Dolphin Homes (Southern) Limited

Hill Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 18 and 21 January 2016 and was unannounced.

Hill Lodge provides long term accommodation to 18 adults who have a learning disability, autism and/or a physical disability. At the time of our visit there were 16 people living at Hill Lodge. Hill Lodge is divided up into four buildings, the main house and three bungalows. They are all run as one location and have the same manager. All the buildings have single bedrooms with ensuite facilities, a dining area and lounge and garden.

A registered manager was in place. 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 experienced in the care of people with a learning disability.

Although people could not communicate fully verbally we observed they felt safe and were relaxed. Relatives and visitors we spoke with told us that they felt people were safe.

Medicines were safely managed and administered by staff.

Servicing and maintenance checks were carried out by staff which protected people who used the service from injuries caused by equipment. Where there had been accidents these had been recorded and where necessary investigated.

Staff were trained to safeguard people and knew what to do if they witnessed abuse. They were also working within the principles of the Mental Capacity Act 2005 which meant that they were making sure people had support in place if they needed to be assisted with decision making.

People's health and wellbeing was maintained because staff accessed advice and support from healthcare professionals.

The staff were caring and supportive of people. The majority treated them with respect.

People took part in a variety of activities supported by staff.

There was an effective quality assurance system in place which meant that the service was continually improving.

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 protected against risks to their health and wellbeing, including the risks of abuse and avoidable harm.

There were sufficient numbers of suitable staff to support people safely and meet their needs.

People were protected against risks associated with the management of medicines. They received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills needed to carry out their responsibilities.

Staff obtained people's consent to their care and treatment. They followed legal guidelines to make informed decisions in people's best interests where people lacked capacity to make certain decisions themselves.

People were supported to have a balanced diet. Their health and welfare was maintained by access to the healthcare services they needed.

Is the service caring?

Good

The service was caring.

People had positive relationships with the staff who supported them.

People were able to make their views and preferences known. They were encouraged to take part in reviews of their care.

People's independence, privacy and dignity were respected and promoted.

Is the service responsive?

Good

The service was responsive.

Staff delivered care, support and treatment that met people's needs, took into account their preferences, and was in line with people's assessments and care plans.

People were able to take part in individual and group activities that took into account their interests and choices.

A procedure was in place to manage complaints and any issues were dealt with promptly.

Is the service well-led?

Good

The service was well led.

The management team adopted an open style of leadership.

People, their representatives and staff had the opportunity to become involved in developing the service.

Systems were in place to monitor, assess and improve the quality of a wide range of service components.

The manager understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events regarding people using the service.

Management of the service was effective

Hill 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 18 and 21 January 2016 and was unannounced.

Before the inspection we reviewed information we had about the service, including previous inspection reports and improvement plans and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider gave us additional information related to the running of the service, on the day of the inspection.

We spoke to three people and observed the care and support given to people who lived at the home. We spoke with the registered manager, deputy manager, service manager (who supports the registered manager), nine members of support staff, an advocate, a social worker and a relative. After the inspection we contacted the families of six people who live at the home.

We looked at the care plans, and associated records for eight people. We looked at all the medicine records. We reviewed other records, including the provider's policies and procedures, emergency plans, internal and external checks and audits, staff training, staff appraisal and supervision records, staff rotas, and recruitment records for eight members of staff.

Good

Is the service safe?

Our findings

We observed those people who were unable to tell us verbally about their experiences. They demonstrated that they felt safe, through their interactions with the staff and their willingness to engage with us as visitors. We observed one person experiencing three seizures. Staff remained calm and ensured the person's safety by placing a cushion between their head and the table and carrying out the care that was described in the care plan. Staff were confident in what they were doing. This included talking with them gently to help bring them round.

Our observations and conversations with staff demonstrated that the guidance had been followed. One person became very agitated when new people came to the home; they did not like to see people without warning. They had a visit from social services and their advocate on the second day of our visit. The social worker told us that they usually went to the building the person was living in. However, because the person needed to be prepared for the visit, the visitors went to the main house. The manager then went to the bungalow and said the visitors were here and then they went over. The person became very agitated during the visit from the professionals; we decided to leave that bungalow till last. They were prepared for our visit with the name of the inspector and what we were doing. When ready we went to the main house and the deputy manager took us over to that bungalow where we were greeted by the individual who was expecting us, they made us a drink and showed us round. The staff managed visitor's well including us and ensured that the person and staff are well prepared.

