Living Ambitions Limited

Living Ambitions Limited - 330 Guildford Road

Inspection report

330 Guildford Road
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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 unannounced inspection of 330 Guildford Road took place on 24 August 2018. 330 Guildford Road 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. 330 Guildford Road care home accommodates six people with learning disabilities in one adapted building. There were six people using the service when we visited. The 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 last inspection of 330 Guildford Road on 12 June 2017 we rated the service good. However, we found a breach of regulation of the Health and Social Care Act 2014 as the service did not ensure people were treated with dignity and respect. We also found other areas that required improvement. These included the safety and maintenance of the environment, deployment of staff to ensure people always received the support they needed from staff and staff following risk management plans for people. Following the last inspection, the provider sent us an action plan on how they would improve. At this inspection, we found that the service had made the required improvement and complied with our regulations. We have rated the service Good.

There was a registered manager in post who had worked at the service for several years. 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.

Staff understood people's needs and treated them with respect, kindness and dignity. Staff communicated with people in the way they understood.

There were sufficient numbers of staff on duty to meet people's needs. Staffing levels were determined by looking at people's needs and activities including appointments. Risks to people were assessed and managed appropriately to ensure that people's health and well-being were promoted. Action plans to manage risks were in place and staff followed them.

The environment was safe and well maintained. Health and safety checks were carried out regularly. Staff followed infection control procedures to reduce risk of infection. There were suitable facilities and adaptations available for people to use.

Staff had been trained in safeguarding people from abuse. Staff demonstrated that they understood the signs of abuse and how to safeguard the people they supported in line with the provider's procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. Staff understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received their medicines safely. Medicines were administered to people appropriately; clear records were maintained and medicines were stored safely. Staff follow infection control procedures.

People had access to a range of healthcare services to maintain good health. The service liaised effectively with professionals to ensure people received a well-coordinated service. Staff were trained, supervised and had the skills and knowledge to meet the needs of people.

People's nutritional needs were met. Staff supported people to eat and drink healthy and sufficient amounts for their wellbeing. People's individual care needs had been assessed appropriately. People received support tailored to their individual needs. People and their relatives were involved in planning their care and their views considered. People's needs and progress were reviewed regularly to ensure it continued to meet their needs.

People were encouraged to follow their interests and develop daily living skills. There were a range of activities which took place within and outside the home. People were encouraged to be as independent as possible. Staff communicated with people in the way they understood. Staff supported people to maintain relationships that mattered to them. Care records noted people's religious, cultural and sexual needs.

Relatives and staff told us that the service operated an open and transparent culture. The service held regular meetings with people and staff to gather their views about the service provided and to consult with them about various matters. The service learned from incidents and accidents and when things go wrong. The registered manager reviewed incidents and accidents and took actions to reduce the chances of them happening again.

People knew how to make a complaint if they were unhappy with the service. There were systems in place to monitor and assess the quality of service provided. The service worked in partnership with external organisations to develop and improve the service.

Where required people were supported with their end of life wishes. People's funeral wishes were recorded in the care records. There was no one receiving end of life care at the time of our visit but the registered manager told us they would work closely with relatives and other professionals to ensure people received appropriate care and support.

The registered manager complied with the requirements of their registration. They submitted notifications of events and displayed the rating of their last CQC inspection as required.

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. Staff understood their responsibilities to protect people from the risk of abuse.

Risks to people were identified and managed to enhance their safety and well-being. There were sufficient and appropriately deployed staff to meet people's needs. Recruitment checks were thorough and ensured only staff considered suitable worked with people.

People received their medicines safely as required. Staff followed infection control procedures. The environment was safe and well maintained. The service learned from incidents and accidents.

Is the service effective?

Good

The service was effective. People's needs were appropriately assessed and planned for. Staff were trained and supported to be effective in their roles.

Staff upheld people's rights under the Mental Capacity Act 2005 and complied with the requirements of the Deprivation of Liberty Safeguards.

People had access to the healthcare services they needed. The service had systems in place to enable smooth transition when people moved between services. People were supported with their nutritional and dietary needs.

There were suitable facilities and adaptations available for people to use.

Is the service caring?

Good

The service was caring. Staff were polite and caring. Staff treated people with compassion and kindness; and respected their dignity and privacy.

People and their relatives were involved in planning for their support and care. Staff respected people's choices about their care and support.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People had support plans in place which detailed how their individual needs, goals and preferences would be met.

