

Enable Care & Home Support Limited

Enable Care & Home Support Limited - 11 Heathervale Close

Inspection report

11 Heather Vale Close
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Ratings

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

Summary of findings

Overall summary

This inspection took place on 18 October 2016. The inspection was announced 48 hours before we visited to see if people living at the service would be available to talk with us.

Enable Care & Home Support Limited - 11 Heathervale Close is located in Hasland near Chesterfield, Derbyshire. It provides accommodation for up to 4 adults with a learning disability. Three people were using the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager who had been in post at the service four years.

Relatives told us they felt people were safe at the home. The registered manager and staff understood how to protect people they supported from abuse. They knew what procedures to follow to report any concerns they had. Staff had a good understanding of risks associated with people's care needs and how to support them.

There were enough staff available to support people safely and at the times they preferred. Recruitment procedures made sure staff were of a suitable character to care for people at the home.

Medicines were stored and administered safely, and people received their medicines as prescribed. Regular audits were completed to ensure they were managed in line with good practice guidelines.

People were supported to maintain their health and well-being. They attended appointments when they needed to and their nutritional needs were met.

Staff were kind and supportive to people's needs and people's privacy and dignity was respected. People were encouraged to be independent and assisted with tasks around the home and shopping.

The management and staff teams understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence. Where people were not able to make decisions, relatives, social workers and healthcare professionals were consulted for their advice and input.

People were supported to pursue their hobbies and interests both within and outside the home. Activities were arranged according to people's individual preferences, needs and abilities.

People were encouraged to maintain links with their families. Relatives knew how to make a formal complaint and were able to discuss any concerns they had with staff. At the time of our inspection no complaints had been received.

Staff felt the management team were supportive and promoted an open culture within the home. Staff were able to discuss their own development and best practice in supervision and during regular team meetings.

New staff received an induction prior to working unsupervised and staff completed training in health and social care to develop their skills and knowledge to meet people's needs.

The registered manager felt supported by the provider who visited the home regularly. They told us their views and ideas about improving the service were encouraged.

The provider carried out audits to continually monitor and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People and relatives told us people were safe because they received support from staff who understood the risks associated with their care. Staff knew how to safeguard people from harm and there were sufficient staff available to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed. Recruitment procedures made sure staff were of a suitable character to care for people at the home.

Is the service effective?

Good 

Staff were effective in meeting people's health and social care needs. Staff received regular training in essential areas to keep their skills up to date. Staff worked within the principles of the Mental Capacity Act 2005. They offered people choices and gained their consent before supporting them with personal care. The provider understood their legal obligations under the Deprivation of Liberty Safeguards. People's nutritional and hydration needs were met. People were referred to healthcare professionals when required.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind and caring and there was a happy and positive atmosphere within the home. Staff ensured people were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Is the service responsive?

Good 

The service was responsive.

People were given support to access their preferred interests and hobbies. The provider was looking to improve the range of activities offered in the future. People and their relatives were involved in decisions about their lives and how they wanted to

be supported. People and their relatives knew how to make a complaint to the provider.

Is the service well-led?

Good ●

The service was well led.

The provider and registered manager supported staff to provide a person centred service which focused on the needs of the individual. People were asked for their opinions about the service provided. The provider's quality monitoring system included checking people received an effective, responsive, good quality service that met their needs.

Enable Care & Home Support Limited - 11 Heathervale Close

Detailed findings

Background to this inspection

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

The inspection visit took place on 18 October 2016 and was carried out by one inspector. The inspection was announced 48 hours before we visited to establish if people living at the service would be available to talk with us and discuss how they may respond to our presence at the home.

Prior to our inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information supplied reflected the service we saw.

We observed the care and support provided to people who lived at Enable Care & Home Support Limited - 11 Heathervale Close. Some people had limited verbal communication and were unable to tell us in any detail about the service they received. We spent time talking with staff and observing how they interacted with people. We also spoke to relatives to get their views on the care provided to their family members and professionals who were involved with the service.

We spoke with the registered manager, three members of support staff and two relatives. We looked at the records of two people who used the service and two staff records. We also reviewed quality monitoring records.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service.

We looked at information received from the local authority commissioners of adult social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Is the service safe?

Our findings

People and relatives told us they felt people were safe at Enable Care & Home Support Limited - 11 Heathervale Close. One person told us, "I feel safe, the staff are always here. If I didn't feel safe I would tell the manager." One relative we spoke with told us, "[Person] has great trust in staff." Another relative told us, "Oh yes, I think [person] is safe."

