DKS Healthcare Limited

Heather Lodge

Inspection report

65 Armoury Drive
Gravesend
Kent
DA12 1LZ

Tel: 01474331004

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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

The inspection took place on 19 April 2018 and was announced.
Heather Lodge is a residential care home for up to three adults with a learning disability. There were three people living at the service at the time of inspection. The accommodation was in one building, arranged over two floors. One bedroom and an adapted shower room were on the ground floor and two bedrooms were on the first floor. There was a communal lounge, a kitchen/dining room and a garden.

Heather lodge is a 'care home'. People in care homes receive accommodation and 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.

At the last inspection, on the 08 March 2016 the service had an overall rating of 'Good.' At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained 'Good'.

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 using the service can live as ordinary a life as any citizen.

A registered manager continued to be employed at the service. 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. The registered manager was also the provider.

There continued to be systems in place to keep people safe and to protect people from potential abuse. Staff had undertaken training in safeguarding and understood how to identify and report concerns. Medicines were managed safely and people received their medicines on time and when they needed them. The registered manager continued to assess and minimise risks. People understood these risks and how they were managed.

There was sufficient numbers of staff to meet people's needs. Staff training had been consistently updated and staff had the skills and knowledge they needed to support people with learning disabilities. Staff had regular supervision meetings and annual appraisals. New staff had been recruited safely and pre-employment checks were carried out.

People's needs were continually assessed and support plans remained up to date and accurately reflected people's needs. People were continually involved in decisions about their support. People were supported

to have choice and control of their lives and staff support them in the least restrictive way possible. Peoples support was individualised to them and met their needs. People made decisions about the activities they undertook. Staff were aware of peoples decisions and respected their choices.

People continued to be supported to maintain their health and wellbeing by eating a balanced diet. People were supported to maintain their health and had access to healthcare services. When people accessed other services such as going in to hospital they were supported by the service staff and there was continuity of care.

People were treated with respect, kindness and compassion. Staff took the time to listen to people and engage with them in a meaningful way. Staff knew people well and understood how people communicated. People were supported to communicate and build relationships with people in the community. People were well known in the community and were supported to maintain relationships with those who were important to them.

People were supported to express their views and had regular access to an advocate. People were supported to remain as independent as possible undertake activities of daily living. People's privacy was respected and they were supported to lead dignified lives.

Staff recognised when people were upset or distressed and responded to this. There was a complaints system in place if people or their relatives wished to complain. There were systems in place to seek feedback from people, relatives in order to improve the service. Relatives told us that they felt well informed and that communication was positive and proactive. People were supported to discuss their wishes and preferences for the end of their lives.

The environment had been adapted to meet people's individual needs and was personalised to reflect the people that lived there. The service was clean and well maintained. Staff were aware of infection control and the appropriate actions had been taken to protect people.

Staff, relatives and community health and social care professionals told us the service was well-led. The registered manager had a clear vision and values for the service which staff understood the services values and acted in accordance with. Staff and the registered manager understood their roles and responsibilities. The registered manager regularly audited the service to identify where improvements were needed.

When things went wrong lessons were learnt and improvements were made. Staff understood their responsibilities to raise concerns and incidents were recorded, investigated and acted upon. Lessons learnt were shared and trends were analysed.

The service worked in partnership with other agencies to develop and share best practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Heather Lodge

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 comprehensive inspection took place on 19 April 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.
The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete 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 looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

During the inspection, we observed the interaction between people and staff in the communal areas. We looked at three people's support plans and the recruitment records of two staff employed at the service. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We looked at what actions the provider had taken to improve the quality of the service. We spoke with the deputy manager as the registered manager was on annual leave at the time of the inspection.

People used a range of communication styles and some people did not engage verbally about their experiences of the service. We spoke with two relatives of people, to gain their views and experience of the service provided.

After the inspection we also spoke to the registered manager and three staff by telephone.

We received feedback from three health and social care professionals about the service.

At the inspection we asked the provider to send us the staff training matrix and information about the registered manager's quality assurance process. This information was received by us in a timely manner.

Good

Is the service safe?