The recruitment process ensured that new staff were of good character and suitable to carry out the role. Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. We looked at eight staff recruitment files which included a full employment history, at least two references, copies of the questions asked at interview and tests that were undertaken at interview. Staff told us about their recruitment experience and how they had not been able to commence work until the checks had been received.

We looked at the rotas for the staffing at the home. We had seen from care plans that some people had been assessed as needing one to one care and or two to one care. The rotas indicated that needs were met and dedicated teams of people helped to support those that needed extra care to enable them to participate in life in the home and in the community. Staff said there were enough staff available. We looked at the staffing levels related to individual assessment and saw that staffing levels were arranged to meet people's needs.

A relative told us, "We are content with the staffing levels – provided staff are not rotated too quickly then we support the idea of staff rotation so that all residents get to know all the staff". Another relative commented, "When regular/familiar staff are present in the home we feel a positive and consistent approach is used".

A third relative said, "To date the levels have been good and have had a marked effect on [name] as they interact with the staff all the time. The staff do appear to be skilled and experienced and we have been assured that [name] always has someone trained to deal with her particular problems. Since [name] has

been at Hill lodge we have seen a notable change in their social skills and speech, [name] has definitely improved".

The registered manager told us that there were vacancies at present and if staff did not 'pick up' extra shifts then they requested staff from an agency. They said there were regular staff from the agency who worked at the home.

There were systems in place to protect people from risks for example testing fire alarms weekly. There was also a fire safety plan for the home and one each for the individual buildings. There were also individual personal evacuation plans. Staff were aware of the plans and were able to tell us the action they would take to protect people if the fire alarm sounded.

Care plans showed that staff had identified and assessed the risks for each individual; these were recorded along with actions identified to mitigate those risks. They were written in enough detail to provide the information staff required to protect people from harm whilst promoting their independence. For example one person indicated they were unhappy by biting their arm or hitting the wall. Staff would use distraction techniques or encourage the person to 'walk it off' whereby they would leave the building via their own patio door into a safe area and walk until they felt calmer. A member of staff would observe them to ensure they came to no harm whilst doing this. Their care plan confirmed the action to be taken and other risks that had been assessed.

A social worker told us that they were, "Happy with the care their client received and believed they were safe, happy and well cared for". A relative said their loved one "Was safe" and they were "happy to leave them in the care of others." Another commented, "We feel that risk is managed positively. [Name] does not have the mental capacity to make choices their self." A third relative said, "Any risks when [name] is accessing the community appear to be managed, using their 2:1 staffing ratio. I think any risks within the home are managed. They are able to choose how they would like to use their leisure time within the bungalow however, they are reliant upon the staff to organise activities outside the home."

Where an incident or accident had occurred, there were clear records of this and an analysis of how the event had occurred and what action could be taken to prevent a recurrence. For example we saw that a few people had been identified as a choking risk. We saw that referrals had been made to the speech and language therapists and that information from those assessments had been incorporated into individual care plans. For example 'food to be cut into one inch pieces'. Staff were aware of this risk and how they should present food to the person to ensure ease of swallowing and protect them from choking.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the manager had received safeguarding training and knew what they would do if concerns were raised or observed in line with the provider's policy.

Storage arrangements for medicines were secure. The home had a policy and procedure for the receipt, storage and administration of medicines. Staff supported people to take their medicines and these had been administered as prescribed. Two members of staff were involved in the administration of medicines. One person acted as an observer to help ensure safe practice.

Medicines Administration Records (MAR) were up to date with no unexplained gaps or errors. People were prescribed when required (PRN) medicines and there were protocols for their use. MARs showed the dosage given and time they were administered. Protocols for the use of PRN medicines were in place to guide staff on when these medicines may be required. For example one person was prescribed PRN medicines to help

with their seizures and there was a clear flow chart in place about when to consider administering medicines.