We saw risk assessments identified the risks associated with people's health and wellbeing both inside the home and when they took part in activities outside of the home. Risk management plans provided staff with guidance on how to manage identified risks so people were kept safe. However, some information was not easy to read and some risk assessments were combined in large sections. This meant relevant information was not clear and accessible for staff.

For example, one person was diabetic. Their risk assessment identified they required their blood sugar monitoring twice a week. We saw this was being done, however we could not see any information to inform staff what the acceptable ranges should be. This is important as staff needed to be able to identify if the persons levels were too high or low and what action they needed to take to maintain the persons' health and well-being.

Staff told us they would be able to identify if the person was unwell and they would contact the person's doctor for advice. However we saw on two occasions staff had noted the person did not appear to be their 'usual self' and they had monitored their blood sugar levels but records did not indicate what action they took as a result.

We discussed this with a member of staff who told us they would review the risk assessment immediately to ensure staff had clear guidance to follow. During our inspection staff organised for the local GP practice nurse to attend the home and provide staff training on how to monitor blood sugar levels and the appropriate actions to take regarding concerns.

Staff were knowledgeable about risks to people, for example one person was at risk of falling. Their risk assessment stated they should be supported by one person when walking and staff should ensure they did not rush, we observed staff followed the guidance. The person had also been assessed and provided with special shoes to improve their stability when walking and we saw they were wearing them. The registered manager told us, "We adopt a positive risk taking approach which encourages people in taking part in activities rather than restricting."

Staff had completed training in safeguarding people and knew what action to take if they had any concerns about people. All the staff we spoke with had a good understanding of abuse and how to keep people safe. They knew the process to follow to report any safeguarding concerns and that there were policies in place to provide them with guidance. One of these was a whistle blowing policy that informed staff how they could anonymously report any concerns they had about the service. One staff member told us, "We have yearly training on safeguarding. I would document any concerns and report to the manager. They inform the local

safeguarding team. If I wasn't happy I would even call the Police."

The registered manager told us staff regularly spoke with people to remind them what they should do if they felt unsafe and who they should tell. We saw 'Easy read' information for people in the communal areas on how to report any concerns. 'Easy read' formats use visual images and large print sizes to make the documents more accessible to people.

During our inspection we saw there were sufficient numbers of staff to support people living in the home. Relatives we spoke with told us, "There are definitely enough staff, nothing is ever neglected." Another told us, "There are always enough staff to keep people safe." All the staff we spoke with told us they felt there were enough staff to meet people's needs.

The registered manager told us staffing levels were based on people's individual needs. On the day of our visit two members of staff were on duty in the morning and evening. The registered manager told us staffing levels would be increased if activities were planned for people who required the support of two staff members outside the home. They told us, "Staff are very flexible and adaptable when we are planning things." At night time two staff were on duty, one awake and one sleeping, and a twenty four hour on call manager available to provide guidance and support to staff if required.

We asked how staff vacancies for leave or sickness were covered. The registered manager told us they rarely used agency staff as their own staff were available to provide cover. This ensured people received care from staff who knew them well.

Medicines were administered, stored and disposed of correctly. Administration records showed people received their medicines as prescribed. One person told us, "Yes, I do get my medicines." Staff had undertaken training to administer medicines safely and had their competencies checked to ensure they continued to do this safely. Medicine audits were conducted by the registered manager, and staff, every month and weekly in order to check people received their medicines as prescribed. Staff also checked the Medicine Administration Records (MAR) daily for any errors. We looked at the MAR charts and found these had been completed correctly.

Some people required medicines 'as required'. There were protocols for the administration of these medicines to make sure they were given safely and consistently. We asked how staff would identify when this type of medicine would be required, for example if a person was unable to communicate that they were experiencing pain. One told us, "I would look at the person's body language and look for any change in their mood to indicate."

One protocol we looked at informed staff the person did not express when they were in pain or show any feelings. However it did not give staff guidance on what signs they should look for to indicate if the person was experiencing pain. This would be important for staff unfamiliar with the person. The registered manager told us staff had good knowledge of people and would be able to identify any concerns but acknowledged this should be clearly documented for new staff. The persons 'keyworker' informed us they would update the persons protocol as soon as possible following our inspection. New staff we spoke with told us if there were unsure a person may be in pain they would speak to a more experienced member of staff and ask them to assess the person.

