

Condover College Limited

Hall Bank Mews

Inspection report

1-3 Hall Bank Mews
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Tel: 01743790858

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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 was carried out on 13 July 2016 and was unannounced.

Hall Bank mews is registered to provide accommodation with personal care needs to nine people who have a learning disability or autistic spectrum disorder. There were nine people living at the home on the day of the inspection.

There was a registered manager in post who was present during the inspection. 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.

Relatives felt people were safe and well looked after by staff. Staff were knowledgeable about the different forms and signs of abuse and who to report concerns to. Risks to people's health and wellbeing had been assessed and guidelines had been put in place to minimise the risks without restricting people from doing things they wanted to do.

There were enough staff to support people's health and social needs. The provider had checks in place to ensure that potential new employees were suitable to work with people who lived at the home.

People were given their medicines as prescribed. Medicines were stored securely and accurate records maintained. Staff monitored people's health and arranged healthcare appointments as and when required.

Staff sought people's consent before supporting them. Staff provided people with information in the way they could understand to enable them to make decisions for themselves. Where people were unable to make certain decisions these were made for them by people they knew well to ensure their human rights were protected.

People were supported to plan and prepare meals. People's nutritional needs were routinely assessed, monitored and reviewed to ensure their nutritional needs were met. People were provided with equipment to enable them to feed themselves independently. Where people required support to eat this was provided in a patient and dignified way.

People were supported by staff who were kind and respectful towards them. Staff promoted people's dignity and independence. People were encouraged to form and maintain relationships with friends and relatives who were important to them.

People received personalised care and support that was tailored to their individual needs and preferences. People were provided with opportunities to do things they enjoyed and to broaden their life and social skills.

People were actively encouraged to follow their faith.

People and their relatives had not had cause to complain but were confident that should the need arise their concerns would be dealt with promptly. The provider had a complaints procedure that was available in different formats.

Relatives found the registered manager and staff easy to talk and were impressed with how the home was run. They felt there was a good atmosphere at the home and were always made to feel welcome when they visited.

The registered manager had a clear vision for the service which was shared by staff. There was a positive working culture at the home where staff felt well supported and valued. Staff and management were motivated to provide a good quality service and to enable people to achieve their full potential.

The provider had a range of checks in place to ensure people's health and wellbeing. They actively encouraged feedback from people, relatives and staff and used the information gathered to make improvements in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Relatives felt their family members were safe and well looked after. Staff were knowledgeable about the different signs of abuse and how to report concerns of abuse. Risks to people's health and wellbeing had been assessed and guidelines put in place to minimise the risk without restricting people's wish to take part in things they enjoyed doing. People were supported to take their medicine as prescribed to maintain good health.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support they required to meet the individual needs of people who used the service. People were supported to plan and prepare meals. Staff gained people's consent before supporting them. Where people were unable to make certain decisions, these were made in their best interest by people who knew them well. People were supported to see health care professionals as and when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and respectful towards them. People and their relatives were actively involved in decisions about their care and support. Staff communicated with people in a way they understood to enable them to make choices about how their care was provided. Staff promoted people's dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support that was tailored to their individual needs and preferences. People were provided with opportunities to take part in things they enjoyed doing. Relatives

felt comfortable to raise any concerns with staff or management and were confident that they would be dealt with appropriately.

Is the service well-led?

The service was well led.

There was a positive working culture where staff felt well supported and valued by management. Staff and management were motivated to provide good quality care and to enable people to achieve their full potential. The provider had a range of checks in place to monitor the quality of the care provided and actively sought feedback to drive improvements in the service.

Good ●

Hall Bank Mews

Detailed findings

Background to this inspection

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

This inspection took place on 13 July 2016 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with three people who used the service and four relatives by telephone. We spoke with nine staff which included the head of care, the registered and deputy managers, a health and safety assessor, a speech and language therapist, a team lead and three support staff. We viewed two records which related to assessment of needs, risk, medicine and communication tools. We also viewed other records which related to the management of the service such as the complaints process, accident forms and staff recruitment records.

We were unable to communicate verbally with everyone who used the service. We used staff and observation to gain an understanding of people's experience of the care and support they received.

Is the service safe?