Staff supported people with their needs. People received support to maintain relationships with their friends and family. Staff communicated with people in the way they understood. Information was available to people in accessible format.

People took part in activities they enjoyed. People were supported to access the community and maintain active lives. People's funeral wishes were recorded in the care records. There was no one receiving end of life care at the time of our visit

The service had a complaints procedure in place. Relatives told us they knew how to complain if they were unhappy.

Is the service well-led?

Good

The service was well-led. There was an open and positive culture at the service. Relatives, and staff described the management team as friendly and approachable. Staff were supported and felt able to discuss any issues with the registered manager. Staff told us they had the leadership and direction they needed.

The registered manager carried out checks on the quality of the service and made improvements if necessary. Issues were identified and resolved following monitoring checks conducted.

The service worked in partnership with other organisations. The registered manager complied with the requirements of their registration. They submitted notifications of events and displayed the rating of their last CQC inspection as required.

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Detailed findings

Background to this inspection

We carried out this comprehensive 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.

This inspection site visit took place on 24 August 2018 and it was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information such as notifications we held about the service and the provider. A notification is information about important events the provider is required to send to us by law. We also reviewed the monitoring report we received from the local authority.

During the inspection we spoke with three support staff, and the registered manager. We spent time observing how people were supported as people required support to communicate. We looked at four care records and medicine administration records for five people. We reviewed four staff members' recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits and health and safety management records.

After the inspection, we spoke with two relatives and the aromatherapist working with people to obtain their feedback about the service.

Good

Is the service safe?

Our findings

At our last inspection in June 2017, we found that risk management plans were not followed thereby increasing harm to people. The environment was not well maintained and safe for people; and staff were not adequately deployed to ensure people's needs were met at all times.

At this inspection, we found that the service had made the required improvements. People indicated by their facial expressions that they felt safe and their relatives confirmed people were safe at the service. One relative told us "[Loved one's name] is treated well. They are happy and safe and this gives us peace of mind knowing they are safe and well looked after." Another relative said, "People are safe. The managers ensure people are safe." A therapist who regularly visited the service commented, "I haven't seen anything that bothers me there. I believe people are safe."

People were protected from the risks associated with their behaviour, support, and health and safety. The service assessed risks to people covering various areas such as mental health, going out into the community, preparing meals, personal care, mobility, and fire safety. One person had risk management plans in place which detailed how staff should support them when they went out in the community. The risk management plan stated that the person should be provided one-to-one support when going out in the community and staff to provide support to the person when crossing the road and when travelling in vehicles. Another person's risk management plan included guidance for staff to follow to manage risks associated with their epileptic seizures. This included what action to take if the seizure lasted more than the usual time and what records to keep. We saw that staff maintained a record of the person's seizures. Staff we spoke with were aware of people's risk management plans and daily care notes showed staff followed the plans in place. People's risk assessments were reviewed and regularly updated to ensure they continued to reflect people's needs and guided staff on how to effectively support them while keeping people as safe as possible.

The service ensured a safe environment for people to live in. Regular fire safety, gas safety, water safety, portable electrical appliances and electrical safety tests were carried out to ensure they were safe and fit for use. Staff carried out regular health and safety checks of the premises including environmental health and safety across the home. Water temperatures were tested and recorded to reduce the risk of scalding.

People's needs were met safely by a sufficient number of staff on each shift. One relative told us, "I think there are enough staff. It is not a concern to me because I see enough staff around to support people." Staff told us that there were always enough on duty to adequately meet people's needs. One staff member said, "The number of support workers on duty is fine. We have regular agency staff we use to cover vacancies which is good." Another staff said, "Management always make sure we are fully staffed. The staffing level is really good." We observed there were sufficient staff to support people with their day-to-day needs and to support them with activities. The registered manager told us that they planned staffing levels based on people's individual needs, planned activities and appointments. They told us they adjusted the number of staff on duty as required to ensure people's needs were met in a safe way. People who required one-to-one support had this in place. We saw that staff vacancies and absences were managed appropriately through

the provider's staff bank system. The service also had regular agency staff they used to cover vacant shifts.