People were protected by the provider's recruitment practices. These included obtaining two references and checking staff's identities with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. Staff did not start to work at the home until all of the required

recruitment checks had been completed. We looked at two staff files which showed us all the security checks had been carried out. One member of staff told us, "I had to wait for my references to be clear and there were lots of other checks before I could start."

We saw up to date emergency folders contained all relevant information that would be required in an emergency situation such as a fire. These documented people's care and support needs so they could be assisted safely. Staff told us regular fire drills were held and one person living at the home was able to show us where the fire exit points were.

Is the service effective?

Our findings

People and relatives we spoke with thought staff had the skills and knowledge to care for them and their family members. One person explained staff knew how to move and handle them safely using a hoist, they commented, "Staff know how to look after me well, they know what they are doing and how to do the job."

Relatives commented, "I think they (staff) are very capable." One relative told us their family member had become unwell when returning to the home and staff had attended and provided assistance immediately. They told us, "The staff were very calm and collected and knew what to do."

Staff new to the home told us they completed an induction programme and 'shadowed' (worked alongside) an experienced member of staff for before they worked unsupervised. One staff member told us, "I 'shadowed' more experienced staff, it was good."

The registered manager told us new staff were enrolled on the Care Certificate course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people.

Staff received training to support them to meet people's health and social care needs. One member of staff told us, "We are up to date with our training; I have done safeguarding, moving and handling and epilepsy training." Staff felt confident and had been trained to effectively support people who had behaviours which might challenge and cause harm to themselves or others when they became anxious.

Staff communicated people's well-being and needs at a shift handover. There was a communication book in use for all staff to read with general information. We saw one entry from the registered manager reminded all staff to ensure people living in the home were actively involved in any decisions and to make sure documentation was completed.

Staff felt supported by the management team with regular individual meetings (supervisions). This provided them with the opportunity to discuss their work performance and learning and development needs. One staff member told us, "I have my supervision every six weeks and it's a chance to reflect back on how things have gone."

Staff demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. Staff understood the principles of the Mental Capacity Act and why DoLS authorisations were required. We saw the provider had correctly submitted applications to the local authority for approval.

Staff confirmed they had received training about the MCA. They understood the importance of gaining consent from people before undertaking any support or care on the person's behalf. They also understood when people did not have capacity to make informed decisions they had to make decisions based on the person's best interest. They told us, "Unless there is something in place to say someone lacks capacity we must always assume they do. If they don't best interest decisions are made." They went on to tell us this would include the person's family and relevant professionals involved in supporting the person. We saw within people's records best interest meetings had taken place and families and professionals had been involved.

People who lived at the home required some support from staff to choose their meals. The registered manager told staff had good knowledge of the people they supported and they were able to put menus together based on people's likes and dislikes. Menu options were discussed at residents meetings. One person told us, "It's lovely food here and we get involved with the menus." A relative told us, "[Person] is a big eater and they monitor their diet very well."

Staff told us if a person did not want what was on the menu alternative choices would be offered. We saw within people's care plans foods that they enjoyed and disliked were documented. Some people required their food and fluid intake to be carefully monitored in order to maintain their health and well-being and we saw staff closely observed people whilst they ate. Staff understood how to support people to make decisions about their choice of food, for example one staff member told us, "We all sit down and choose menus together and use pictures to help people." At lunchtime we heard staff asking people what they would like to eat for their lunch.

We asked people if they had access to healthcare and they told us, "The staff will take me to the doctor or get them to come here. They organise the dentist and the occupational therapist comes out to see me." Relatives told us, "They are quick to identify when [person] needs to see a doctor." Another told us, "Almost immediately they will act if they think there is a problem and organise the doctor." We saw people's weights were regularly monitored and annual checks of their health took place.

Each person had a support plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people saw the relevant health and social care professionals.

Records showed people were supported to attend health appointments and received care and treatment from health care professionals when required, such as the speech and language therapist.

Is the service caring?

Our findings

People told us staff were kind and caring to them. One person told us, "The whole lot of them (staff) are fantastic." We asked relatives if they felt staff were caring, they commented; "All the staff are really lovely." And, "They are very caring staff and they all have different talents."

We spent time observing the interactions between people and the staff. There was a calm, relaxed atmosphere at the home and we saw people were comfortable approaching and engaging with staff. When we arrived at the home everyone greeted us and showed us their rooms and one person gave us a tour of the home.