Our findings

Relatives we spoke with felt that their family members were safe living at the home. One relative told us, "We are absolutely over the moon that [Person's name] is safe and well looked after". Another relative said, "I'm confident that they are safe and they do a great job with [Person's name]". Staff demonstrated that they were aware of the risks associated with people's individual needs and that they took appropriate action to minimise these. For example, they ensured equipment people needed to use was regularly serviced. They made sure that the environment was hazard-free. When supporting people out to somewhere new they would complete a risk assessment to minimise the risks to them. The provider carried out a range of individual and activity-based risk assessments to minimise the risks to people's wellbeing and to enable them to take part in things they liked to do. These included manual handling risk assessments which informed staff what support and equipment people required to help them move safely. We saw that the activity based risk assessments enabled people to broaden their experiences with the reassurance that any risks were minimised. Staff told us risk assessments were regularly reviewed and updated when people's needs changed. Records we looked at confirmed this.

People were supported by staff who were knowledgeable about the different forms of abuse and how to recognise signs of abuse. Staff demonstrated that they would take appropriate action if they suspected or witnessed abuse taking place. They were confident that when they reported their concerns to the registered manager they would be dealt with promptly. There had not been any instances of abuse reported. The registered manager was aware of their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. The head of care told us learning from any safeguarding concerns at other schemes owned by the provider were shared with all staff. This increased staff knowledge and reduced the risks to people they supported.

Relatives we spoke with felt that there were enough staff to meet their family members health and social needs. One relative said, "It has always been well staffed when I visit". Another relative told us that their family member received additional support to keep them safe when they went out as they did not recognise danger. Staff felt that staffing levels allowed them to support people safely. They told us agency staff were not used and that holidays and sickness were covered by staff working at the home or from other schemes owned by the provider. This was confirmed by a relative who said their family member was supported by the same regular staff which was of great benefit. They said, "[Person's name] smiles when they recognise them (staff). We saw that there enough staff to meet people's support needs. The registered manager told us they monitored people's needs and if they felt anyone required additional support they would arrange a review with the funding agency to secure this. Staff told us they were unable to start work at the home until the provider had received their references and Disclosure and Barring Service checks (DBS). The DBS helps employers make safe recruitment decisions and prevents unsuitable prospective employees working with people. The head of care demonstrated that the provider had safe recruitment processes in place. Recruitment records we looked at confirmed that this process was followed.

The provider had robust systems in place to ensure a safe and clean environment. We spoke with the provider's health and safety assessor who was completing one of their twice yearly health and safety audits

at the property. They told us that staff completed daily checks on the environment to ensure that everywhere was clean and hazard-free. Any faults or hazards were reported to the health and safety assessor or maintenance team who would take action to rectify the situation. The health and safety assessor said they attended the infection control meetings and cascaded knowledge to the teams. They also completed infection control training with new staff.

Staff we spoke with demonstrated they would take appropriate action in the event of an accident or incident. They would take immediate action to make the person safe and arrange medical support if required. They were aware of their responsibility to report such incidents and would pass their report to the management team. The register manager would review the reports to identify if guidelines had been followed and appropriate action taken. They would also look at how the incident could have been prevented and, if required, arrange for extra training or support. For example, they said if there had been a medicine error the staff member would not administer medicine until they had received refresher training and were assessed as competent.

People were supported to take their medicine as prescribed. Some people had to take their medicines with them when they went out. We saw that there were checks in place to ensure that these were safely returned and readily available when required. Only staff who had received medicine training were allowed to administer it. They also received additional training on how and when to administer medicines prescribed to manage people's specific medical conditions. Staff told us they had regular competency assessments to ensure that they continued to manage medicines safely. We saw that people's medicines were stored safely and accurate records were maintained. Staff explained that people had medicine reviews every six months or sooner if necessary.

Is the service effective?

Our findings

People were cared for by staff who received the training and support needed to meet their individual needs. Relatives were complimentary about staff knowledge and skills. One relative told us, "Staff are absolutely marvellous. I can't praise them enough. Every staff member is equally as good". Another relative told us staff knowledge of people's needs was very good.

