

Innovation Care Limited

Prospect House

Inspection report

Prospect Road
Cinderford
Gloucestershire
GL14 2DY

Tel: 01594826246
Website: www.innovationcare.com

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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 19 and 20 December 2017. It was unannounced and was carried out by one inspector.

Prospect House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Prospect House accommodates up to nine people in one adapted building. It is registered for younger and older adults with a range of different needs including learning disability, autism, mental health needs, dementia and physical disability. At the time of this inspection six people were living there.

Accommodation is provided on two floors, the ground floor is wheelchair accessible. People had individual bedrooms, most with en-suite facilities and all had access to communal bathrooms. Spacious communal areas were provided on the ground floor, including lounge, kitchen and dining areas. A stair lift was fitted to assist people with limited mobility to access the first floor. Outside there was a parking area and small garden to the front and a large garden to the back and side.

At our comprehensive inspection in October 2017 we found three breaches of the regulations and rated the service as 'Requires Improvement'. We inspected the service again on 17 March 2017 and found the required improvements had been made and the requirements of the regulations were met. At this inspection we found the service had sustained these improvements and we rated the service as 'Good'.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was registered with CQC in October 2010 to manage the service. They were also registered to manage the provider's other care home in Hereford.

People felt safe at prospect House and were comfortable with the staff who supported them there. Staff understood how to protect people from harm and abuse. Risks to people's safety were identified and clear support plans were followed. Incidents and accidents were monitored and action was taken to reduce risks to people. Environmental risks were assessed and managed appropriately. There were enough staff to meet people's needs and recruitment checks were thorough. People received their medicines as prescribed.

People were supported by knowledgeable staff who received ongoing training and support to maintain or improve their skills and competency. Technology was used to make information accessible to people, to support people's independence and to support the delivery of care. People were encouraged to make their own decisions about the support they received wherever possible. Deprivation of liberty safeguards were in place where people were restricted of their liberty.

Facilities at Prospect House were adapted to meet the needs of the people living there. People were supported to have a healthy and nutritious diet which reflected their individual dietary needs. Staff worked closely with external professionals to meet people's health and well-being needs.

People received support from caring staff who valued and understood them. 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 in the service supported this practice. People's privacy was respected and they were treated with dignity, kindness and compassion. People were supported to maintain relationships with others who were important to them. They received personalised and responsive care which enabled them to live as full a life as possible. People could raise concerns about the service and have their complaints listened to.

Everyone we spoke with was positive about the leadership of the service which they described as 'friendly' and accessible. Leaders were aware of the day to day culture at prospect House and upheld the provider's values, acting inclusively and with integrity. There were systems in place to seek the views of people, their relatives, staff and visiting care professionals. Feedback was taken into account to improve and develop the service provided to people. The registered manager maintained and updated their knowledge through local provider networks and with reference to local and national policies. Additional systems ensured key messages were communicated and the quality of the service was closely monitored.

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 were safeguarded from the risk of being supported by unsuitable staff because robust recruitment checks were completed and staff performance was monitored effectively.

People were protected against health and well-being related risks and there were enough suitable staff to meet their support needs.

People's medicines were managed appropriately to reduce risks to them.

Is the service effective?

Good 

The service was effective. People were supported by staff that had the skills and knowledge to meet their needs. Staff were suitably trained and supported to carry out their roles.

People were supported and enabled to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were complied with.

People's health and nutritional needs were met and they had access to health and social care professionals.

Is the service caring?

Good 

The service was caring. People were supported by staff who were kind, caring, engaging and supportive.

People were treated with respect, kindness and compassion.

People and their close relatives were listened to and were involved in decisions about their care. People were provided with aids and pictures to promote their communication and involvement in their care.

People's dignity and privacy was maintained and their independence in daily activities was promoted.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and were routinely consulted about the support they received. People's end of life wishes were also explored with them.

Staff knew people well and worked flexibly to help them follow their interests and hobbies.

People were enabled to maintain relationships with those who mattered to them.

People were able to raise complaints and these were responded to.

Is the service well-led?

Good ●

The service was well led. People benefitted from an inclusive service where they were valued as individuals.

The provider and management team worked openly and transparently with others, seeking their feedback, to improve the service.

The provider had systems in place to monitor and make improvements to the service.