The service sustained a thorough recruitment process to keep people safe. Recruitment records showed clearance from the Disclosure and Barring Service (DBS) for any criminal records, satisfactory references, application forms which contained employment history and educational qualifications, right to work in the UK and proof of identity for staff working at the service. A DBS check refers to the Disclosure and Barring Services, which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

People were protected from the risk of abuse. Staff knew the various forms of abuse, signs to recognise and actions they would take to protect people. Staff understood their responsibility to report any concerns, should they suspect someone had been abused. They told us they would raise their concerns with the registered manager or senior staff on duty and they believed prompt action would be taken to protect people. One staff member told us, "I will report any concern to my manager but if it involves them I will report to their superior." Another staff member said, "If I have safeguarding concerns I will report it to the home manager. If they are not doing anything about it I will contact the whistleblowing hotline." Staff also understood how to 'whistle blow' to outside organisations if necessary to protect people. The registered manager was clear and confident in describing actions they would take to respond to allegations or cases of abuse in line with the local authority's procedure. This included raising an alert with the local authority, the police if necessary, conducting investigation and notifying CQC.

People had personal emergency evacuation plans (PEEPs) in place. Staff were confident in describing actions they would take to keep each person safe in the event of an emergency in line with individual PEEPs. There were clear procedures displayed around the home on how to evacuate the building safely. Staff told us and records showed that the procedure was rehearsed regularly through fire drills to ensure that both people and staff were confident with it.

People received their medicines as prescribed and medicines were managed safely. Staff were trained and their competency was assessed in the safe administration of medicines. There were protocols in place for 'as required' medicines so staff knew when to administer such medicines to people. We reviewed the medicine administration record (MAR) sheets for the three week period prior to our visit and saw that staff had signed them with no gaps. Appropriate codes were used where people had not taken their medicines, for example, where a person had refused their medicines or when people were away from the service.

Medicines were stored in a locked cabinet in the office and only staff had access to it. The room temperature was monitored to ensure the effectiveness of medicines were maintained. Unused medicines were returned to the pharmacist in line with the provider's procedure. The registered manager and deputy manager carried out regular checks and audits on medicine stocks to reduce the risk of misuse and to rectify any errors immediately. We checked medicine stocks and they tallied with records. This showed that medicines were well managed for people.

The service had adequate procedures to reduce the risk of infection. Staff had received training in infection control and food hygiene. They knew to use personal protective equipment (PPE) where required, such as gloves and other items of clothing that protected them and people from the spread of infection. the service was clean and well maintained.

Staff maintained records of incidents and accidents. The registered manager and deputy manager reviewed these records and devised an action plan so lessons can be learned from them. Handover and team meetings were used to discuss incidents and actions or lessons learned. For example, one person who had

frequent falls was referred to their GP and then to the falls clinic.

Good

Is the service effective?

Our findings

The service assessed people's needs before they were accepted to use the service. The registered manager told us it enabled the service to establish what level of support people required and helped the service appropriately plan people's support. Care needs assessments covered people's physical, mental health, behaviour, medicine management, communication, nutrition, social activities and personal care needs. Where required people were invited to visit the service, and spent time with other people and staff. The registered manager explained that the service continued to assess people's needs on an on-going basics through observation and input from relatives and relevant professionals such as psychologists. We saw that a speech and language therapist was involved in assessing the eating and drinking needs of one person and had made recommendations in line with the National Patient Safety Agency.

Relatives told us staff carried out their jobs well. A relative said, "The staff are well trained. The staff there currently all seem knowledgeable and experienced. They know how to care and support the residents with their needs." Another relative commented, "The staff are very good with people. They know their jobs and do it well."

Staff told us and records showed staff were trained and received supervision to be effective in their roles. One staff member said, "I feel supported. We have three monthly supervision but we have loads of informal supervision too and it helps." Another member of staff commented, "The organisation sends us to do a lot of training. I have completed all my mandatory training courses. I have done training on challenging behaviour and epilepsy. I know how to support people with epilepsy." We saw staff had completed training in safeguarding, medicine management, moving and handling, health and safety, Mental Capacity Act 2005 and deprivation of liberty safeguards (DoLS). Notes of supervision meetings we reviewed showed discussions about people, health and safety and matters relating to the running of the service. Training needs were discussed at these meetings. Appraisals were conducted annually where staff received feedback on their work performance which covered their achievements in relation to supporting people and developing the service. New staff received an induction which included shadowing an experienced staff member. One member of staff confirmed, "I had induction when I first started. They showed me how to work with people and I completed the care certificate workbook. The Care Certificate is the benchmark that has been set for the standard for new social care workers.