Staff told us they felt well supported and had regular one to one meetings with their seniors. They said they used these meetings to discuss their practice and ask for guidance and additional training if needed. Staff felt that they were provided with excellent training opportunities. One staff member said, "I've never known anywhere offer as much training". Another staff member told us they were able to ask for refresher training if they lacked confidence or wanted to update their knowledge. They were also able to request additional training. For example, one staff member told us that they had requested to go on a specific course and this was arranged for them. Staff told us they found the training to be of good quality and enabled them to meet the individual needs of people living at the home. One staff member found the Makaton training very beneficial as it allowed them to support effective communication with people living at the home. Makaton is a form of sign language which allows people who have difficulty verbalising to communicate their needs. The staff member was also enthusiastic about the guidance they received from the provider's Speech and Language Therapist (SaLT) team. Another staff member had found the training on managing epilepsy had improved their confidence in supporting people who were living with epilepsy. The provider had a structured induction process where staff received essential training to support people safely. They then worked with experienced staff until they were competent and able to support people independently. This was confirmed by a relative and staff we spoke with. New staff that had not got experience of working in care were supported to complete the care certificate. The care certificate is a nationally recognised qualification that trains staff about the care standards required of them.

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. We saw that staff gained people's consent before supporting them. When asked by staff if they would like to go outside one person replied, "I don't want to go outside. It's my choice. I don't have to go out, if I don't want to". The staff member responded appropriately and respected the person's wishes. A relative we spoke with told us, "They (staff) look after [Person's name] as a whole. They take into account their wishes. They (staff) make a big effort to give [Person's name] time to make their wishes known." This was confirmed by a staff member who told us they explained things to people in a way they could understand to ensure they were happy to proceed.

Staff were clear about their roles and responsibilities to ensure people's human rights were protected. They knew people well and were aware of the communications needs and how best to enable them to make decisions for themselves. They were also knowledgeable about the process that needed to be followed when people were unable to make certain decisions for themselves. One staff member explained that they

would make sure decisions made were in people's best interest. They involved the person using their most effective means of communication and involved relatives and relevant health professionals. This was confirmed by a relative who said they and the doctor were involved in a best interest decision for their family member.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff and management had a good understanding of the DoLS process and made appropriate DoLS applications some, but not all applications had been approved. Staff told us they ensured that they used the least restrictive approach to keep people safe. For example, if a person wished to leave the property staff would support them to go out.

We saw that staff offered people a choice of what to eat or drink and were encourage to make drinks and meals where able. For example, we heard a staff member ask a person, "Are you ready for your breakfast? Shall we go into the kitchen?" They then proceeded to involve the person as they made their breakfast. We later saw a staff member encourage another person to choose and prepare their own breakfast. The person was fully involved in the preparation and chatted with the staff member in a friendly and relaxed manner as they did so. We asked another person what their favourite meal was. They told us what this was and indicated that staff helped them make it. Relatives we spoke with confirmed that their family members were given choices of what they wanted to eat and involved as much as they could be in preparing them. One relative said, "Meal times are lovely and jolly and they are given a choice of what they want." Another relative said, "When meals are prepared [Person's name] is in the kitchen with them (Staff). They are involved in the choice of meals too". Staff told us people had meal planning time each week where they used different forms of communication to enable each people to choose their own meals. They added that they had regular themed meals where people were able to try meals from different cultures.

People's nutritional needs were routinely assessed, monitored and reviewed. A relative told us their family member had complex dietary needs and staff made sure these were met. Some people received support from an external SaLT team who assessed their swallowing ability and provided guidance for staff to follow. Staff were aware of individual dietary and nutritional needs and followed the guidance provided. These needs were recorded on people's meal time mats as well as the equipment and support people required to maintain their nutritional intake. We saw that people were provided with adapted crockery and cutlery to aid their independence. Where needed we saw that staff supported people to eat and drink. This was done in a patient and considerate manner with staff talking to people as they helped them.

People were supported to access health care services as required. A relative told us that staff were vigilant and quickly noticed any changes in their family member's needs. Another relative confirmed that staff were prompt in contacting health care professionals when required. Staff showed us that people had health action plans in place. These provided details about people's health care needs and the support they required to meet those needs. These included details of appointments attended and their outcomes. People also had hospital passports a document that would be taken with them if they were admitted to hospital. This included details about their health care history and support needs that would enable hospital staff to provide continuity of care. Staff told us they maintained contact with people when they were admitted into hospital. A staff member explained that when people returned from hospital they would go through their hospital discharge notes. Staff would review their medicines and support plans to ensure staff were aware of any changes.

