Purley Park Trust Limited

Slade House

Inspection report

17 Huckleberry Close
Purley-on-Thames
Reading
Berkshire
RG8 8EH

Tel: 01189439459

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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?	Requires Improvement

Summary of findings

Overall summary

We inspected Slade House on 04 and 05 April 2016. The inspection was carried out by an Adult Social Care inspector. At the time of our inspection there were some changes in the service management. There was a registered manager for the service. However, they had recently moved on to manage a domiciliary care service for the same provider. A registered manager from another service of the same provider started managing the home. It was their first day on our first day of 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.

This inspection was unannounced. Slade House is one of eight separate care homes within the Purley Park Trust Estate. Slade House provides personal care and support for up to eight people who have learning disabilities. There were seven people living at the service when we visited.

The manager assessed and monitored the quality of care consistently with the help of staff and other members of staff in the company. However, the systems were not always effective as we found some inaccurate records. People received their prescribed medicine safely and on time. However, records of medicine stock were not always accurate. The home encouraged feedback from people and families, which they used to make improvements to the service.

Staff received a thorough induction when they started work at the home. They understood their roles and responsibilities, as well as the values and philosophy of the service which we saw were put into daily practice. Staff were up to date with their training to perform their roles and responsibilities and care for people. Those who were out of date with their training, were booked for the next available session. People felt happy and supported by staff.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The managers and staff were knowledgeable about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). They had taken appropriate action with the local authority to determine if anyone was being restricted of their rights and liberties. At the time of our visit none of the outcomes were known for the applications submitted. Staff were following the principles of the MCA when supporting people who lacked capacity to make a decision.

People felt safe at Slade House and their relatives agreed they were protected from abuse. Staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected.

The home ensured there were enough qualified and knowledgeable staff to meet people's needs at all times. The provider had employed good staff and took steps to make sure the care was based on local and national guidance. Staff were focused on following the best practice at the service making sure people

received appropriate care and support. There were robust recruitment processes in place. All necessary safety checks were completed to ensure prospective staff members were suitable before they were appointed to post.

People were given a nutritious and balanced diet. Hot and cold drinks and snacks were available between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to access specialist professional help when needed.
People and relatives told us good things about the service they received. Our observations and the records we looked at confirmed the positive descriptions people and relatives had given us. Staff understood the needs of the people and we saw care was provided with kindness and compassion. People and their families told us they were happy with their care.

Throughout our inspection we saw examples of appropriate support that helped make the service a place where people felt included and consulted. People and their families were involved in the planning of their care and were treated with dignity, privacy and respect.

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 home was safe. People's medicines were administered safely. However, this was not always managed in line with the provider's procedures.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. They had effective systems to manage risks to people's care without restricting their activities.

The provider had arrangements in place to ensure there were enough staff to care for people safely. The provider's recruitment process was robust.

Is the service effective?

Good

The home was effective. People liked their staff. Staff received training to support and care for people. We saw people and their families were involved in their care and were asked about their preferences and choices.

People were always asked for their consent before staff supported them with any tasks. Staff respected people's freedom and rights. They acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were protected and supported appropriately when they needed help with making decisions.

Staff communicated with other professionals to make sure people's health was monitored and any issues responded to. People enjoyed the food and could choose what they ate and where to eat. People planned the menu with staff support.

Is the service caring?

Good

The staff were caring. During our visit staff were kind and compassionate and treated people and their families with dignity and respect.

People and their families were supported to express their views and be involved as far as possible in making decisions about

their care, treatment and support. Staff understood and provided the best care and support to people.

People's privacy and dignity was respected. Staff responded in a caring way when people needed help or support.

Is the service responsive?

Good

The home was responsive. People and their families told us they could raise their concerns in the home and it would be responded to appropriately. The management and staff were approachable and dealt with any concerns promptly.

Staff had established effective ways of communicating with people to enable them to express their views about their care and any wishes were included in their care records.

There was a choice of activities for people to participate in if they wished. The home arranged activities for people who use the service according to their wishes and interests.

Is the service well-led?

Requires Improvement

The home was not always well-led. The registered manager had completed quality assurance checks to help ensure that people received safe and appropriate care. However, they did not always identify all issues. Records in respect of each person living at the home were not always accurate or up to date.