The Mental Capacity Act 2005 (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 they lack mental capacity to take 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 provider was working within the principles of the MCA. Staff had all been trained in the MCA and understood their responsibilities in enabling people to make their own decisions and respecting their choices. One staff member said "Everyone has a right to make a bad decision as far as it

doesn't harm them. It is wrong to assume people lack capacity because of their circumstance. Empower them to make their own decision." We saw that people's relatives and relevant professionals were involved in making best interest decisions for people where it was established that the person was not capable of making that decision.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people who may require their liberty restricted lawfully in order to protect them from harm. Where required, the registered manager submitted DoLS authorisation applications to the local authority and completed all necessary processes in line with the legal framework, to ensure they did not deprive people of their liberty unlawfully. At the time of our inspection, people were on DoLS and the conditions of authorisation were being met.

People's nutritional needs were met. People's care records showed that their individual needs and preferences in relation to eating a healthy, balanced diet were being met. Where people required support with their eating and drinking it was noted in their care plans and we observed that staff supported them appropriately. For example, people who required one-to-one supervision while eating. People who required special diet such as soft or pureed diet received these. Staff supported people to prepare their food in line with their requirements. The menu had a variety of food choices including vegetables. Staff told us that people were able to change their choice of meals on the day and an alternative would be given if this was required. We saw that staff offered people drinks, snacks and fruits throughout the day.

People's day to day health needs were met by a team of health care professionals. People had regular check-ups with their GPs, dentist, dietician and opticians. We saw records which showed that the service had involved a neurologist in the care and treatment for one person. We saw that the community nurses were involved in caring for one person with leg ulcer. Recommendations made by professionals were followed by staff. For example, one person had a soft diet and staff supervised them as they ate their food as recommended by their speech and language therapist.

The service had systems in place to ensure people received consistent, effective and individualised support within and outside the service. Each person had a hospital passport which stated their medical requirements. Care records also contain personal profiles of each person which detailed their care and support needs, communication requirements, allergies, next of kin and GP details. Staff ensured people had their hospital passport and personal profiles with them when they went to hospital or leave the service. The registered manager told us that staff accompanied people to appointments and to hospital so they could share relevant information about people as needed and ensure people received well-coordinated support.

The service had facilities suitable for people. People's rooms were well decorated with personal items such as photographs. There were large communal areas for people to socialise and relax. The bathroom and toilet facilities were adapted and suitable for people's use.

Good

Is the service caring?

Our findings

At our last inspection in June 2017, we found that interaction between people and staff was lacking. We also found that staff did not always promote people's dignity and privacy. At this inspection we noted that the service had made the required improvement.

Relatives told us that staff were caring. A person's relative said, "The staff are ever so caring. The way they talk to residents is always respectful, polite, kind and considerate. [Loved one] is happy and feels comfortable with staff." Another relative said "Staff are friendly, kind and caring. They relate with people as family. [Loved one] loves them and they care about [my loved one] too." Staff knew people's preferences, personal histories, backgrounds and abilities as care records detailed this information. We observed staff addressed people by their preferred names. People were comfortable with staff and they laughed together. The atmosphere was relaxed.

Staff knew what made people happy and relaxed and how people expressed their distress. Staff provided people the comfort and reassurance they needed by following guidance stated in their support plans. For example, one person showed their distress or unhappiness by scratching themselves. Staff knew to pay attention to their needs and provide reassurance. One staff member told us, "We [staff] know people's likes and dislikes, and their support plans and we follow their likes and support plans. For example, [person name] likes to talk about their dad so you know it's important to them. We listen to them when they talk and show interest. We value what's important to people and support them. It makes them happy."

Staff respected people's privacy and dignity and promoted confidentiality. Staff knocked on people's doors before entering and we heard them seek permission from people before going into their rooms. Staff understood the various ways to promote people's dignity. One staff member explained that, "I encourage people to close their door when in the toilet doing their business. Ensuring they are appropriately dressed, neat and tidy." Another staff said, "Ensure doors and curtains are closed when supporting people with their personal care or toileting needs. Don't treat them like babies. You have to treat them like you will expect others to treat you."