We heard staff speak kindly to people and it was clear staff had developed positive relationships with people. Staff were highly motivated to provide good care and support to people. They told us, "It's like running one big home here; it's not a job to me." Another said, "This is just a lovely job, the people living here are just great."

The registered manager told us, "I have just nominated my staff for an internal award for the end of life care they gave to a resident recently." They explained one person had recently passed away and they felt the staff had gone above and beyond their duties to support the person and their family members. For example staff had been flexible with their hours of work to ensure the person was supported at all times.

We asked how the registered manager had supported people living in the home about the loss of their fellow resident. They told us, "I sat down individually with each person and kept them up to date with events." As a memorial to the person, staff and people living at the home were organising a special activity in their memory and everyone living at the home attended the person's funeral. This had been at the request of the person's family and they were planning to attend the Christmas party to spend time with staff and the people living in the home.

The registered manager told us, "The team supported each other through this and I discussed it in staff meetings and individual one to one sessions." They went on to say support was on going to people living at the home and one person took us to show us pictures of the person and talked about their friendship.

People received care from staff that knew and understood their likes, dislikes and personal support needs and people were able to spend their time as they chose. Staff understood people's communication skills and communicated effectively with people who had limited verbal communication with the aid of pictures.

Staff were knowledgeable about people and could identify their moods through watching their body language and by listening to them. During our visit staff explained to us how to best approach people and which areas of the home we could use, so we did not cause any disruption to people's well-being or routine.

We observed that staff quickly identified when people wanted something or if they appeared unhappy. One person we spoke with told us, "All the staff know what I like and don't." A relative we spoke with told us, "The

staff really do know [person] well and all about what they do and don't like."

A relative told us how staff had worked closely with their family member to gain an understanding of their needs. They told us, "I think [person] now has the best attitude I have ever known. [Person] never used to like to touch but now, as staff have gained better understanding and [person] has built trust, they like to hug us and hold our hands." They went on to tell us that this was a significant achievement for their family member.

Staff supported people to maintain their independence by helping people to do things for themselves. For example, we saw one person helped to clean their room, they told us, "I try to be as independent as I can and they (staff) help where I need it. Today I put things away and dusted my room."

The registered manager told us, "People are involved in the day to day running of the home." A staff member said, "This is about people living the best life they can." Another told us, "I am always trying to promote independence. Who cares if someone makes a mess trying something?"

Staff had a good understanding of the importance of respecting people's privacy and dignity. One told us, "We always knock on doors and cover someone up when assisting with personal care; I always ask if they need assistance to wash private areas."

People's rooms provided them with their own private space, and where possible they had been supported to choose how their rooms were decorated and furnished. Everyone living at the home was happy to take us to their rooms and show them to us. One person had football posters and memorabilia and they proudly showed us bird boxes just outside of their window. One person told us, "They are respectful of me and that this is my room."

There was a communal lounge that people could use and during our visit we saw people 'coming and going' as they wanted to around the home. We sat with one person in the lounge and they showed us the books they were reading. There was a computer in the lounge that staff assisted people to use. We saw the registered manager support one person to print off information about a famous local footballer for them to read which they appeared to enjoy. There was a large table in the kitchen and during our inspection people chose to sit together doing activities and talking with each other and staff.

People were able to make choices about how they spent their day. For example we saw people got up and had their breakfast when they wanted to. One person told us, "I like to have my shower in the morning...I decide what I want to do, like I might want to go out for a coffee."

Staff told us, "People tell us what they want, we will ask how they would like to have their personal care but if they refuse it that's their choice." They went on to tell us that one person liked to follow their own routine and staff respected their choices. Another told us, "I don't just put [persons] clothes on, I will ask, 'Can I help you?'" One relative we spoke with told us, "They support [person] to choose their own clothes to wear. They really encourage that independence."

People were supported to maintain relationships with those who were important to them. Relatives told us they were free to visit whenever they wanted to. One relative commented to us, "We visit whenever we want. If we call in unexpectedly it's always the same. The home is spotless and [persons] room is tidy with clean bedding...they always look well cared for and smart."

Is the service responsive?

Our findings

People who lived at Enable Care & Home Support Limited - 11 Heathervale Close had consistent staff members who they built a relationship with known as a 'keyworker.' The keyworkers knew the person's likes and dislikes. However, the registered manager told us it was important that all staff developed positive relationships with people and had a good understanding of them.