Staff felt confident to share any concerns about the care provided at the home. The management was available for guidance and support. People and their families were regularly invited and involved with the service to help drive continuous improvements of the service.

We observed some good and well managed practice taking place during our inspection that had a positive impact on people's lives.

Slade 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.

We inspected Slade House on 04 and 05 April 2016. The inspection was carried out by an Adult Social Care inspector. We last inspected this service on 13 November 2013 and found no concerns.

Before the visit to the home we looked at previous inspection reports and notifications that we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the service is required to send us by law.

During our inspection we looked at how people were supported during the day and how staff interacted with them. We also reviewed a range of care records for seven people, staff training and support records, three recruitment files, medicine management records and other documents about how the service was managed.

We spoke with three people, three staff, two registered managers and we asked for a feedback from four people's relatives. We asked for a feedback from the local authority, as well.

Good

Is the service safe?

Our findings

We looked at the management of medicines at the service. We reviewed medicine stock in two cabinets and records kept for it. Most of the medicine was in date. However, we identified one medicine was stopped on 14 March 2016 that was still in the cabinet. There was a shampoo for which the expiry date had passed and cold sore cream that was no longer in use. All medicines were immediately removed and returned to the pharmacy following the provider's following returns procedure. We reviewed all the stock and records to check they tallied. A new box of paracetamol was signed in with the count of 30 tablets in the record. We checked the box for that medicine of that particular person and it was 32. After we identified this, staff rectified the discrepancy immediately. Although people received their medicine when required, we could not be sure staff were following safe medication handling systems at all times.

We also observed two rounds of administration of medicine. People told us they took their medicine and staff helped them. People were informed the reason for taking medicine and what it was. People understood the reason and purpose of the medicines they were given. Some people were able to administer some medicine themselves, for example, apply creams where necessary. Appropriate records were signed afterwards and medicine was kept locked in the cabinets.

People felt safe living at the home and liked the staff. They told us they would go to staff or the manager if they felt unsafe or had any concerns. People were protected against the risks of potential abuse including financial, physical, emotional, and psychological. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. People were safe because any concerns about people's safety were appropriately reported. All staff could clearly explain how they would recognise and report abuse. Staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. The home had a safeguarding policy and procedure for staff to follow if there were any allegations of abuse or concerns raised these were regularly discussed with staff to make sure they understood when to raise concerns. Staff were familiar with the whistle blowing policy and knew who to go to in order to raise a concern. Staff were encouraged to raise any concerns so things could be put right. Senior management were approachable which also helped to raise concerns or issues if any arose. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. For example, some people had behaviour that may challenge others. There was clear guidance for staff to follow so they could prevent the incident and ensure the person stayed safe. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

Occasionally people became upset, anxious or emotional. Some people had been identified as being at risk of displaying behaviours that may challenge others. They received support from staff who monitored their behaviour throughout the day. We observed staff supported people appropriately when they needed reassurance and had a friendly chat to help them relax. The people's support plans included guidance information for staff on identified triggers that may cause distress, as well as how to support the person to feel better. The staff on duty supported the people in the ways explained in the person's care plan that

aimed to keep them and others safe. Care plans included risk assessments about particular risks people may face. These included keeping safe in the community, their changing mental health needs, and finances. The plans in place were clear and easy to follow.

Risks to people's safety were assessed, managed and reviewed. We looked at the care records for people who use the service. Each person had a risk analysis carried out considering risk factors and if a risk assessment was required. Staff demonstrated they knew the details of these plans and how to keep people safe. People were protected against risks and action had been taken to prevent the potential of harm.

The staff numbers were based on people's needs and were regularly reviewed by the senior management. Any staff absences were covered by staff from other houses on the estate to make sure people remained comfortable and relaxed as staff would be a familiar face. The home had a calm and relaxed atmosphere and no one was being rushed. People could go out of the home whenever they chose to. Staff were aware where each person was and used the company's transport if someone needed to go out. People told us staff had time to support and help them when needed. Staff told us there could be more staff especially when people needed to go out. Staff were deployed in a way that kept people safe and ensured they could do their activities. People were supported by staff with the right skills and knowledge to meet their individual needs. Relatives felt there were no issues with staff and their family members were supported well. They said staff were skilled to provide their relative with the care and support they needed and they responded to any queries.