Our findings

When we asked people if they felt safe living at the service, they said yes. We observed that people were happy, laughing and relaxed with staff. Staff were able to demonstrate that they knew people well and noticed changes in their behaviour, which may indicate they were unhappy, upset or unwell. For example noticing when one person with a long-term condition was becoming unwell and needed more support. A relative told us, "I absolutely feel that the service is safe". Another relative said, "When my relative was a bit out of sorts, the staff noticed straight away and got them the help they needed".

Community health and social care professionals told us that they had no concerns about the safety of the service and that people were well supported. Staff said, "If anyone needs any help, we all rally round and help each other. If we need extra help someone extra is always called in".

There continued to be a robust safeguarding policy and procedure in place. There had been no safeguarding concerns since our last inspection. Staff had undertaken training and were able to demonstrate that they knew what the possible signs of abuse were such as bruises and a change in behaviour. Staff told us that they knew how to raise concerns about abuse and that they were confident that the registered manager would deal with any concerns. Staff were also aware of what to do if the concern was not addressed.

Risks to people's individual health and wellbeing continued to be assessed to enable them to remain safe. Support plans contained individual risk assessments including assessments for; mobility, in and around the home, out in the community and personal care. Each support plan explained how to manage these risks to ensure that people received the care they needed in a safe way. Staff were able to demonstrate that they understood how to support people to minimise risks from occurring. We observed staff following the guidance in people's support plans, for example ensuring that one person was seated before handing them a drink. People had been given information about the risks to their health and wellbeing. One person was living with a long term health condition. Staff had explained their condition to them and provided information on diet and exercise to enable them to understand the risk and how to minimise it.

The registered manager continued to carry out regular health and safety checks of the environment to make sure it was safe. Where assessments had identified actions were needed these had been undertaken. The provider had arranged for regular servicing of the gas and electricity systems to ensure they worked safely and correctly. Water temperatures were checked throughout the service to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarm and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific requirements that each person has, to ensure that they can be safely evacuated from the service in the event of an emergency. Staff and people were involved in fire drills.

People were supported by a small team of staff who knew them well. There continued to be enough staff to meet people's needs and keep them safe. Staffing numbers were based on a full assessment of people's support needs. Staffing was arranged flexibly so that there was enough staff available to support people to

do what they wanted to do each day. For example, two people benefited from 1-1 staffing input and additional staff were made available so that people could remain safe when accessing their local community or if they chose to remain at home. There was sufficient staff to cover absences, like annual leave or sickness and no agency or bank staff were used. The registered manager told us, "It's important that people have consistency of care". The registered manager was based at the service during the week and was available to support people to undertake activities at the weekend where needed. There were no staff vacancies at the time of our inspection and one new member of staff had been recruited since our last inspection. The registered manager told us that staff retention was good within the service.

Robust recruitment processes remained in place to ensure staff were suitable to work with people before they started. Pre-employment checks were carried out; these included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings.

Policies and procedures continued to be in place to ensure people received their medicine safely and on time. For example, medicines were in date and staff competencies were checked on an on-going basis and recorded. Staff received training on how to give people their medicines and medicine administration records (MARs) were complete and up to date. Some people were prescribed medicines on an as and when basis, and there was guidance in place about how these should be used and when these medicines might be needed. Medicines continued to be stored safely and at the right temperature in a locked cabinet. Staff had spoken to people about their medicine to ensure that people knew what the medicine was for. When people moved to the service staff arranged for them to have a new medicine review to ensure that they were not taking medicines that were no longer needed. As a result of this, some people's medicines had been reduced and staff reported that this had a positive impact on people's wellbeing.

The service was clean and smelt fresh. The people who lived at the service were supported by staff to keep their home clean. For example, one person liked to vacuum, another person put the bin out and people did their own washing with support. Risks of infection were minimised by health and safety control measures based on an up to date infection control policy. These controls included the testing of water systems for legionella bacteria, water outlet flushing and temperature monitoring, infection control training for staff, and the provision of personal protective equipment. There were schedules for staff to check and clean areas on a daily, weekly, monthly and quarterly basis. The registered manager undertook infection control checks, recorded any actions needed and then checked that those actions were complete.

Incidents and accidents were recorded by staff. Learning from these was communicated to the staff at team meetings, in support plans and at handover meetings. For example, where a person had fallen there was information in their support plan on how to prevent further falls and actions had been taken to reduce the risk. Learning from accidents and incidents minimised the risks of avoidable harm. Information about safety was analysed for trends to reduce risk.