Is the service caring?

Our findings

Staff had formed effective working relationships with people. One person said, "I like [Staff member's name] they are alright". They went on to name another staff member they liked. Another person return home after having been in hospital and their body language clearly showed they were pleased to be back home. A relative told us, "[Person's name] has a great relationship with staff". The relative said they also had a good relationship with staff and were always made welcome when they visited. Another relative said, "They (Staff) treat [Person's name] like a family member". Staff talked fondly of people. One staff member said, "I love the guys". Another staff member told us, "We give a lot and get a lot back". They went on to explain that they got a lot of job satisfaction from seeing people achieving their aspirations. We saw people were comfortable and confident in the company of staff. A staff member had brought their guitar in and people were offered the option of sitting out in the garden to listen to them play it. People who chose to go out clearly enjoyed the music, there were lots of smiles and clapping. One person sang along with the staff member.

Relatives told us they and their family members were actively involved in decisions about their care and support. One relative said "Staff ensure that [Person's name] is comfortable with what they have chosen. They focus on [Person's name] needs and what they want. It's [Person's name] home, their life". Another relative told us, "[Person's name] life is exactly what they want, which is good". Staff told us they promoted involvement and person- centre care. One staff member said, "It's all about them; they are all individual". They went on to say, "They are here to be safe and well cared for. We help them to live their days to the full". Another staff member said, "It's about giving people quality of life. To help them gain independence so that they can go further and achieve more. We ensure that they are all given choice". Staff told us about the different communication they used to enable each individual person to make choices such as picture aids and sign language. This was confirmed by a relative who said, "Staff work to [Person's name] wishes, they (Staff) ask what they what they want and [Person's name] tells them by pointing or pointing with their eyes. We saw that people and staff communicated effectively with each other throughout our visit.

People were supported to maintain relationships with people who were important to them. We saw one person ask a staff member if they could contact their relative. The staff member reminded them that their relative would be at work. They agreed it would be better to call them later and the staff member wrote a reminder in the staff communication book to reassure the person that staff would help them with this. A relative told us, "Family ties are kept strong. Staff support them to use an Ipad. They sit with them and look at photographs. They (staff) help them keep their identity". Another relative told us people were given opportunities to form and maintain friendships with peers.

Relatives we spoke with told us staff treated their family members with dignity and respect and promoted their independence. One relative said, "Staff are brilliant they show utmost respect, everything you could hope for". Staff told us they were mindful of people's dignity at all times. One staff member explained that they ensured that people were covered up as much as possible when providing personal care and knocked on people's doors before entering. Staff also felt that maintaining people's independence promoted their dignity and self- esteem. They, therefore, encouraged people to do as much as possible for themselves. We saw many examples of staff promoting people's independence during our visit. For example, we saw a staff

member helping a person to make a cup of tea for themselves. We heard a staff member ask the person, "What do we need to do first?" They gave the person time to respond before moving on to what they needed to do next. We then heard the staff member reminding the person to concentrate when they were pouring the hot water. We saw the staff member gave lots of positive encouragement and praise which allowed the person to complete this task with minimum assistance.

Is the service responsive?

Our findings

People's needs were assessed and visits were arranged to the home before they moved in to ensure their needs and expectations could be met. One relative told us their family member had a short visit of two nights prior to moving in. They said their family member did not want to say goodbye to them when they left. They said that this meant a lot to them as they knew their family member was happy to stay at the home. The speech and language therapy (SaLT) worker explained that during the assessment process information was gathered from a range of sources. This included visits to see the person, their relatives and contact with other professionals involved in their care such as education and occupational therapists. They also sent out a communication questionnaire. This allowed them to prepare the resources they required to ensure a smooth transition between services. Once the person moved in, a further in-depth SaLT assessment was completed. This included the development of communication passports which provided details of people's preferred method of communication and how best to support effective communication.