However, there were other records that the management had introduced to the home, 'medicine sign off sheet', 'medicine check form' and 'cupboard temperature check'. It was not easy to see what the first two forms were used for; staff seemed unsure how to complete them as they were all completed differently or not at all. There was no instruction on the form to assist staff. Following our discussion with the registered manager they decided to remove them. The manager explained about the 'cupboard temperature check' form which was on each person's medicine file.

Following discussion with the local pharmacist Hill Lodge used and people's GP; it was felt people should have their medicines in a locked cupboard in their room (unless it was a controlled medicine) because it would be quicker to access in an emergency. This meant that the temperature had to be checked daily to ensure it was kept in line with manufacturer's guidance. We highlighted to the registered manager that the form had gaps and there were no instructions regarding maximum and minimum temperature and what to do if the temperature fell outside of this range. At this discussion the area support manager for the registered manager was present and they told us that the form in other homes had been altered and had instructions and a temperature range, and they forward the amended copy to Hill Lodge.

All staff said they had completed training in the safe administration of medicines and said they were not able to administer medicines until this had been completed and they had been confirmed as competent by the manager or deputy manager. They said this training was updated annually. Staff were able to describe what they would do in the event of a medicines error and told us these were always investigated and action taken by the provider.

A relative told us "We don't have any concerns regarding medication and the home always informs us if any Paracetamol is administered. The home has always kept us informed and asked for our consent before any treatment is sought .If [name] needs to see a doctor or other medical practitioner then as far as we know this has been acted on very quickly and we have no concerns regarding this."

Accidents and incidents were recorded in a way that allowed staff to identify patterns. These were available for the manager to monitor and review to ensure appropriate management plans were put in place.

Good

Is the service effective?

Our findings

People were supported by competent and trained staff. Staff told us they underwent induction training prior to working independently within the service. The deputy manager assessed staff competency when undertaking certain tasks for example, personal care, tube feeding (PEG), medicines for which there were three assessments and moving and handling. There were also ongoing practical assessments for Autism awareness, Mental Capacity and Deprivation of Liberty safeguards and administering medicines for seizures. All the support staff we spoke with were registered and working towards their care certificate (a nationally recognised qualification for staff working in care).

One member of staff said, "The training has been good; we are responsible for our own training and we can access updates arranged around our work and home life." Other staff told us that training was good and enabled them to carry out the support at the home "with confidence."

Staff received on-going training to enable them to effectively carry out their roles. We looked at staff training records and found that staff had undertaken training in safeguarding, first aid, medicine administration, positive behaviour management, epilepsy and health and safety. There was a mix of learning from completing work books, which were sent for marking and practical assessments. For example manual handing assessments, three assessments for medicines competency and ongoing epilepsy medicines training. One member of staff said, "Although I had my moving and handling certificate I was not able to support people until I had undertaken the one at Hill Lodge, as there are people who use ceiling hoists and I did not how to use those."

People were supported by staff who reflected on their working practices to improve their performance. Staff received ongoing supervision and were given the opportunity to have time with their line manager to discuss all aspects of their role. We looked at eight staff files and found that staff were able to direct the supervision which covered topics where they felt they either required additional support or they wished to discuss. The registered manager and deputy manager had developed a Continuous Professional Development (CPD) folder for each member of staff which would be used at supervision to enable staff to see their progress and any gaps in their development that they may need to focus on. One member of staff showed us their CPD folder and the progress they had made on their care certificate.

The Mental Capacity Act 2005 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 the least restrictive possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act, and whether conditions on authorisations to deprive a person of their liberty were being met.

People were not deprived of their liberty unlawfully. Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. All staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to tell us how people were supported to make decisions. Legal processes had been followed to ensure the appropriate people were involved in making decisions about people's care and welfare. There were applications or completed assessments under DoLS on the care plans we looked at. The registered manager understood when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

Staff promoted decision making and respected people's choices. For example on the first day of our visit people were offered a choice of topping on their baked potato either beans and cheese or tuna and sweet corn. We observed staff offer the choice twice altering how they asked the questions to see if they had the same answer as sometimes people will choose the first item they heard.