Good

Is the service effective?

Our findings

People confirmed that they were happy with the support they had from the staff. One person said, "They help me do the things I enjoy doing". Relatives told us, "The staff are very welcoming and they know my relative very well". Another relative said, "It's brilliant, the best place [name] has ever lived at".

One person had moved to the service since our last inspection. The person had lived very close to the service and already knew the people and staff well. The registered manager told us that the person had been invited to visit prior to moving in. The registered manager said, "Although people knew the person well, living with people is different and so we wanted to ensure that people had the time to discuss and understand this". The service undertook a holistic pre-assessment prior to the person moving in. The assessment included information on person's life history, choices, and preferences. The assessment form included pictures which were used as prompts during discussions so that the person could be supported to understand the discussion.

People met with their key worker every four to six weeks to review their support plans and choices to ensure that they had not changed. A key worker is a person who takes the overall lead for that person's support. People's plans were also updated when their needs changed. For example, one person had a small denture fitted and the support plan was updated to enable staff to continue to effectively support the person with oral hygiene.

People were supported by a small, well trained staff team who knew them well and were responsive to their needs. Records showed that staff had continued to receive training relevant to their role to support people they looked after. These included manual handling, safeguarding people, equality and diversity, food hygiene, and fire safety. Staff told us that there were opportunities to develop enhanced skills and some staff were undertaking a course in leadership and management in health and social care as part of their professional development. Staff said, "When I ask to go on further training the registered manager responds immediately".

The registered manager checked how staff were performing through one to one supervisions and an annual appraisal of staff's work performance. Staff confirmed that they had opportunities to meet with the manager to discuss their work, performance and training and development needs.

New staff completed the care certificate. This is an identified set of standards that social care workers work through based on their competency. New staff confirmed they completed an induction which included reading the service's policies, people's support plans and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff told us, "The induction was really good. I was nervous when I first started but now I feel confident because of the support and training".

People did not always require assistance with nutrition or hydration. Some people liked to cook with the support of staff, other people confirmed that they were encouraged to do so but chose not to. One relative told us, "They all plan what they want to eat over the next few days and go shopping. If my relative changes

their mind and wants something else they can do". People chose when and what they ate and drank. We observed people taking items from the kitchen cupboard to show staff what they wanted to eat later and people making their own drinks or being supported to do so. Staff told us that sometimes people would eat the same meal and other times they all ate different things. This was confirmed by people's records. Staff recorded what people ate so that the registered manager could ensure that people's diet remained balanced. Staff offered more support where there was a risk that it was not. One person needed to regulate their sugar and carbohydrate intake. Staff had sought guidance from a health professional on diet and portion sizes and explained this to the person to help them make sensible choices and remain well. Another person needed to be encouraged them to eat a more varied diet and staff told us that they were working with them to encourage them to try new things. People indicated to us that sometimes they chose to eat together and at other times chose to eat in their rooms or in the lounge watching TV. There were take-away menus on the notice board and staff told us that they would order take out when people wanted a treat.

Where people had long-term conditions and needed to monitor their weight to stay well they were weighed regularly and changes were recorded. This information was shared with the health professionals who were supporting them to manage their health.

There was information in place for people to take with them if they were admitted to hospital. The service was participating in a scheme with the local hospital, GP's and community health professionals where information was shared electronically and updated automatically using an electronic fob which people took to appointments. This included important information that healthcare staff should know, such as how to communicate with the person and what medicines they were taking. There was a paper version in case people needed treatment out of area. Staff told us this was important to ensure people received the right care. People had health action plans in place detailing their health needs and the support they needed and these were being reviewed with their GP.

Staff knew people well and people's health continued to be regularly monitored. The staff knew what signs to look out for, such as a change in someone's mood or behaviour. For example, one person had a daily chart to monitor for early warning signs that they may be becoming unwell. The staff were able to tell us about how they cared for and supported each person on a daily basis to ensure they received effective personal care and support. Where people had long term conditions, there was information for staff to enable them to identify that a person was unwell and what actions to take. For example, one person had a long term condition and their blood pressure was monitored to ensure that it wasn't too high and the results were shared with a health professional.