The SaLT worker told us the provider employed a team of three SaLT workers. They worked closely with people, their relatives and the staff team to develop people's communication skills. They explained about the different communication tools that they used which included sign language, pictorial aids and points of reference. They showed us how they communicated with one person using a method called Tactile signing for Sensory Learners (TaSSeLs). TaSSeLs uses touch to promote effective communication with people who have profound and complex learning disability. They explained that the person had a set of communication cards which guided staff how to alert the person they wanted to communicate with them. For example, staff would provide a gentle sustained touch in a circular motion of the person's shoulder whilst they said their name. They would use other movements when they wished to communicate different things to the person such as alerting the person they wanted to help them move with the hoist.

In the morning we saw that people had the opportunity to take part in a 'Tacpac' sensory session. This session was facilitated by the SaLT worker who told us the sessions were used to build people's social skills through music and touch. The people received one-to-one support during these sessions where staff moved their hands on the person in rhythm with the music. The SaLT worker explained that the gaps in the music allowed people to build up anticipation and was a time of intense interaction which encouraged people to make eye contact. When asked, one person said they enjoyed taking part. We saw people were relaxed and comfortable during the session with one person leaning in towards the staff member who was supporting them.

Relatives told us that their family received personalised care and both they and the person were asked about how they wanted things done. One person showed us that they had decorated their bedroom to their own taste and had many pictures of their relatives and friends. A relative told us, "[Person's name] is in control of what is happening". Another relative said, "Staff ring me if they have any queries, they never make a decision without us". Relatives also told us they were kept informed of any changes and attended care plan review meetings twice a year or more regularly if required. One relative told us, "[The registered manager's name] is lovely and rings me if there are any issues. . They are supportive to us as a family". As well as having access to detailed care plans and risk assessments staff told us they enjoyed spending time

with people and getting to know them. They were able to demonstrate that they had in-depth knowledge about people's needs and how best to support them. This was confirmed by a relative who told us their family member did not like change and did not respond well to new staff. The provider had therefore put a protocol in place for new staff to relieve the person's anxieties. We saw that staff were able to quickly recognise changes in people's needs and responded appropriately. For example, we saw that a person became anxious when staff were supporting them to eat. The staff member responded in a calm and respectful manner. They only proceeded to help the person when they were ready and willing to accept support. Staff told us they were kept up to date about any changes in people's needs during staff handovers. If they had been on leave or not worked at the house for a while they were given a more detailed handover by staff on shift.

Relatives we spoke with were positive about the social and educational opportunities the provider made available to their families members. One relative told us, "[Person's name] has opportunities to try new things whereas they would not have had these before". Another relative said, "They (Staff) try their very best to find things of interest for them to do". One relative said their family member liked the feel of cool wind on their face and enjoyed walks in the fresh air and going ice skating which both allowed them to experience this sensation. Another relative told us their family member was 'forever going out' to things they enjoyed such as, the cinema, the local garden centre or the theatre. People were also supported to follow their faith. One relative told us how staff actively encouraged their family member to follow their faith. The speech and language therapist had written song lyrics in Makaton to enhance their family member's communication and participation. They said they had a get-together at the home where their family member's friends were able to join in some songs with them. Each person had a keyworker who took responsibility for helping people identify and achieve their aspirations. The keyworker's role was to build a relationship with the person. They would support and represent the person's interests and act as a first point of contact for relatives, friends and other professionals. They reviewed people's their care plans with them every six weeks and monitored if they were achieving the goals they had set themselves. Staff told us that people had 'dream books' where they kept records and pictures of their aspirations and the progress they had made towards them. These records had been sent to the provider's head office for review but staff were able to explain the concept with a 'dream book' that had just been started for one person.

The provider operated a youth club that rotated between different homes they owned. These were often themed and Hall Bank Mews recently hosted a St Patrick youth club where they went with an Irish theme which was enjoyed by those that attended. The provider also held other group activities such as communication and cooking classes. Relatives we spoke with felt events such as these allowed their family members to increase their circle of peers and social skills. People could also choose to go on holidays with their peers if they wished. People and their relatives were asked to complete holiday questionnaires so that would allow the provider to facilitate holidays for people who had similar interests.