Prospect House

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 19 and 20 December 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we hold about the service including notifications. A notification is a report about important events which the service is required to send us by law. A Provider Information Return (PIR) was not requested prior to the inspection. 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. This information was gathered at the inspection. Commissioners had not visited Prospect House since our last inspection.

As part of this inspection we spoke with two people using the service. Most people were unable to tell us about their experience at Prospect House due to their complex needs. However, we observed staff interacting with five people. For example, during meals and other day to day activities. We spoke with four people's close relatives and sought feedback from five health and social care professionals. We also reviewed feedback given to the provider in their 2017 survey.

We reviewed two people's care and activity records. We checked medicines records for all six people and observed a staff member administering medicines. We reviewed the processes in place for managing medicines and the use of 'as required' medicines. We spoke with the provider's representative, the registered manager and their deputy and seven care staff. We looked at recruitment and supervision records for five staff, staff training records and rotas, complaints, accident and incident records, maintenance records and provider policies and quality assurance systems. We reviewed records relating to Deprivation of Liberty Safeguards (DoLS) for all six people living at the service.

Is the service safe?

Our findings

People were protected from the risk of abuse as staff understood their role in protecting people and followed the processes in place to safeguard them. Staff were confident they could take any concerns to the registered manager or provider and these would be responded to appropriately. They were aware of local safeguarding procedures and understood which external agencies should be involved. Staff routinely completed body maps and incident forms which were reviewed by managers to monitor any injuries to people. Staff followed the systems in place to protect people from financial abuse. For example, checking cash balances at shift changeovers. The registered manager had acted on people's behalf to raise concerns via the local authority's adult safeguarding team and notified CQC of incidents appropriately.

Support plans detailed actions staff should take to protect people. For example, how to recognise and respond if they were behaving out of character. People carried keyrings with contact numbers for the adult safeguarding team. Although they could not read the information, managers felt the keyrings enabled others around them to raise concerns. People confirmed they felt safe living at Prospect House; one said "I am happy here and feel very safe." People were relaxed and comfortable with staff and looked to them for reassurance and support if they were unsure. Comments from people's relatives included, "I think [Person's] very happy there. They're always happy to go home."

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. All required checks were completed before new staff were employed to support people. New staff worked a six month probationary period to determine their suitability for the role. Records demonstrated that when staff raised concerns about another staff member's conduct, these were addressed. This was done through supervision or disciplinary action to ensure expected standards were maintained. Staff were confident and knowledgeable in their roles and were able to access appropriate support from senior staff or managers at all times.

Appropriate staffing levels were maintained to meet people's needs safely. Staff appeared relaxed and unhurried and had time to listen to people. Staff comments included, "We were overstaffed but now we're ok" and "The staff team here are really good, we hardly use any agency. Staff will cover if needed, they're really flexible." A staff member told us the deputy manager routinely checked the rota to ensure staff with the right skills were always available.

Systems were in place to monitor the safety of equipment and the home environment. Regular checks were carried out to protect people against risks associated with fire, legionella, gas and electrical equipment. Health and safety audits were completed monthly and these were reviewed by the provider. Action had been taken in response to any potential health and safety concerns.

Risks to people were assessed and their support needs were reviewed in response to any changes. Where possible, people were supported to access the community independently to pursue their interests and chosen activities. Support plans detailed actions needed from staff to facilitate this. For example, staff checked for local road works before one person went out alone, as they were sensitive to loud noise from

the machinery: making them unable to function normally, including being able to respond to danger, or continue their journey.

People who at times became distressed or anxious were helped by staff to manage their emotions and to become calmer. Staff were mindful of people's mood states and where possible used distraction and diversion techniques to focus them on something they enjoyed. Staff monitored people's moods and all incidents resulting from people's altered mood were recorded. When patterns in incidents were apparent, action was taken to improve the support provided to people. For example, manager's noticed more behavioural incidents occurring when some staff were on duty. Further to this, a staff member regularly worked alongside experienced staff, who mentored them to improve their approach. Behavioural incidents had since reduced as the staff member learned how to respond positively, for example, by offering alternatives when people's requests couldn't be met immediately.