One person we spoke with told us, "Staff know me and make sure everything I need is in place for me here." Relatives we spoke to confirmed staff had good knowledge about people and had developed strong relationships. One told us, "They have got to know [person] really well... [person] is very happy and settled."

Each person had a detailed support plan so staff could read and understand each person's individual preferences. Staff told us, "We get time to read the care plans, on my first day I sat and read them all. They give lots of information about what people like; what their wishes are and the medicines they have. I can refer back to them if I need more information." Another member of staff told us, "New staff will read the care plans whilst they are waiting for training."

We looked at two people's care records. Support plans contained up to date and detailed information for staff to provide appropriate levels of care and support to people, this included activities outside the home. Plans were individualised and informed staff what people liked and how people wanted their support delivered. Plans contained a section called 'How to support me'. One person's records encouraged staff to "Encourage and promote my independence in all aspects of my life."

Support plans also contained information about what was important to people. One person's records said people admired their sense of humour and gave information on how best to communicate with the person. It advised staff to use simple and non-complex language when speaking to them so they could understand what was being said. The persons' support plan also told staff that when they received their medicines it was important they could remove the tablets from the pot they were administered in. We observed staff followed this guidance when providing the person with their medicines.

The support plans were 'person centred' which meant they were based on each person's individual needs and the support they required. However due to the large amount of information they were difficult to follow. We spoke to one of the care staff who informed us that the care plans were going to be reduced in size and reorganised. They told us this would mean information would be easier for staff to find.

Care plans were reviewed regularly by keyworkers, one told us, "We review them monthly or sooner if there has been a change. Every year we carry out a full review." They went on to say this involved the person, their family members and relevant professionals supporting the person. One person confirmed they were involved in their care review and told us, "They ask me about my care...we get together and discuss things." A relative told us, "We always go to the reviews along with [persons] social worker."

We saw a professional had visited to carry out a review of one person living at the home and had recorded

they found care plans were up to date and easy to read.

People had communication or 'hospital passports'. This information advised hospital staff how to communicate effectively with people and help them to support people's needs.

A relative we spoke with told us staff would discuss their family members care with them and they were updated regularly on how the person had been since they last visited. They told us, "Mostly it's good, very occasionally messages don't always get passed through to us." Another told us, "I think they are good, they talk to us about everything. . .they are not complacent."

People were supported to pursue their individual hobbies and interests however the registered manager told us that access to a day service, which some people had regularly enjoyed, had been reduced to one day a week. This was outside the provider's control.

Staff and people living at the home had regular meetings to discuss what activities they would like to take part in. Pictures were used to help people decide what they would like to do, for example pictures of an ice cream were used for one person who enjoyed visiting the local ice cream parlour. People commented on activities they enjoyed and would like to do again such as bowling, the cinema and visiting local countryside attractions. This was recorded and people signed to show they had been involved.

Discussions were held about people wanting to go Christmas shopping and what venue to choose for a New Year's meal. We saw staff had obtained a picture of the venue for people to see. On the day of our inspection people living at the home were all involved in baking cupcakes and decorating them. One person we spoke to told us, "We do all sorts; I like to go to the local girl guides."

The registered manager told us they were supporting the person to do voluntary work at the local girl guide group and were attending on the evening of our inspection. This had been identified at the person's yearly review as something they would like to do and the registered manager had organised this with a local girl guide troop. A relative told us, "[Person] likes to write and do colouring and play board games, staff take [person] shopping and out for coffee mornings." Another relative commented, "It's good, the [registered manager] will encourage day trips out and source them."

The registered manager explained staff were flexible with their working hours so they could support people with activities outside of the home. Staff told us, "We will support people with activities such as baking, board games, but they decide what they would like to do and where to go." We saw there was a white board in the kitchen with various activities arranged for the week ahead which people had chosen to do.

We looked at how complaints were managed. There were no recorded complaints. One person we spoke with told us, "If I had to complain I would tell the manager." Relatives we spoke with told us they had not made any formal complaints but felt confident in raising any concerns they had directly with the management team and staff.

We asked the registered manager how they would identify if people who lived at the home were unhappy. They told us staff had good knowledge of the people they supported and would be able to identify changes in behaviour and mood.

People had regular meetings to discuss menus and activities pictures and staff knowledge were used to obtain their views and support them to make choices. Views of relatives, about their family members, were also taken into consideration.