People's consent to aspects of their care had been recorded in their care plans. People were supported to make choices and give consent in a way they understood. Staff told us, "People understand what we say although they may not always be able to verbalise this." For example some people were able to sign and had also created their own words; others could say two or three words and communicated with body language and sound whilst others would take staff to what they wanted. We observed most staff communicating with people in a variety of ways. We did see one member of staff in one of the bungalows, standing in the corner and not engaging. We mentioned this in the feedback given to the registered manager, who went and spoke to the member of staff.

Staff were able to effectively communicate with people at all times. We observed staff interacting with people using different communication styles, for example staff used not only verbal communication but also their body language to communicate. Staff were observed sharing information in a manner that the person preferred. This was carefully detailed in people's care plans. A relative told us that their relative was able to communicate what they wanted to staff in their own way, and they were happy that staff recognised what they wanted.

Staff encouraged people to maintain a healthy diet and supported them to make healthy choices in regards to food and drink. The staff in all four buildings told us that there was a weekly meeting for people to be able to choose the weeks menu, for example one member of staff said they used a 'nutritional plate' and people were encouraged to place pictures on it to build up a meal. People went shopping with staff to buy the food. Drinks and snacks were available at all times for people and staff were able to offer healthy alternatives to biscuits and crisps. Staff had a clear understanding of the importance of supporting people to maintain a healthy diet. In one of the bungalows one of the people living there liked to help prepare the meals for everyone and they were encouraged to do this.

Support plans were also available in an easy to read format. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests. These were updated yearly in a review of people's care needs or as needed if a new situation arose. One relative told us "I am involved in the care plans and I am always told of changes."

People had good access to a range of health support services. Care planning records covered the person's physical health and mental welfare. The health plans identified if a person needed support in a particular area. Some people required specific healthcare support and there was evidence this was provided. The manager told us how the service dealt with people's changing health needs by consulting with other

professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care. All the relatives said they were happy that people were supported to access health care as needed.

Good

Is the service caring?

Our findings

All the people at the home were either at college, clubs, or involved in other activities inside and outside of the home or accessing the community. Staff were respectful and spoke to people with consideration. One relative said, "We have no complaints in this respect – the staff we come in contact with appear very caring." Another said, "On the whole the staff have a caring approach. They respond quickly when we ask for help and support but they do not always pass on information to other members of staff." A third relative told us, "As to the caring approach of the staff, support and communication we have no problems and have found them always helpful and very communicative we have a healthy dialogue with them and the [name] manager. We have been fully involved in all [name] care and treatment. The manager [name] has always kept us in the loop."

We saw people were provided with the choice of spending time on their own or in the lounge and dining areas. One person liked to spend time in their room except for meal times; another played their games in their room and went in and out their room as they wished. Another played their computer in the lounge. They could bring their pillow and duvet out to the lounge and watch the TV in comfort and in fact were encouraged to by staff as the person had been busy all day.

The majority of staff we observed across the four areas that make up Hill Lodge, treated people with dignity and recognised and valued them as individuals. During conversations with people, staff spoke respectfully and in a friendly way. They chose words that people would understand or used the method of communication needed by that person and took time to listen.

In one bungalow we observed the lunch time meal. We observed how three people were supported. Two had staff support. One member of staff sat next to a person but did not engage with them, only with other staff about the TV music channel or things outside work. When the person wanted more food they tapped the staff's hand, then if no response would pinch them. The member of staff said, "Oh look [name] is patting my arm do you think [name] wants more?" and giggled. Another member of staff said yes that's what they want. The second person who was in receipt of staff support was sat in a wheelchair next to the breakfast bar in the kitchen. The member of staff leant over them from the front with food on a spoon or a sandwich, again not engaging with the person and only with other staff. A third member of staff commented to all in the room, that they were concerned that the second person was not eating and also commented, "You know the rules [name] no dinner no pudding" then tried to offer them crisps and biscuits. The third person was sat on a sofa next to the breakfast bar eating their meal which was on top of the breakfast bar. There was little interaction with the person from staff.