Relatives told us they and their family members had not had cause to make a complaint but were confident that should they need to, their concerns would be dealt with promptly and efficiently. One relative told us, "I know the reaction if [Person's name] was not happy - I want [Person's name] to be happy, their happiness is here". Another relative told us they had never had to complain because management were usually 'on top of things'. We saw that the provider's complaint systems was available in different formats and that people had flash cards in their bedroom that they could give to staff if they were unhappy about anything. Staff told us they asked if people were happy with everything at meetings held at the house. Staff were confident that they would recognise if a person was unhappy or upset about anything. They were aware of the complaints process and what process they should follow. The registered manager told us in dealing with complaints they would share them with their head office.

Is the service well-led?

Our findings

People and relatives were complimentary about the positive culture and homely atmosphere at the home. When asked one person told us they liked living at the home. Relatives said they were always made welcome and found staff and management easy to talk to. One relative said, "The home is second to none, we viewed many places for [Person's name]. Right from the start it was fantastic. They are well looked after the care is wonderful. [Person's name] is happy there". Relatives were also impressed with the management of the home. One relative said, "I'm very impressed with how they [Provider] function". Another relative told us, "We're really happy with the service, there is good communication and they are very quick to respond". Relatives told us they felt comfortable and able to contact the provider and other professionals within the service.

The registered manager told us the aim of the service was to help people achieve their dreams, to encourage ambition and source opportunities for people to have new experiences. They felt that this was achievable because management and staff worked together as a team to help people achieve their goals. Staff we spoke with shared and were motivated by the vision. One staff member said, "We want them [People] to have the same quality of life as anyone else-the best quality life opportunities." Staff found the management team very supportive and effective in their roles. One staff member said, "[Registered manager's name] is bubbly and enthusiastic. [Deputy manager's name] is really organised, you can go to either whenever you need to". Another staff member said, "[Registered manager's name] does a great job. [Deputy manager's name] has fresh ideas, fresh things to look forward to. It's just like a big friendly house". Staff told us they had regular staff meetings and were encouraged to put forward suggestions for improvement in the service. Staff felt listened to and valued. One staff member said, "I love working here, I would not change it for the world". We saw that there was a clear management structure in place and staff were able to gain support from the registered manager or provider at any time. The registered manager told us they could always rely on the provider for support as and when needed.

Relatives told us they were regularly asked for their views on the quality of services and felt listened to. For example, one relative told us they had asked for new table and chairs for the garden and these had been provided. Another relative said, "I'm regularly asked my views about the care and support". The registered manager told us they valued feedback from people and their relatives as it allowed them to make improvements in how the home was run. The head of care stated that they were keen to involve people in the running of the home as much as possible. This included involving people in the interview process. They had a two- part interview process for new staff where potential new staff met with people who lived at the home. People had their own questions for candidates such as, could they drive and cook. People were subsequently asked their views on the suitability of the candidates. We saw that the provider was continually looking at different ways to involve people in the development of the service. They had recently introduced a 'Learner views folder' which allowed them to record people's views and act upon them. This was relatively new concept and therefore were unable to comment on its effectiveness at this inspection.

The registered manager told us that they maintained close links with the local community. This included the use of local shops, the pharmacy and the church. They were currently in the process of arranging a coffee

morning to raise funds for the local church. The provider also hoped to build their own hydrotherapy pool in the future. They were in the process of planning a fund raising event which would see the proceeds being split between the hydrotherapy project and a local charity.

The registered manager had a range of checks in place to ensure the safety and wellbeing of people and staff. These included health and safety, medicine and finance checks. They also had systems in place to analyse outcomes of incidents, accidents and safeguarding concerns. The outcomes were used as lessons learned across all the provider's services to prevent reoccurrence and drive improvements in the quality of care provided. For example, following a safeguarding concern at another service run by the provider additional checks were put in place at the home to ensure people's safety.

The registered manager told us the provider had their own training department and sought training opportunities that were based on current best practice. The management team recognised that staff were willing and eager to learn and develop themselves and the services. They valued their efforts and commitment and supported their development. They worked alongside staff on various shifts which allowed them to monitor staff practice. They acknowledged the diversity of skills held by different staff and told us they delegated work accordingly. The provider also had their own human resource department who were able to support the management team with any employment issues.