People were kept safe from the risk of emergencies in the home. Staff were aware of and understood how to respond to emergency situations and knew which people to contact if they needed to make sure people remained safe. For example, they called the manager for advice and support, company's on-call person, and called 999 or GPs if people needed medical assistance. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience, good character and were suitable for their role. Staff files included application forms, records of interview, health checks and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Good

Is the service effective?

Our findings

We spoke with staff about their work and the support they provided to people. They were knowledgeable about their roles and responsibilities as care staff. We reviewed the training records for staff which confirmed they were offered training on a range of mandatory subjects including safeguarding, fire safety, moving and handling and medicine awareness. We reviewed training matrix and additional information sent to us by the provider. Where staff were out of date with their training, staff were booked for the next available session. Staff told us they had the training and skills they needed to meet people's needs. People felt happy and supported by staff.

People or their legal representatives felt they were involved in care planning. The service had a proactive approach to respecting people's human rights and diversity. However, we saw the service user agreement between the service and the person was signed by the family members rather than the person the agreement was with. We pointed this out to the management and staff. They took swift action and started adjusting the records to ensure people's involvement was evident and records were relevant.

People can only be deprived of their liberty in order 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 are called the Deprivation of Liberty Safeguards (DoLS). The home was meeting the requirements of the DoLS. The manager reviewed and assessed all people with the local authority to determine whether people were deprived of their liberty unlawfully. No DoLS authorisations were in place at the home as the outcomes were not known yet. We looked at an application form for one of the people living in the service. Part of the restriction was the kitchen being locked at some point during the day and night. It was noted when the staff were present, the kitchen should be unlocked. We saw on two occasions the doors were locked when staff were present. This was brought to staff's attention. However, we could not be sure the instructions would be followed at all times and people's rights to access the kitchen respected.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us they were able to make their own choices and decisions about their care and daily life. People's wishes and preferences had been followed in respect of their care and treatment. Staff understood the need to assess people's capacity to help them make decisions. They told us: "We always presume capacity and support them make decisions", "Always assume capacity, help make right choices and keep them safe" and "Make it simple and ask questions the way people understand". Staff described how they had consulted with people, relatives and professionals as part of making decisions in people's best interest. People's rights were protected because the staff acted in accordance with the MCA. The manager and staff encouraged people to make their own decisions ensuring those important to the individual were involved in this decision making. They were aware that for more complex decisions they would need to carry out MCA assessments and hold best interest meetings to ensure decisions were made in accordance with people's wishes and the requirements of the law. The registered manager ensured, where

someone lacked capacity to make a specific decision, best interest principles were followed.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff felt supported and enjoyed their work. Records showed staff received regular supervision sessions. Staff were confident they would receive support from the manager and each other when needed. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Members of staff told us: "Yes it is regular, it is useful time to talk" and "It is very helpful, especially when you join". Staff told us they felt supported by the registered manager, and other staff. Comments included: "Management is well structured and they listen to you" and "Yes [the management team] is good". Staff told us communication within the home was good and effective.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "Staff are nice", "They are good" and "They know what they are doing". Staff told us they had the training and skills they needed to meet people's needs. Comments included: "Yes it was good, lots of information" and "[It] was really good, so helpful". Staff told us they had the training they needed when they started working at the home.

People were supported to live their life the way they chose and maintain a good quality of life. For example, people chose the activities they wanted to participate in and staff respected their choices. One person told us: "Yes I do cooking or go to club house". Staff had meetings with people and communicated daily about what their wishes and preferences were. This way they could help them find and choose things everyone enjoyed.

People and their families confirmed they were involved in the assessment and care planning process. This enabled staff to identify people's support needs and preferences. Care records contained support plans and risk assessments personalised to each person's needs. These plans outlined the likes, dislikes and preferences of each person. A risk assessment analysis system was in place to make sure it was an effective system to identify and manage risks so it did not affect people's daily routine. During our inspection we saw staff were knowledgeable about people's needs and supported them on an individual level.