Accidents and incidents were analysed for trends to identify new risks to people. For example, when a person began to have regular falls, as a result of their progressive medical condition, referrals to health professionals were made: In accordance with best practice, staff were taught by them to assist the person to the ground safely and moving and handling equipment was supplied to meet the person's reduced mobility needs. Incidents and near misses were discussed in meetings with the whole staff team: Staff discussed what had happened, how it could have been done better and how to make the situation safer. For example, when a person was found smoking in their room, staff worked with the person and their close relatives to avoid this happening again. No serious injuries or incidents had occurred at the service since our last inspection.

People were protected against the risk of infection. Staff understood the infection control measures in place and demonstrated appropriate knowledge to manage various scenarios they may face. For example, using different products and equipment for different types of spillages. Staff had completed training in infection control and food hygiene and said personal protective equipment was always available for use at Prospect House. Cleaning and maintenance routines were followed to ensure the service was clean and well maintained. An infection control audit was due to be carried out in February 2018. The deputy manager confirmed there had been no outbreaks of infectious diseases at the home.

People's medicines were managed safely. The systems in place reduced potential risks to people and medicines were ordered, stored and disposed of in line with current guidance and legislation. Regular checks meant appropriate stock levels and storage temperatures were maintained. Guidance for staff in use of 'as required' medicines and 'over the counter' remedies had been agreed with health professionals. No rescue medicines for epilepsy were prescribed for people at the time of the inspection. Medicines audits ensured medicines administration records (MAR charts) were completed appropriately. When any gaps or issues were identified, these could be addressed straight away. Staff allocation records identified which staff member was responsible for medicines on each shift. Staff only completed medicines training when they were ready to undertake this additional responsibility and competency checks were carried out.

Is the service effective?

Our findings

People's needs were assessed before a place at Prospect House was offered. Assessments were based on recommendations by health and social care professionals, information from existing care providers and the wishes of the person and their close relatives or advocate. People's spiritual, religious, sexual and cultural needs were identified as part of the initial assessment. Managers met with the person and a visit to Prospect House was arranged. This assisted people to decide whether the home was right for them and enabled managers to assess how compatible they were with people already living at Prospect House.

The registered manager considered people's diverse needs and whether adjustments were needed in the delivery of their care. Staff completed training in equality, diversity and inclusion and had an understanding of the protected characteristics under the Equality Act 2010. Information relating to protected characteristics, such as age, religion and disabilities, was explored when planning how to meet people's support needs. For example, noting how they practised their faith and any arrangements needed to assist them to do this. Information about different religions and cultural beliefs was available in the home.

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. When people were able to consent to care and treatment staff supported them to do so. For example, one person was supported to make their monthly appointment at the GP surgery and could walk there independently. Assessments detailed the aspects of each person's life they were able to make decisions about, such as where they lived, personal care and food choices and how they communicated their choices.

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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications for authorisation to deprive two people of their liberty had been approved. There were no conditions in place relating to these authorisations. Another DoLS application was in progress.

Some people's bedrooms and the lounge had been decorated since our last inspection. People had chosen their decor and were proud of their personal space. Each person's room was highly individualised, reflecting their interests and personality. Each person held a key to their room and could have private time alone if wanted. None of the people living at Prospect House had a significant physical disability or sensory impairment. However, the ground floor was wheelchair accessible and downstairs bedrooms and a bathroom were available. A stair lift had been fitted to enable one person to go upstairs. The upstairs bathroom was due to be refurbished and managers were considering the best options for people. The communal areas and gardens were spacious, allowing plenty of room for visitors. The house was warm, clean and festive.

People's assessments and support plans were being updated and all new records were entered into the provider's electronic recording system. We viewed these with the registered manager and could check at a glance, for example, what a person had eaten that morning. The registered manager could access care records remotely and in an emergency, should the need arise. People's independence and freedom was promoted through use of telephone and email to stay in touch with their friends and family and provide them with updates. People's support plans promoted their mental well-being including giving them a sense of achievement. For one person this included working alongside the deputy manager at the stables, keeping chickens and preparing the Sunday vegetables. We asked this person about their role at the stables, whereupon they broke into a huge smile and told us about the horse "Sally" who they helped to care for.

