

East View Housing Management Limited

East View Housing Management Limited - 51 Chapel Park Road

Inspection report

51 Chapel Park Road
St Leonards On Sea
East Sussex
TN37 6JB

Tel: 01424201340
Website: www.eastviewhousing.co.uk

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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

East View Housing, 51 Chapel Park road accommodates up to four people with learning disabilities and some associated physical or sensory disabilities. The building was situated over two floors with a communal lounge, dining room and kitchen as well as a shower-room and a bath room. Toilet facilities were en-suites or located close to people's bedrooms.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. (Registering the Right Support CQC policy)

At their previous inspection, Chapel Park Road were rated as Good. During this inspection, we found the service remained good.

The service had a registered manager. 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.

People were safe. Staff had thorough understanding of how to protect people against harm and there were suitable levels of staff available to ensure people's needs could be met at any time. Staff were recruited safely and appropriate background checks were made to ensure their character and skills were suitable to support people. There were individualised risk assessments for people and the environment and building they lived in, including emergency evacuation plans for in the event of an emergency such as a fire.

Medicines were managed in such a way that people received them safely. People were only supported by staff that were trained in administering medicines. People had their own medicine cabinets in their bedrooms to encourage maximum independence and control. Where possible, people took their medicines independently and used an easy read document to help them do this.

Staff received a wide range of training to ensure they could support people safely. Staff also benefited from taking part in regular supervision and appraisal to help them develop their skills and knowledge. Staff felt supported and encouraged in their personal development and relatives were clear that staff had the skills and knowledge to support people. Staff attended regular team meetings where they could discuss any concerns they had. There was a robust induction programme that involved shadowing of experienced staff, completing a qualification and developing a thorough understanding of people and their routines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS).

These provide legal safeguards for people who may be deprived of their liberty for their own safety. Staff had sought support from health professionals to enable people to make decisions about their own health and wellbeing.

People's nutritional needs were met and people were given choice and control over what they wanted to eat and drink.

A relative and health professionals considered the caring nature of the service to be of the highest standard. People had built strong relationships with staff, and everyone showed there was mutual trust and respect. People's independence was continually focused on and encouraged using a variety of sources, technology and other equipment.

People had their own key-worker; this was a named member of staff who had a central role in their lives and would oversee their support needs and care plan's. Each person had a clear and detailed care plan tailored to their individual needs. These highlighted specific support needs, risks and involvement from people, their relative's and health professionals. This included assessments for supporting people with managing anxieties and challenging behaviour.

People had choice and control over the activities they wanted to participate in each day. These were tailor-made to people's likes and dislikes. People, staff and the relative we spoke to were knowledgeable of the complaints procedure and confident they could talk to the registered manager about anything that was worrying them. People's complaints were listened to, their opinions respected and immediate action taken to rectify issues. These were completed in an easy read format to meet people's communication needs.

The registered manager and deputy manager were highly praised for their support and staff emphasised how approachable and knowledgeable they were. They felt a part of an open and empowering culture where they were respected as individuals and as part of a team. Health professionals had the utmost confidence in management and always felt welcomed and kept up to date with how people were.

The registered manager had robust systems in place to ensure quality audits were completed monthly and included checks on people and staff's welfare and the building and environment. Feedback was also sought from people, their relatives and health professionals and compliments shared as success stories to the staff team.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

East View Housing Management Limited - 51 Chapel Park Road

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.

The inspection took place on 15 February 2018 and 19 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often supporting staff or providing care. We needed to be sure that they would be in and that our visit would not disrupt the lives of people there more than necessary.

East View Housing (51 Chapel Park Road) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was completed by two inspectors. Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

We spoke with four people who use the service about their day to day experiences. We spoke with two staff, the registered manager and deputy manager. We spent time reviewing records, which included two care

plans, two staff files, two medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection we spoke with a relative and four professionals that had continued involvement with people living at 51 Chapel Park Road. This included an aromatherapist, a learning disability nurse, an occupational therapist and a manager from a local day service.

Is the service safe?

Our findings

People were safe. Although not everyone was able to tell us they felt safe, we saw people were comfortable and relaxed around staff that knew them well. A relative agreed, telling us, "Absolutely, they are safe. Staff know exactly how to support them. It makes me feel reassured that they are in such safe hands."

There were sufficient levels of staff to support the needs of people who lived at the service. The registered manager advised that they prefer not to use agency staff, so any absences were covered by other core staff, the registered manager or deputy manager. This ensured that people received continuity of care.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. This process ensured as far as possible staff had the right skills and values required to support people.