People had access to healthcare to maintain their health and well-being. We saw in people's support plans that they had accessed services such as GP, dentists, and podiatrists. Where needed external support and equipment had been secured promptly and helped people continue to live independently and safely. For example, one person had been supported to access adapted footwear to help them walk safely. Another person had become quiet and withdrawn and staff identified that they could not hear very well. The person was supported to visit their GP who was able to resolve the issue and staff told us that the person was now much happier and engaged more with people.

People were supported to be active and improve and maintain fitness. People told us that they often went on walks and participated in community walking events. When we visited people had gone out for the day to an event and when they returned they told us that they had chosen to take a long walk back because the weather was nice. People told us that they had used exercise machines at the event that day and everyone seemed to have had a good time. People went to exercise classes and one person was supported to participate in regular athletic exercise. One relative said, "They are always active, always doing something,

always on the go".

The service had a welcoming, relaxed feel. One health and social care professional told us "It is very much like a family home with a proper family feel." There were framed pictures of people and their friends and families on the walls in the lounge and on the windowsill and shelves. People had chosen the decorations for their own rooms. At the time of the inspection, no one at the service was using a wheelchair or needed support to use the stairs. However, there was one bedroom, a walk in shower and a bathroom downstairs which had level access for a person with mobility issues. The entrance to the house and garden was also level and there was enough room to safely manoeuvre a wheelchair. Walkways were clear and free from clutter.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, no one at the service had a DoLS in place.

People at the service had capacity to make their own decisions and choices with support. For example, one person was offered a number of choices based on their previous preferences. Staff told us that if the person chose none of them they would offer another set of choices until they found something the person wanted. Staff we spoke with understood the principles of the MCA 2005 and were aware of how to respect people's choices. One staff said, "If they want to make a bad decision I explain the pro's and con's but it is their decisions and I would support that decision". We observed staff asked for consent prior to carrying out any support tasks. People were offered choices regarding food, drink and how they spent their day. The health and social care professionals we spoke with told us that people were fully involved in making decisions about their care and day to day living.

Good

Is the service caring?

Our findings

One relative told us, "We sleep soundly at night knowing they are so well cared for. I can't believe how lucky we are to have [name] live there". Another relative said, "It is brilliant, it is the best place".

One health and social care professional said, "The staff spoke with affection about the people who lived there. The service seems to operate like a family".

Staff told us, "The home is a home and it's a loving, supportive one", "The best thing about working here is the people that live at the service".

When we arrived staff supported one person to open the door and welcome us to their home. The person asked us for identification and was prompted to ensure that we signed the visitor's book. We were immediately introduced to the other people who lived there. Staff confirmed with people that they knew we were coming and asked them if they had any questions about our visit.

Some people were doing jigsaws. Staff were counting out loud as each piece was placed in the correct place encouraging people to participate and learn the numbers. Staff told us that they encouraged people to learn letters and numbers and tried to make it fun for people using games, books and ABC charts. People found it funny when they got a piece of the jigsaw wrong and staff and people were laughing. When people had completed their jigsaw the staff congratulated people and told them they had done a great job.

The registered manager and staff told us when people moved in to the service they supported them to understand that they had a right to express their views and make choices. The registered manager said, "When people move in they ask if they can do things. We work with them until they understand that they don't need to ask because it is their home and their lives". We observed people making drinks and came and went as they wished. One person said they wanted to go out. The staff asked them if they wanted to go right now and when the person said yes, they left immediately.

People met with their key worker every four to six weeks to discuss their support and any changes they wanted to make. Some people also had advocates to support them to express their views. Advocates are independent and help people express their views and feelings. The registered manager told us, "All People have pretty strong views about their support and we encourage them to voice their views". Relatives told us that people had become more independent since moving in to the service and expressed their opinions more. One relative said, "My relative knows what they want more. They need less prompting and they are more confident about making decisions for themselves". Another relative said, "My relative is happier and much more outgoing than before".

There was a feeling of equality between people and staff. Staff spoke about people with respect and this was reflected in the way they wrote about people. For example, daily notes spoke about people being supported to do and achieve things for themselves. When staff made a drink for someone they asked them where they wanted to drink it even though the person was already seated. One relative told us, "They treat my relative

with respect, they listen and make it known that my relative is important".