Staff used shift handovers and made sure all staff were aware of any actions or events. Staff used a communication book to record anything that had been going on in the house, important information and any actions to take that would help manage risks associated with people's care and support. This ensured important events and actions were not missed and there would not have a negative effect on people's care and support. If there were any concerns or risks identified, staff demonstrated they would follow correct procedure and report these concerns to the home manager, senior management or to other healthcare professionals and make sure risks were managed.

People and staff told us about meal options. Every Sunday the staff and people made a menu for the next week putting people's preferences together. People told us they liked the food and were able to make choices about what they had to eat: "Yes staff do menus and ask us" and "Nice cooking" and "yes, we do menus together". Staff talked to people to make sure they found out what they wanted or disliked. People told us their wishes were respected and they could make their own choices. The staff were all aware of people's dietary needs and preferences. People were supported to have a meal of their choice.

The service used assessments and monitoring tools like the malnutrition universal screening tool (MUST) to identify changes in people's health and wellbeing so they could quickly access appropriate support when needed. Staff involved people, their families and other professionals in the risk assessment process. The service communicated with and involved social workers, GP's, dietitians, physiotherapists, psychiatrists and

speech and language therapists (SALT) to make sure people's health needs were met on time. People told us their health needs were supported: "Yes I am going to see my GP" and "Yes, I see GP or nurse, or they come in here". People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, psychologist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. They said staff were caring and knew how they liked things done. People's dignity was respected by staff. They understood the importance of treating people with dignity and of respecting their privacy. For example knocking on their doors and ensuring people looked decent. People appeared happy and contented. We observed people were able to do things they wished. People were treated with kindness and compassion in their day-to-day care.

The provider placed a strong emphasis on the ongoing relationship between people, families and the home. People's families could visit the home whenever they wanted to and were welcomed by staff. People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated friendliness and respect at all times. We observed staff addressed people by their preferred names. Staff were allocated as dedicated key workers to people and their families to ensure people felt they could express their views. This also ensured they could offer continuous support in the home and keep up to date with the development of the person. Each person had a session once a month to meet with their key worker and discuss any issues or matters they had. People told us they could and would go to staff if they had any problems. Staff provided care that was individual and centred on each person to ensure people felt they mattered and belonged.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys. Staff were knowledgeable of people's communication ways and ensured people received information in an appropriate way. People's care was not rushed enabling staff to spend quality time with them. The home was spacious and allowed people to spend time on their own if they wished. Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. For example, one person complained of a pain. They were supported to take medicine and accompanied to go and see their GP.

People were encouraged to be as independent as possible. Staff understood every little thing or task was important to people and their independence. They were encouraged to carry out tasks themselves, for example, washing and dressing, preparing dinner or tidying their rooms. Staff were there to help if someone needed assistance. Staff understood and promoted respectful and compassionate behaviour. People felt they mattered and were involved in the service. They told us: "Yes I am happy", "The atmosphere is good" and "It is lovely here". Relatives felt the service was a good place for people to live because of the support and care they received.

The manager and staff reviewed people's care and support needs to ensure they were supported in the way they preferred and which met their needs. People's records included information about their personal circumstances and how they wished to be supported. Staff were knowledgeable of each individual living in the home. This also encouraged good staff practice to ensure people were supported in a personalised and caring way.

The home kept any private and confidential information relating to the care and treatment of people securely locked away. Staff were aware of the importance of confidential information and talking to people in privacy. People told us staff respected their privacy, choices and the right to be independent. Comments included: "I choose things to do" and "Staff encourage showering and dressing, making snacks".

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and any professionals involved in their care. Information from the assessment had informed the plan of care. We saw there was a lot of information about the person presented with pictures and written in the first person. When we read it, we saw this helped staff to get to know the person and their character, their likes and dislikes, support needed and things they could do themselves. Speaking with staff they were able to explain how people liked to be cared for, for example, support with personal care or to be addressed in their preferred name. Important information was recorded daily about people. This was used to understand people's behaviours, moods and wellbeing in order to respond to any changes and make prompt referrals to appropriate professionals. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People or their relatives were involved in developing their care, support and treatment plans. Support plans were personalised, detailed daily routines, and likes and dislikes specific to each person. Support plans clearly explained how people would like to receive their care, treatment and support. This information enabled the staff to monitor the well-being of the person. Referrals were made where applicable to other healthcare services and health was being monitored and information recorded. People's needs were reviewed regularly and as required. Where a person's health had changed it was evident staff worked with other professionals, for example, psychologists or psychiatrists. Where necessary the health and social care professionals were involved. For example, some people had some difficulties with swallowing therefore they were referred to speech and language therapists promptly. Health action plans were in place describing the support the person needed to maintain their health.

