager had set up a delegation of roles for senior staff so they carried out staff one to one supervisions. However they monitored this to ensure all staff received a one to one meeting within the provider's guidelines.

The new provider had cascaded their policies and procedures to the homes gradually so staff could read them and adopt the procedures within their service. The registered manager was able to show how they had implemented each policy and procedure as they arrived. Records showed all staff were up to date with the new policies and they were being used in the home.

The registered manager told us the provider now completed regular audits. Two weeks before the inspection they had received a specific medicine audit. This demonstrated the provider was learning from experiences and ensuring improvements were made when required. Other audits had been around finance and quality. There were systems in place to monitor the service and care provided; these systems identified areas that required improvement and an action plan was put in place. For example, the registered manager had identified some staff who required training up dates and had arranged for them to attend. The audit also showed that progress was being made in adopting the new policies and procedures and reviewing people's care plans.

The provider and management learnt from previous inspection findings and put things in place. For example, the additional medicine audits being carried out amongst the services had led to an improvement in medicine management at this service. The minutes of staff meetings showed that areas that fell short at inspections in other homes in the organisation had been discussed as areas of improvement that could be adopted in The Old Police House.

Staff worked in partnership with other health and social care professionals. Staff had developed good links, such as with GPs, community nursing teams, specialist epilepsy nurse and a learning disability nurse. The provider also employed some care professionals, such as a behaviour specialist, who supported people. This enabled people to access specialist support to meet their needs, reduce risks and staff to access guidance on current best practice.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People and their families were able to comment on the service provided. Some people living in the home could not express their views verbally but staff knew people well enough to know what they were feeling by their behaviour. Relatives said they were given opportunities to comment on the care provided and peoples care plans.

The registered manager and provider were aware of when notifications should be sent in line with current legislation. There had been notifications received in line with statutory requirements to inform the Care Quality Commission (CQC) when people had been hurt or there was a death. There was a system which was in place to monitor all incidents. This would highlight if appropriate action had been taken including sending notifications to external parties such as CQC.