People were relaxed and comfortable, when they came home from a day out some people kicked off their shoes and made themselves a drink before sitting down to relax and talk to staff and other people. One relative told us, "The staff are very professional but for [name] it feels just like home". The conversation between people and staff flowed naturally from one topic to another and everyone was laughing as they shared funny stories. One person had gone alone to the local shop on their way home. Staff told us that they had exchanged phone numbers with the shop so that they could telephone if there were any concerns or the person was gone a long time.

People had been supported to learn how to clean their rooms and staff supported them to do their laundry so that they could be more independent and maintain their privacy. We observed that when staff needed to enter a person's room they knocked on the door. If the person was in another part of the house staff went and asked their permissions first.

Some people needed support to communicate. Staff were working with one person to develop pictures and prompts they could understand. For example, they used photographs of activities to ask the person if they wanted to go to them. One person had chosen not to use aids or pictures to support their communication and staff had respected their choice. Staff had worked to learn to understand the person's speech and to ensure that the person did not become frustrated when they were not understood. Staff said "When I don't understand something I try to keep it very light hearted gauging their reaction, as long as they are laughing then I know it's alright".

People were provided with emotional support when it was needed. One person told us that staff were supportive when they had a recent bereavement. The person told us, "They listen to me and help". We observed staff listening to the person when they wanted to talk about it and being comforting. Staff reassured them about the plans for the funeral when they were anxious about it.

People's personal records were stored securely which meant people could be assured that their personal information remained confidential. Staff we spoke with understood about confidentiality. All confidential information and records were kept securely so that personal information about people was protected. The registered manager was aware that changes to legislation around personal data (General Data Protection Regulation) could affect the service and had arranged to attend a session to learn more about these changes before they come in to effect.

Good

Is the service responsive?

Our findings

People were supported to make decisions and choices based on their preferences and wishes. We observed people being offered choices about how they spent their time. Relatives told us, "They go out all the time. Some days they go out to two or three things, even if it's just for a coffee, to a boot sale and the cinema. My relative is very happy and loves living there".

The health and social care professionals we spoke to told us that the service provided personalised care. One said "Everything is focused around the person and what they want and need". Another said, "The service is fully focused on the residents, the people are at the very centre of the care they provide".

People's support was based around their needs, choices and aspirations. The registered manager told us, "Peoples support plans are living documents; things change constantly, sometimes as the weather changes, what people want also change". Staff spoke about people achieving their goals and aspirations with pride. People were supported to achieve these goals. For example one person wanted to improve their athletic ability and staff were supporting them to do this and recognise their success. People met with their keyworker every four to six weeks to discuss any changes they wanted to make to their support and regular activities. One person wanted to go to see more sports games and their keyworker had found out information about more games to go and see. People also met together weekly to discuss the activities for that week. One person kept a calendar so that they could remind others of events they were planning to attend. People also discussed activities on the day and could change their plans when they wanted. For example, one person decided to go to a different club one day. Another person wanted to go to a shopping centre instead of their usual club and was supported to do so. Sometimes people chose to go to the same activity or event and sometimes they went to separate places. For example, one person went to a different club each week because the people there had similar interests. A relative told us, "They are not always together, they each do what they want to do, sometimes it's the same and sometimes it's not".

Relatives and health and social care professionals confirmed that they were involved in reviewing people's care.

Some people had seen changes in their relationships with family members due to them becoming older. One person's family member was no longer able to visit and staff supported the person to understand this change. In order to maintain the relationship staff supported the person to visit their relative at least once a week for lunch. The registered manager told us that it was an open door for friends and relatives and relatives confirmed this. The registered manager said, "Sometimes when relatives call the person doesn't want to go out so they come round for a cup of tea instead". Some people went to see their relatives on a regular basis. One relative said, "When they are at the service they call us every day and when they are here they call the service every day, just for a chat and to catch up because it's home to them".

Staff and relatives told us that there were strong links with the local and wider community and people were well known in the community. Staff told us and relatives confirmed that people had been supported to build up relationships with the neighbours and gifts were exchanged at holiday times. One relative said, "They all

like going out to chat with people, they know all the neighbours and have made some really good friends".

There was an easy read complaints policy on the wall and people had a copy in their room. There had been no complaints. People at the service told us or indicated to us that they were happy and relatives said that they had no complaints. The registered manager told us, "It's an on-going thing and we encourage people to talk to us as much as possible and to let us know their views, if someone says they don't like something we change it even if it's just the sausages".