Staff had established effective ways of communicating with people to enable and encourage them to express their views about their care. People's wishes and preferences were included in their care records. Staff always talked to people and found out what they wanted to do. Staff were able to accommodate people's wishes if they wanted to do something outside the service, for example, attend a national rugby match. People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. People were supported to follow their interests and take part in social activities. They told us about the activities they took part in like gardening, sport sessions, crafts and cooking sessions. People could stay in the home, do some activities or just interact with staff. For example, we saw one person was tidying up the house as this is what they enjoyed doing. Other people were helping with daily chores like emptying the bins or clearing up the meals. Their choices were respected. A few other people decided to take part in activities taking place on the estate.

Each person in the home was supported to make their own decisions. The management and staff understood the importance of this. They promoted and encouraged people to make their own decisions. We observed people were given time to make decisions and this was respected. This included supporting them with activities and spending time with them. We saw records of people's meetings and key worker's

sessions. This way staff made sure they knew each person on an individual level and provided them with personalised care.

The provider regularly sought feedback from people, their families and professionals about the care and support. This was achieved through reviews of each person, sending quality assurance questionnaires out, as well as speaking to the people and their families. In addition, the home received feedback on the quality of support during staff supervisions and meetings, and communicating with other professionals regularly. This helped identify any improvements necessary so it could be addressed straight away and did not have a negative effect on people's lives.

Complaints and concerns were taken seriously and would be used as an opportunity to improve the service. There had been no formal complaints since our last inspection. People's concerns and complaints were encouraged, investigated and responded to in good time. Staff knew how to respond to complaints and understood the complaints procedure. People and their relatives told us they were aware of who to go to if they had any concerns or issues: "Yes, tell staff and they will sort it out" and "I go to my key worker or the manager". Relatives said they brought a few issues up in regards to their family member's care and this was addressed accordingly and in a timely manner. We saw there were lots of compliments thanking the staff for their care and support to the people.

Requires Improvement

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There were two managers registered with CQC to manage Slade House. The first registered manager recently moved on to manage a domiciliary service for the same provider. They had not cancelled their registration to manage Slade House thus they remained responsible and accountable for the provision of regulated activities at the home. The second registered manager had moved on to another role in the organisation in 2013 but had not cancelled their registration as the manager of the service. We informed the senior management who took action to address this. Another registered manager from a different service of the same provider was covering the position until an appointed registered manager returned from long term leave. The first registered manager and the covering manager were present at the inspection and supported each other to provide us with the information and records we needed. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The registered manager had a system to manage and review care plans and risk assessments, and other home management records. However, records were not always up to date or completed accurately. None of the people's health action plans had any dates to indicate the information was current. For example, one health action plan indicated that GP/nurse review was on 21/07/2010 then 27/10/2011. The nurse notes said the annual health check was carried out on 13/01/2016. The health action plan was not current. We reviewed every single health action plan and none of them had any dates to indicate the information was current. This was pointed out to the manager and staff. We did not receive any further information during inspections or afterwards regarding this.

We saw people who use the service had malnutrition universal screening tool used to screen and monitor their weight. However, the records were not always accurate. For example, one person did not have an initial MUST assessment. Monthly weights were not fully completed for three people so we could not be sure people's weight and MUST tool reflected their needs. Without appropriate information the service cannot monitor people's health and wellbeing and respond in a timely manner when things change. Later after our inspection we were informed MUST tool would be removed and only used if someone became vulnerable and required assessment by the SALT or dietician teams.

A risk assessment for community safety was reviewed appropriately but dates were not accurately recorded, for example, 18 November 2014, 25 August 2015 then 25 of March 2015 had been recorded but staff confirmed it should have been 2016. Dental plans did not have any information recorded so we asked what the purpose of it was. Staff could not clearly explain why it was there. One person had three dental plans dated 2009, 2012 and 2013 with some information about their dental care. However, it was not clear this was the most current information. There was a danger staff would not be following the most up to date information when supporting service users.