People were involved in their day-to-day care and were given a choice as to what they wanted to do and how they wanted it done; and staff respected people's choices. Staff explained how they involved people in their care and how they enabled them to choose what they want. One staff member told us, "By communicating with them in the way they understand. You have to be observant, patient and know what people like so you can offer them alternatives from what they like otherwise you are not really giving them a choice." One member of staff said, "We use pictures and signs to communicate and know what their choices are. With time you know what they want and how to support them too." We observed staff offering people a chance to choose what they wanted to do. Staff offered alternatives and waited patiently for people to respond. For example, one person was walking around in the home and staff asked them if they wanted to sit in the communal area or their room. The person was supported to sit in the communal room and offered a drink.

Relatives told us staff kept them informed of people's care and were they were involved in making decisions about their loved one's care and support. One relative said "They [staff] are good in communicating and updating us on what is going on. We feel involved in [loved one's] care." Another relative mentioned, "I am involved in planning my [loved one's] care. My views are sought and we agree on actions." People had an allocated member of staff who was responsible for ensuring their well-being, and progress. They also supported people to express their views at meetings if the person wished. The service had contact details for independent advocacy services they could involve if needed to represent people's views and staff were aware of how and when to involve advocates. This ensured that people were in control of how they wanted to be cared for.

We saw that people's personal records were kept secured in the office and discussions about people were done where others could not overhear.

Staff told us they encouraged people to be as independent as possible. Care records detailed what people could do for themselves. Where people needed minimal supervision to undertake tasks, staff supported them accordingly. For example, one person was prompted and supervised to prepare their breakfast and to carry out their personal care.

Good

Is the service responsive?

Our findings

People's care and support was planned and delivered to meet their individual needs. Relatives confirmed that people received the individual care and support they needed. One relative said, "They [staff] know my loved one's needs, how to communicate with them and what makes them happy. They do really understand their needs and how to support them well." Another relative mentioned, "[Loved one] has come out of their shell since they moved to this care home. They have been supported to achieve their potential. They are doing the things they haven't done before – going out shopping with staff, doing activities, attending classes and lots of other things. Staff are very creative with people and find ways to support them in accordance to people's needs."

Each person had a person-centred plan (PCP) which gave clear information about their background, histories, family, social networks, preferences, personalities, habits, qualities, likes, dislikes, their goals, routines, social and family support and what was important to them. For example, one person's PCP stated, "…once I wake up I like a cup of tea in the lounge with the night staff and then breakfast." Another person's plan stated, "What's important to me is to stay in contact with my family and be active. I like my things kept safe and my personal space respected." Staff demonstrated they understood people's needs and what was important to them. Staff could give us examples of people's likes and dislikes and their care and support needs. These matched what we read in people's support plans.

Care records showed staff supported people with their individual needs. People were supported with their personal care needs, mobility, nutritional needs, behaviours, and to manage and maintain their physical and mental health. Staff told us they had sufficient information to provide appropriate support to people. One staff member said, "We have a good handover system and we update each other changes in people's needs or any other thing we needed to be aware of. There is good communication here especially regarding people." Changes in people's care and support were reflected in their support plans following a review.

Staff communicated with people in the way they understood. Care records detailed people's communication needs and appropriate methods to pass information to them. For example, one person's support plan stated, "[Person name] can say a few words. They use facial expressions, body language to make their needs known." The plan highlighted that staff should use clear simple sentences and wait for person's response by observing body language and expressions and where necessary use pictures to aid communication. Staff knew to use both verbal and non-verbal means to communicate with people and we observed them communicating with people using methods appropriate to people.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Information about the service was available to people using large text where they had poor eyesight, and in an easy read format where appropriate. We saw that people's care plans, activities plan, hospital passports, and the service's complaints procedure were available in pictorial, and easy read formats accessible to make them more understandable to people.

People were engaged in activities they enjoyed and supported to follow their hobbies and interests. Each person had an activity plan in place and staff supported them where required. People were supported to attend art classes, do pottery, dancing and performing arts, gardening classes and go bowling. Some people attended day centres. People went on day trips and visits to places of interest. Relatives told us that staff were creative in planning activities with people in line with what people liked. One relative said, "People are not just sitting down watching TV. They do various activities which is great."

People were supported to maintain contact with their friends and family. Relatives told us they visited people at the service and staff welcomed them. Staff supported people to keep in contact and maintain relationships with their friends and relatives as they wished. One relative told us how staff had supported their loved one to purchase and send them a Christmas gift.