No one at the service was currently being supported with end of life care. Staff told us that they were working with people to develop end of life plans but were taking it very slowly as people had all expressed that they found the topic difficult to discuss. Staff had discussed people's religious preferences. Whilst people did not practice a religion some people wanted to undertake acts of remembrance and staff supported people to do this.

Good

Is the service well-led?

Our findings

One health and social care professional told us, "They seemed to be on top of everything. It is a well-run home".

Staff said, "It's a lovely place to work. The home is run very nicely and everything is goes very smoothly". Another member of staff said, "I think that the registered manager is a really good manager. They are approachable and easy talk to".

The service continued to be well-led by a skilled and passionate registered manager who was also the provider. The registered manager had been at the service since it opened four years ago and was experienced in working with people with a learning disability. They were supported by a deputy manager who had also worked there for a long time.

The registered manager had a clear vision for the service which was based on providing support that was led by and focused on the person. Staff were aware and understood the vision and values of the service. Staff told us, "What makes me proud to work at the service is the fact that I can help the people that live there and improve their lives". Another staff said, "It's all about the person, everything works for and around them".

There continued to be a positive culture and atmosphere between the registered manager, staff and people. The staff we spoke with were positive about the service and told us that they really enjoyed their role. One staff said, "I get real personal satisfaction; there is always something new to do every day. It's a really nice environment to come in to work". Staff were clear about their roles and responsibilities and who their manager was. Staff treated each other with respect and spoke highly of one another. The registered manager told us that the staff team is very stable and records confirmed this. The registered manager said, "I think I have a strong team, they are all focused on the residents and all of us believe that the residents come first", and "I think about how I would like my own family to be treated and make sure that we treat people like that".

When we asked people about the registered manager they all smiled and were positive about them. Staff told us that the registered manager was accessible and approachable and that there was an open door policy. Staff had regular supervisions, appraisals with the registered manager. The registered manager told us, "Staff have their own lives and own challenges and we notice when staff need more support". Staff confirmed that the registered manager was very supportive, one staff said, "If I have any problems I can always speak to the manager". The registered manager worked alongside staff on a daily basis and was therefore able to lead, review and understand staff practice. Appropriate procedures were in place for investigations, staff grievances and disciplinary matters.

Policies and procedures continued to be updated on a regular basis to ensure they reflected current legislation and were available for staff to read. Staff were expected to read these as part of their training and induction.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how events had been handled. This demonstrated the registered manager understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

The registered manager shared information, and was transparent about the future of the service. The registered manager told us, "We sit down every Sunday and just talk about everything but people don't have to wait to let us know their views. It's better that people talk to us when they want to and they do". The registered manager told us that they kept in regular contact with people's relatives and invited them to feedback on people's support and the service through the year. Relatives confirmed this. Feedback was consistently positive. One relative told us, "The registered manager is brilliant; she keeps us informed. She is always there. She would listen if we had something to say. It feels like we have known them for years".

There were staff meetings every 4 to 6 weeks. We saw minutes of meetings held, and the staff we spoke with confirmed that they took place. Any issues or ideas staff had were discussed in their team meetings and supervisions. Staff told us they felt comfortable raising issues and ideas with the registered manager. Staff told us, "Suggestions are always welcome, even when I first started they were listened to. Ideas that staff put forward are discussed with the people who live there and tried out if they agree with it". For example, one staff suggested a new layout for the activity timetable. People agreed to try the change. After a while the change was reviewed and people agreed that they wanted to keep the new format.

The registered manager continued to monitor the quality of service provided. Relatives were invited to provide feedback annually via questionnaires. People were asked how the service could improve every four to six weeks by their keyworker. This helped the service to understand what people thought of the service and where improvement was needed. Questionnaires for people were in easy read format and people were supported by their keyworker to complete these. Feedback from the questionnaires was positive.

Checks and audits continued to be completed. The registered manager and deputy manager audited aspects of care such as medicines, support plans, health and safety, infection control, fire safety and equipment.

The registered manager had an oversight of accidents and incidents. They regularly reviewed information to see if changes to people's support were required due to people's changing needs. For example, one person had had a fall. The persons support plan had been reviewed and action plan was in place to reduce the risk of reoccurrence.

The registered manager continued to work closely with social workers, referral officers, learning disability health professionals and other health professionals. The registered manager told us that they attended local forums to share and develop best practice.