We reviewed staff training with training matrix and policy. The policy identified that the Health and safety training should be refreshed every three years and not all staff were up to date with it. However, we were

informed this topic was covered across other training topics and was not delivered as a separate training. The provider did not follow their own policy. The training matrix did not reflect this, as well. We reviewed the training matrix sent to us. Not all staff were up to date according to this record. We received further information clarifying the dates and any further bookings therefore making the training matrix inaccurate and not up to date. The registered manager did not ensure records relating to staff training and the care and treatment of each person using the service were complete, accurate and up to date.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. However, they were not always effective as we have identified some discrepancies with care and medicine records, and staff training. The service used a system which monitored the quality of service according to required standards identifying any problems or shortages. We noted to the manager the system was based on the old regulations and outcomes. They said this would be reviewed to ensure appropriate systems were in place to monitor the quality of the service.

We reviewed notes from a managers' planning day held in March 2016. It was a positive event and a lot of effort went into ensuring staff across the company worked in an engaging and positive way, and as a team to achieve a better experience for the people they supported. The provider told us they had plans to redevelop some of the services on the estate to ensure they provided a tailored care and support to people as some of their needs were changing significantly. They were in the process of consulting on this with the local authority. Once plans and funding were agreed, people and their families would be informed and consulted with regarding these changes. The service also carried out daily checks including any actions to complete for the day, cleaning and infection control, kitchen tasks and finance checks. All staff were involved in doing these checks so they all had a responsibility to maintain the service.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had an understanding of equality, diversity and human rights and put these into practice. The service's aim and objectives were to provide people with excellent support. The service made sure people and what was important to them was at the centre of staff attention. There was a nice environment at the home where people were respected and involved. We saw people and staff had built good and kind relationships and communication between each other was also good. They were relaxed, happy and liked living in the home. We observed friendly and fun interactions and respectful support provided to people.

People, their relatives and staff felt there was always an opportunity to talk to each other, bring up any issues and these would be addressed accordingly. The service promoted open and transparent culture in the home and people, relatives and staff were supported to share anything that was important to them or any issues. There was always access to the senior management and relatives felt they were approachable and focused to achieve the best outcomes in regards to care and support for people. The management team involved people and their families in the assessment and monitoring of the quality of care. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. They were working towards the same values of keeping people comfortable and ensure they felt important and included. Staff understood the importance of respect, dignity, kindness and compassion which we saw was put into practice. Staff in the service worked together as a team and motivated each other to provide people with the support and care they wanted.

There were some changes in the organisational structure and staff were informed accordingly. Staff told us the senior management supported all people and staff ensuring they received consistent support from them and were visible and accessible to all. Staff felt the management was good, supportive, and helpful, and acted immediately on any concerns staff would report. Staff were supported to question practice and were confident in raising any concerns. They were encouraged to bring any issues up to make improvements to

help ensure people received the best care and support in a safe environment. The provider sought feedback from the staff through regular meetings and day to day communications. They used this feedback to make changes or improvements to the service. Staff said they raised concerns before and this was addressed appropriately and in a timely manner. The managers gave us positive comments about senior management and felt they were supported to carry out their role. Senior management was helpful and approachable not only "at office hours" which was very important to the service in making sure the home ran smoothly. The provider ensured there was continuous communication and support within the organisation among the homes on the estate.

The covering manager was working in the home daily so they could oversee the service. Any incidents or accidents were recorded and reviewed to ensure any risks and patterns were identified or lessons could be learned to make sure people were kept safe. The staff carried out daily checks including for cleaning, service management and people's care to make sure tasks were completed, actions had been taken and the home was left in good order. People were also involved in home management to help staff maintain it. This way the home worked together with people and promoted their independence.

We observed good and well managed practice taking place during our inspection that had a positive impact on people's lives. People had regular house meetings where they had an opportunity to discuss things that mattered to them, issues or concerns, share any ideas or experiences or make requests. We saw there was an open and encouraging culture in the home which had a positive effect on people, their families and staff's relationships and communications. The service had clear visions and values put into practice like kindness, compassion, dignity and respect which we saw in staff practice. They worked hard to make sure people received support tailored to individual needs and important aspects of their lives. Management worked well with staff, people, families and other stakeholders.