We saw thank you cards from the family members of the person who had recently passed away to all the people and staff at the home. The providers management team had also sent staff a thank you card, Comments made were, "You were good friends and support to [person]." And, "To all the staff at Heathervale, Thank you for all your hard work and dedication. You did an outstanding job looking after [person]."

Is the service well-led?

Our findings

One person living at the home told us, "I wouldn't want to live anywhere else. I am happy." Relatives told us they were happy with the service provided within the home. One relative commented, "I can't fault anything at all." Another commented, "We looked at other homes but chose this because it feels like home...It's very difficult to criticise anything."

The management team consisted of the registered manager who was a visible and known presence to staff, people and relatives. They told us they were included on the staff rota and they found this was beneficial so they could support people and also carry out observational work of staff practices. They acknowledged that on some occasions, as they were included in the staff numbers, they found their time was under pressure to carry out managerial tasks. However they felt that being part of the support team allowed them to spend time with the people living at the home and also be a visible presence and support for staff.

Staff knew people well and had an in-depth understanding of people's medical and emotional needs. We saw that all the staff and the registered manager were committed to providing a high quality service.

Relatives spoke positively about the registered manager, "I can't give enough praise about the [registered] manager and staff." They went on to say the registered manager, and staff, were always accessible if they had concerns.

The registered manager told us they had undertaken a period of absence during the previous year however support was provided to the home by another of the providers registered managers. We asked staff how this had impacted on the home, one told us, "We are a good team and very supportive of each other." They went on to say the running of the home had not been affected by the registered manager's absence and relatives we spoke with told us, "This year the [registered] manager hasn't been seen as much but the home runs itself and it didn't make any difference. The staff run everything smoothly."

The registered manager was due to take further time off shortly after our inspection however staff told us they found the providers assistant service manager supportive and approachable and were confident they had the necessary support if required during this period.

There was a calm and relaxed atmosphere in the home and people were confident to approach the registered manager and staff. The registered manager told us whilst some people had limited verbal communication staff knew people well and could identify when they were unhappy about the service. They told us, "We have strong relationships with people living here and can identify if there is a problem."

A relative told us they were asked for their written opinions about the service provided but told us they preferred to speak directly to staff and the management team about their views. They commented, "[Registered manager] is always about the home to speak with."

Staff were happy working at the home and they felt supported. They told us they received guidance and

advice when they needed it. One staff member explained, "[Registered manager] is part of the team, I find them very approachable." Another said, "I think the [registered] manager is approachable, you can contact them at any time."

The registered manager told us they promoted an open door policy, and wanted staff to feel they could approach them with any concerns. We asked the registered manager if they felt well supported by the provider and they told us, "Yes, and by the other [providers] registered managers as well; we all support each other."

The provider had recently visited the home to acknowledge the care and support staff had given to the person who had recently passed away. Staff were presented with flowers and chocolates and a card. We saw a photograph of the presentation which included people living at the home.

We asked staff about the support and leadership within the home and if they felt confident to raise any concerns they had. All staff we spoke with felt able to share their views and thoughts about the service and that the managers listened to them. Staff told us there was an open culture and they could approach the management team if they had any issues or concerns. One staff member told us this allowed them to be creative in ideas for activities and supporting people. Staff told us there was a 24 hour on call support should they need to speak to a manager.

Staff told us they had supervision sessions (one to one meetings) to discuss their performance and training needs. The registered manager carried out regular observations of staff working to identify any areas of good practice or the need for additional training and support.

We saw regular team meetings were held. Minutes of recent meetings encouraged staff to make suggestions about new activities for people and the registered manager reminded staff to be aware of their responsibilities to meet the Care Quality Commissions fundamental standards of care. We also saw the registered manager had encouraged staff to discuss any issues they had directly with them.

Staff had a good understanding of their roles and responsibilities. One staff member told us, "When you start you get a booklet and it tells you all about the policies and procedures we have to follow."

The provider's quality assurance system included regular checks of people's care plans, medication, the premises, equipment and environment. There were procedures to look at practices within the home to identify where improvements could be made to improve the experience of people and their relatives. For example, ensuring people had access to suitable activities following the reduction in day service hours.

The provider was aware of their responsibilities and the registered manager and had provided us with most notifications about important events and incidents that occurred at the home. However, we noted one notification had not been sent to us and we addressed this with the registered manager who told us they would check this had been sent to us.

The provider had completed the provider information return (PIR) which is required by law. We found the information reflected the service well.