People were supported to stay as healthy and as well as possible. They had access to a range of health care professionals and received appropriate preventative health care. They were supported to attend annual health checks and screening. People's food intake and weight were monitored to ensure they received the right amount to eat. Staff had responded to one person's unexplained weight loss, which was being investigated by their GP. They were receiving a high calorie diet and staff supported them to eat what they fancied, as often as they liked. Another person was found to be above their recommended weight at their health check. Their support plan included encouraging them to eat healthy options and to join in physical activities. Their relative said, "[Person] used to eat quite a lot. It's a lot more manageable now. [Person] eats well."

There was good communication within the staff team about people's well-being and outcomes of their consultations with health professionals. Staff worked closely with social and health care professionals to co-ordinate people's care and support. Feedback to the service from a health professional included, "We share the care of those with a learning disability with several different private providers. The Prospect House team is among the best to work with."

Mealtimes were social events where everyone sat together. People were consulted about their meal preferences and pictures were used to help some people make choices. Staff described the food as "very good" and said there was plenty. A "rolling menu" was followed, with home cooked foods, using fresh produce. A main meal and lighter options were available each day. People ate out on occasions, such as Sunday lunch, and had "take-away night" once a month. Snacks and drinks were available between meals. Feedback from people included, "I like the food."

People were supported by staff who received suitable training and support for their role. Staff were confident when interacting with people and demonstrated appropriate knowledge when describing people's support needs. They received basic training in moving and handling and first aid and specialist training to meet people's specific support needs. A variety of teaching approaches were used including online (computer based), face to face and mentoring. Staff training and development needs were monitored by the deputy manager. Staff said, "I can't fault the training. Any training we want to do, they try and arrange straight away" and "I'm still learning every day. I still get a lot of help from those [staff] who have been here longer." Relatives commented, "vastly improved", "proper training" and "I think they are brilliant. They've got some good staff too."

Is the service caring?

Our findings

People were treated with kindness, dignity, respect and compassion. When people spoke, staff listened and responded to them, communicating in different ways with each person. While one person was chatty and joking with staff, staff used short sentences, pictures, objects and sign language to communicate with others. Staff encouraged people to complete everyday activities, acknowledging and complementing the work they had done. Staff had time to listen to people and to support them to do things at their own pace. The staff rota was organised to ensure there was at least one driver on day shifts, so people could always attend community based activities or appointments.

People were informed about the options available to them. Their close relatives were involved in supporting them to make decisions when appropriate. People who did not have close relatives were supported by advocates and staff. People's care was organised around their wishes and needs. For example, one person's support plan specified they should be given one day advance notice of any special arrangements, as knowing too far in advance made them anxious, resulting in unwanted physical symptoms. They understood and agreed to this arrangement.

People were invited to join in with regular house meetings, where they could give feedback about their life at Prospect House and what they wanted. For example, whether to have a social event at the house or a night out. A survey had been carried out in 2017 to gather people's views about the quality of the service they received. This was produced in easy read pictorial format, with a range of sad to happy faces to help people show how satisfied they were with each aspect of the service. People's feedback was very positive and comments included, "Staff are lovely and do a good job" and "They [staff] explain in a way I understand". Two people had indicated they were unhappy with the décor in their bedroom and their rooms had since been redecorated.

People's emotional needs and vulnerabilities were recognised and understood. For example, staff told us about a person's previous experiences of care which contributed to their ongoing anxieties and behaviours. When this person was feeling anxious they often repeated questions or sought praise from staff. Staff responded patiently, offering reassurance and then moving the person on to another subject that interested them: they told us, "I'm happy here", "I like staff", who they described as "helpful". Staff were attentive to people's mood states and handed over relevant information to the next shift. For example, describing different people as, "over the moon", "bubbly and excitable" and "seeking praise." A relative described life at Prospect House as, "happy and well balanced."

People's right to privacy and a family life were promoted. They were supported to maintain regular contact with the people who were important to them and had regular opportunities to socialise and meet new people. One person's relative said they were no longer able to visit Prospect House due to health changes, so staff took their relative to visit them instead. Staff had recently completed training in data protection and understood people's right to confidentiality. Staff were quick to intervene to maintain a person's dignity, kindly prompting them to pull their trousers up when they had slipped. When contractors needed access to a person's ensuite to repair a leak, staff checked with the person before the plumber entered their room.