People were supported with their needs around their religion, disability, sexuality and love relationships. People were supported if they wanted to attend places of worship. Staff had received equality and diversity training and were able to demonstrate they valued people's differences.

People knew how to make a complaint if they were unhappy. One relative said, "I will complain to the registered manager and if I wasn't happy with the way they have handled it I will take it higher. They have sent me the procedure." Another relative mentioned, "If I have concerns my first point of call will be the registered manager. If not addressed appropriately I will take it up to the provider or to CQC but I trust the [registered manager], they always deal with issues." There was a complaint policy and procedure available. The registered manager was clear that they would investigate any concerns or complaints received in line with their procedure. There had not been any complaints since our last inspection.

Where required people were supported with their end of life wishes. People's funeral wishes were recorded in the care records. There was no one receiving end of life care at the time of our visit but the registered manager told us they would work closely with relatives and other professionals to ensure people received appropriate care and support.

Good

Is the service well-led?

Our findings

There was a registered manager in place who understood their role and responsibilities in providing effective care to people. The registered manager complied with the requirements of their CQC registration including submitting notifications of significant events at their service. They also displayed the last CQC rating of the service at the home and on the provider's website. The registered manager was supported by a deputy manager. The deputy manager was also experienced in delivering care and support to people and providing leadership and direction to staff.

Relatives told us that the service was managed effectively and met the needs of people. One relative said, "Nicely run home and I hope it continue to run this well. It feels like 'home' for people. The atmosphere is lovely and welcoming. Both the registered manager and deputy manager are brilliant. They have really got people's utmost interest at heart." Another relative mentioned, "The managers are great managing the home. They are approachable, professional; and involved in running the place like a home." The registered manager told us they planned the service in a way that was suitable for people and ensured their needs were met. They said, they ensured people had regular staff who supported them to maintain consistency and continuity; and to reduce disruption to people. Relatives we spoke with confirmed this. One commented, "The registered manager really goes out of her way to make sure people are happy with the service. They think through everything they do to make sure it suits the needs of people even before they take a new person in the home, they discuss it with other people and assess if the new person would fit in or if it will affect other people in the home negatively. I think that is actually very thoughtful and kind of them." We observed that people were comfortable to approach the registered manager for support and they received the support they needed.

The registered manager consulted with people and their relatives about the service. A relative told us, "They consult me. They send me a questionnaire every year and ask how they could improve the service." Another relative said, "They [service] ask us for feedback. I completed a questionnaire some time ago, not long. They act on what we say." There were no actions noted from the last survey. Relatives commended the service. A compliment from a relative read, "[Loved one] has settled very well indeed and despite a few health hiccups, seems happier now than they ever did in previous settings. The variety of activities they are involved in are wonderful and really allow them to explore their creative side. They seem well looked after and have made some good friends…" Another relative complimented, "I am very happy [loved one] is with you, who obviously care very much for them and will go the extra mile to care for their needs."

Staff told us that the registered manager and deputy manager provided them with the support, leadership and direction they needed. The registered manager regularly held meetings with the staff team to discuss issues regarding people's care and other matters relating to the running of the service. Staff told us meetings were also used as opportunities to receive support, discuss ideas and share learning. All the staff we spoke with demonstrated they understood their roles and responsibilities and the aims and objectives of the service.

Staff felt motivated and committed in doing their job. One staff said, "Its great working here. I enjoy it.

Management is supportive that's why I have stayed that long here. The relationship is two ways and I feel respected. They give me feedback and I give my feedback to the registered manager too. She listens and looks at the matter, where adjustment is needed she does it. She is the type that is open to ideas." Another staff member mentioned, "I don't feel intimidated here. I feel I can speak to my colleagues and managers freely. The managers are quite good at sorting problems out and maintaining stability in the team."

The provider had systems in place to regularly assess and monitor the quality of service provided. The registered manager conducted monthly audits of the service to identify areas that needed improvement and acted to rectify it. These covered areas such as health and safety, care records, DoLS, staff records including training. The provider also carried out a regular review of the service. The review checked areas such as care people received, staff training, health and safety and records. At the time of our visit the service was consulting with people and their relatives about end of life wishes for people. This area was an action identified following the last quality review from the provider.

The service worked closely with the local authority, and other agencies to improve and meet the needs of people. The local authority commissioning team visited the service to complete a quality review of the service. There were no outstanding issues from their last visit.