We gave feedback to the manager on this before going to the fourth building. The manager took action immediately by speaking to the staff concerned, sending a senior from the main house to run the rest of the shift in that bungalow, and by arranging one to one training for staff the next day with the provider's trainer.

Staff were aware of things that may affect an individual's well-being. For example new people in the home increased people's anxiety. Awareness of these issues helped the person and staff were able to lessen the

impact of these issues where possible.

Daily records were maintained and demonstrated how people were being supported. The records had body maps where staff were able to record any bruises or marks that had appeared throughout the day. The records communicated any issues which might affect their care and wellbeing, for example when a doctor or other health professional might be required. The staff told us this system made sure they were up to date with any information affecting a person's care and support.

People's bedrooms were individualised and reflected people's preferences and choices. Every room was decorated differently and people who were able told us they had picked the colours for their room, for example trains and cartoon characters, a football theme and butterflies. We saw one person did not have pictures or a television in their room. Staff explained they could become angry and when they did, they hit things. Their bathroom was testament to this as there were holes everywhere; staff told us it was to be renovated to make it safe.

We saw rooms with ceiling hoists to enable people to be moved safely. The manager was considering moving someone downstairs due to their health needs and easier/quicker access for staff. No rooms down stairs had celling hoists; the registered manager said any equipment needed would be put in before any move took place.

Good

Is the service responsive?

Our findings

The service focused on the importance of supporting people to develop and maintain their independence. People were supported to maintain relationships with their friends and family members. For example most people visited relatives for weekend breaks or special occasions. On the second day of our visit one person was supported to make a card for their Dad's birthday. Another person was supported to have their daily phone call from their parents.

Care plans had been reviewed and updated. They were structured and detailed the support people required. The care plans were personalised and identified what support people required and how they would like this to be provided. During the inspection visit we witnessed staff asking people what they wanted to do and how they wished to spend their time. On the first day of our visit in the main house, two people chose to go out to Play Zone and another two went shopping for the house. They also picked which shop they wanted to go to as there was more to look at a particular shop. We saw activities in care plans and staff told us that people were supported to go to clubs for these activities, such as archery, climbing and zip wire. Staff explained that there was equipment to carry a person up a rock wall in their wheelchair and all activities were adapted for people where necessary. The registered manager informed us that people at Hill Lodge could participate in every event except boating as there was a rule starting how far someone had to swim on their own and no one at Hill Lodge could do that at the present time.

In addition to care plans, each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing; for example food and fluid records. There were handover notes for each shift day and night. These were completed daily and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. They were also used to record any issues with maintenance or appointments. There was also a document to be used when someone went to hospital which would give hospital staff clear instructions on how to care for someone including how they would indicate pain.

We noticed that the service worked well with health care and other services so that people had the benefit of specialist advice which was incorporated into their care plans. The staff were responsive to people's needs for both their physical and mental well-being. They also ensured that where needed an advocate was requested to help an individual express their choices and needs. On the second say of our visit we were able to talk with a social worker and an advocate who had been to visit someone about their mental capacity. The advocate ensured that the person was able to voice their opinion about where they wanted to live. Both of these professionals said that staff at Hill Lodge were welcoming and they had no issues with the care that was being given They both said that information and referrals made to them were done so in people's best interest.

People and their representatives were involved in assessments and care planning. Although one relative told us, "We have not been involved in care planning as such but have been involved in decisions about [name] care and treatment. However, it has taken some time for staff to respond to advice we have given regarding his care but I feel we are beginning to make some headway with this." Another relative said, "We were

involved initially when [name] went to Hill Lodge and we believe that if anything changed we would be involved."

Staff were responsive to people's communication styles. They gave people information and choices in ways that they could understand. They used plain English, repeating messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. Staff communicated with some people in Makaton, a particular form of sign language. Staff told us how people often used a variety of signs to express themselves, and we saw staff were able to understand and respond to what was being said.

Each person had a keyworker whose role was to support that person to stay healthy, to identify goals they wished to achieve and to express their views about the care they received. Each of the key workers carried out a monthly review with the person of their need. All the relatives we spoke with were aware that there was a particular member of staff involved with their relative.