Staff demonstrated caring in the way they spoke about people with statements such as, "They come first" and "Our priority has been making sure people are happy." Managers were sensitive to the impact changes may have on people living at the home, including the loss of two people who had passed away in the last year. A staff member said about one of these people, "We were so worried for [person]. It broke our hearts." Caring didn't stop when people were no longer at Prospect House. Staff visited them in hospital in their own time and managers kept in touch with people's families who sent Christmas greetings to everyone at the home.

Staff made Christmas special for people, with advent calendars, creating a winter wonderland within the home and a large sack of presents for each person. A relative said, "[Person] has a lovely time at Christmas and for [person's] birthday." They told us their relative had gone back to Prospect House for their birthday, where they would have had a special birthday tea. Feedback to the service included, "The fact that they care about individuals is evident for us all to see."

Is the service responsive?

Our findings

People's support plans noted things they could do independently and things they needed support or prompting with, under the headings "What I can do" and "What I need support with". People were encouraged to do as much for themselves as they could. Support plans were specific to the person, for example, one person could make their own sandwiches but needed prompting to wash their hands before starting and then to clear up afterwards. A staff member said, "People are outspoken about what they want and what they will or won't do." Support plans contained guidance for staff to assist them to communicate effectively with the person and information about any sensory needs they had. For example, one person wore glasses at all times, if they were not wearing them staff were to find out why, in case they had become uncomfortable.

People's human rights and their physical, emotional, social and intellectual needs were understood by staff. An enabling approach was taken, allowing people to gain confidence in their abilities. One person was assessed as able to take their medicines independently, but lacked confidence, so requested staff support with this. While this was done, their support plan included giving them "a sense of achievement", though getting them to take responsibility in other areas of their life. For example, owning chickens. When they said to the registered manager, "I helped [staff member] clean out the chickens" the registered manager replied, "No [staff member] helped you. They are your chickens." This reminded the person of their ability and control in the situation.

Another person worked in a voluntary capacity in a shop. Their relative told us this job had been found by the registered manager and they were paid a weekly wage for their work. They described the positive impact this had on their relative, who loved the job and was proud to be earning. The person saved this money and went "away at least twice a year." Comments from staff and other people's relatives included, "They have a good quality of life. They love their holidays" and "[Person] has quite a good life and doesn't want for anything."

People's backgrounds and life history was taken into account and their interests were known to staff. Consideration had been given to whether any adjustments were needed to their care and support in light of their cultural, spiritual and sexual needs and their disabilities. For example, one person had lived in institutionalised environments for a significant amount of their life. At this time they had received physical intervention by five staff when their behaviour became challenging. They no longer needed any physical intervention, but their support plan described how staff should work with them to reduce their anxiety levels and hence any resulting behaviours. This included staff following the order the person liked to complete each step of their morning routine.

Records and our observations demonstrated people had regular opportunities to access their local community, to socialise and follow their interests. A staff member told us activity plans were based on people's interests and confirmed that staff followed these each week. A variety of home and community based activities were available, such as walking group, social clubs, pub night and craft and domestic activities, including a cookery group. Some activities were seasonal, such as the gardening group, who had

planted potatoes in the poly tunnel in the garden. On Saturdays a group went out to buy arts and crafts supplies for the coming week. In the weeks prior to our visit craft activities had been Christmas themed and people had made a variety of decorative items for their home and gifts for their families. People's presence in the community meant they were known to others in the area. For example, one person regularly went to the local shop and over time had become comfortable asking shop staff for help to find items if they needed it.

Information about how to make a complaint was available in each person's room, in a pictorial, easy read format. People had regular access to the registered manager and their deputy, so had opportunities to raise any concerns or queries with them. During the inspection, one person approached managers frequently with minor concerns and questions, which were responded to kindly and appropriately. Relatives told us they had good relationships with the managers and would be happy to raise a complaint or concern. Their comments included, "I'm pleased with everything, exactly as they are doing. When we've said things in the past they have been sorted out." Another assured us their relative would make their feelings known.

A complaints log was kept but no formal complaints about care were received in 2017. The registered manager told us about a comment made by a neighbour regarding a staff member. Records demonstrated the concern had been addressed in a timely and appropriate manner.

People's wishes and preferences for the end of their lives had been recorded. Feedback to the service about this process was positive; a person was pleased their close relatives had been involved in helping them with this. People's end of life plans included their religious beliefs, preference for type of service and place of rest. People who were important to them and music to be played were also noted. The registered manager told us they relied upon information in the end of life plan when a person's close relative had asked them to make arrangements on their behalf, as they felt unable to do this. They had arranged everything as the person had wanted, including playing the music they chose. Getting it right meant a lot to the managers and they planned to improve the quality of information in end of life plans for others living at the home. Staff completed training in end of life care and good links with GP's, community nursing services and the local hospice had been established, to provide additional specialist support.

Is the service well-led?

Our findings

The provider's aim to, "support our service users in a manner that ensures that each individual is at the centre of all aspects of their personal needs and aspirations", was demonstrated by the registered manager and their staff team. A staff member said, "I think it's a lovely, friendly home." We observed the atmosphere to be relaxed and inclusive, with chatter and laughter heard while everyone sat to eat together, including the registered manager and their deputy.

Managers demonstrated openness and transparency in their conversations with us, speaking candidly about improvements they were working on and areas they planned to address. For example, updating people's support plans as they were moved onto an electronic record system and archiving records. People's well-being was prioritised above all else, with emphasis placed on finding solutions and making things work for people. The registered manager told us they "didn't see disability, but saw the person", our observations demonstrated they worked to give people the same opportunities and experiences people without disabilities had access to, wherever possible. For example, raising their dissatisfaction with the service a person was receiving from another agency on their behalf. The registered manager said, "They [people at Prospect House] have an impact on you."

Managers and the provider were aware of the culture at Prospect House and acted to address staff negativity towards their colleagues and managers, when this was reported to them by an external source. The provider reviewed their communication policy and requested staff "nip this behaviour in the bud" before any further impact became apparent within the home. The action taken resulted in an improved staff culture, a staff member said, "We've got a really good staff team and the support we get from management is really good." The registered manager said, "We have a more open culture now, no job is a secret." Praise and positive feedback was given to the staff team when they had managed a difficult situation professionally and courteously. The registered manager demonstrated good knowledge of the staff at Prospect House, including their individual strengths and weaknesses, developmental and support needs.

The registered manager was registered by the Care Quality Commission (CQC) in October 2010 to manage Prospect House and the provider's Herefordshire home. They spent two days a week at Prospect House where they were supported by their deputy manager. The provider and managers had defined areas of responsibility, to ensure requirements were met. For example, the registered manager made notifications to CQC, their deputy took responsibility for audits and the provider's representative was responsible for financial management which gave them oversight of staff and support hours provided.

The provider was a member of the Gloucestershire Care Provider's Association (GCPA) and the registered manager attended Registered Managers Network meetings. This assisted them to keep up to date with commissioning priorities and needs, local or national government policy and regulatory changes. The provider's representative carried out a formal visit every three months where feedback about the service was sought, new information shared and any issues discussed with staff and managers.

The provider's representative and registered manager were accessible and supportive to the staff team who

spoke highly of them. Comments from staff and relatives included, "[Registered manager's] an excellent manager", "They support in any way they can". "I can't fault [provider's representative] and the managers. I couldn't believe how approachable they were. They are all really nice people. They are always there if you need them." The team leaders in post were newly appointed to the role. They were being mentored by team leaders from the provider's Herefordshire home to build their skills, confidence and knowledge base. As time went on it was anticipated they would take on more auditing and responsibility within the home.

People, their relatives, staff and external professionals were asked for their views about the service through regular meetings and annual surveys. Feedback was also provided informally through email, telephone calls and social events at Prospect House. Relatives told us they were "kept informed", one said, "I'm very very happy. Improvements are going on." In feedback to the home, a health professional said, "Staff take time to talk about any concerns they have and celebrate success. Working with such a positive team makes my job much easier."

Managers were aware of resources available to them and could access national guidance and standards online when reviewing policies and procedures. They worked closely with other organisations including the local authority, safeguarding teams, clinical commissioning groups and specialist health professionals. An example of this was in responding to a change in a person's mental health needs. In a personal email to the provider, the health professional said, "They [staff] were excellent and I have no reservations about recommending the service."