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints if they were dissatisfied with the service provided at the home. One relative said the manager was very accommodating and they felt they could call them anytime. There were arrangements in place to deal with complaints which included detailed information on the action people could take if they were not satisfied with the service being provided. A second relative said, "I have made some complaints and the manager has responded quickly and some things have changed. I have had regular meetings with the manager and therefore have had the opportunity to address any issues face-to-face as well as by e-mail." A third relative said, "There have been times when we felt it necessary to voice our feelings and they have been dealt with promptly. [Name] [manager] has always responded positively and addressed our concerns satisfactorily."

Good

Is the service well-led?

Our findings

The service was well led by an experienced registered manager who had a history of working with people who had a learning disability. They were supported by the provider, Dolphin Homes which offers a range of services to young people and adults with disabilities.

Relatives told us that they felt staff had the skill and understanding to meet their needs and they were satisfied with the care and support they received. One said, "With regard to the question of sufficient resources being available I would hazard a guess that the answer is no. There is always a need for more. There has been some involvement with feedback but we have such a good relationship with [name] [manager] she is always approachable as are all the staff so we feel that feedback is ongoing".

A second relative said, "We have experienced some problems with communication - messages not being passed on etc. It would seem that the staff do not always work as a team and I feel that I have to mention an issue or pass on a message to more than one member of staff to ensure it is acted upon. I was not greeted by a staff member in the home when returning with [name] although I had not met them before. (However they did greet my relative). I got the impression they were waiting for the member of staff who would be working one-to-one with [name] to arrive. When this person arrived, he was very welcoming to us." We clarified that the relative has spoken with the manager about this concern.

The manager recognised the changing needs of people living at the home including illnesses. They ensured the service had the necessary facilities available to meet specific needs and closely monitored any changes to ensure the resources were available.

Day to day communication systems ensured any issues were addressed as necessary. For example the day to day handover records documented any maintenance issues and appointments. The manager or the deputy manager were always available and also spent time supporting people.

The service had a quality assurance system in place which used audits to identify where there had been issues and planned actions with responsibilities to ensure they were rectified. Documentation relating to the management of the service was clear and had recently been updated. For example, care and support records we saw had been updated as needs changed, staff told us the manager wrote the assessments in conjunction with the staff who worked with them daily. This ensured people's care needs were identified and planned comprehensively to meet people's individual needs.

The manager understood and complied with their legal obligations, from CQC or other external organisations and these were consistently followed in a timely way. The manager ensured that either they or other senior staff regularly audited the service policies and procedures to ensure they reflected current good practice guidelines. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis, such as audits of medicines and the fridge

and freezer temperatures.

Staff we spoke with responded positively to the manager's style of leadership. They felt they could go to them at any time if they had a concern about people's care, and felt they were kept up to date and informed. They said they had a good relationship with the manager.

Staff relayed their enthusiasm and ambition for caring for the people using the service and were very passionate about protecting them from abuse and ensuring they could lead a normal life within the restrictions of their health conditions.

There was a new training system in place which the manager could access to see who was due to repeat training or who was booked.

Staff logged accidents and incidents. These logs would be analysed to identify any trends for example medicine issues and if needed the manager would have discussions with individual staff members.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary. The service manager, registered provider and the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.

One relative told us, "They [staff and registered manager] listen to me and any concerns I have". The manager encouraged an open, transparent and inclusive culture whereby both staff and people were actively encouraged to go to the office and share their views and be part of the 'team'. During the inspection we observed staff go to the deputy and registered manager quite freely.

People were supported to access health care professionals as part of the partnership approach encouraged by the service. Staff told us that there was an open and transparent approach to information sharing and that information was shared amongst the team through various means. The registered manager was steadfast in involving external health care professionals in decision making for people and actively encouraged partnership working.

People were supported by staff who had clear knowledge of company policy. There were policies and procedures in place to ensure staff had the appropriate guidance to carry out their role. Staff were able to identify where the policies were kept and that they could access these for guidance at any time.