In-depth risk assessments had been completed for people, staff and the building, that were person centred and task specific. There were positive behaviour support plans (PBSP's) for people that had behaviours that could challenge. These assessments detailed what the person's behaviours were, early signs that they may be feeling angry, ways they could be supported and the consequences of staff not providing the right support. There were pictures to support with communication for the person. An example of this was for someone who was displaying behaviours that challenged. The registered manager identified that this was happening more during a specific time of year and sought advice from the Psychiatric team. The provider then developed a risk management plan to make sure the person was supported in the best possible way during this time. The reduced the person's anxiety and behaviours that challenged reduced as a result.

One professional had involvement with a person that displayed behaviours that challenged and said that their previous homes had been unable to support them. With in-put from health professionals, guidelines had been designed with the person to minimize behaviours that challenged. Since then, there were very few incidents and the person's overall well-being had improved. The professional concluded, "The person has changed completely since moving to 51 Chapel Park Road and are settled for the first time."

There were also assessments for people with specific health conditions, such as continence care. The risk assessment detailed the type of specific care needed, a summary of the person's health and history, what support was required and actions to take in an emergency.

People's medicines were managed so that they received them safely. Medicines Administration Records (MAR) were completed and people received their medicines as prescribed. Staff were not able to support people with their medicines unless they had received relevant training. Some people took medicines on an 'as and when required' basis (PRN). These records detailed why the medicine was prescribed, the dose to be given and how the person would indicate they needed their PRN medicine, such as pain relief. We saw good arrangements for the storage, ordering and management of medicines. People had their own medicine

cabinets in their bedrooms to encourage person specific care and independence.

Accidents and incidents were analysed in monthly audits, and the registered manager had a good over-sight of any themes or trends. There was evidence to show that the registered manager had sought advice from health professionals to ensure incidents did not reoccur. An example was for one person that had experienced an increase in falls. The registered manager notified the Learning Disability Team and worked with an Occupational Therapist to obtain a variety of equipment that would reduce the risk of falls. Since the introduction of this equipment, no other falls had occurred.

People lived in a safe environment. Monthly safety checks were completed by the registered manager for the building, which included fire equipment and regular fire drills for people and staff. People had personal emergency evacuation plans (PEEP's). This meant that staff had a thorough knowledge of how to support people to evacuate the building in an emergency. One person had a behaviour which meant their room could be a fire risk. The provider contacted a fire safety officer who came in to speak to the person about why their bedroom could be a fire risk. An agreement was then made with the person on how they could keep their room safe and they were proud that they had followed actions set to minimise these risks.

Infection control practise were safe. Staff had access to personal protective equipment (PPE) available, which staff used appropriately when they supported people with care. To prevent the spread of infection for a person with specific care needs, other cross infection risks were well known to staff and properly managed.

Is the service effective?

Our findings

People experienced effective care because the staff were well trained to support people. A relative said they felt the service was effective and that staff were trained. "I know that staff received specific training in Epilepsy. They know the signs or symptoms for when they have a seizure. They also are very knowledgeable with supporting people with challenging behaviour. They know exactly what to do to help my relative feel calmer."

Staff had the appropriate skills and knowledge to support people living in the home. Staff received training in managing people's medicines, moving and handling, health and safety, food hygiene, safeguarding adults and equality and diversity. Staff had completed specialised training in catheter and stoma care, epilepsy and supporting with challenging behaviour. Staff were also in the process of completing more specialised training in autism. This was a six week course where staff were assessed by online tests and in depth workbooks. One staff member told us, "It's hard and there's a lot to do but it is interesting and challenges what I thought I knew about autism."

Staff received regular supervisions and could speak with the registered manager at any time if they had any concerns or issues. Staff also received a thorough induction programme which included training in specific areas, developing understanding of policies and procedures and shadowing experienced members of staff. This meant that they got to know people, their dislikes and preferences before working on their own with them. New staff were also required to do the Care Certificate, depending on their previous experience and qualifications. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is comprised of 15 minimum standards that should be covered for staff that are new to care.

Staff demonstrated clear understanding of how to involve people in decision making and made sure they asked people for their consent before providing care and support. Staff had a very good understanding of the Mental Capacity Act and how it related specifically to the people they support. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for those that lacked capacity.

People had their capacity to make decisions about their care and day to day life assessed. Best interest decisions were person and decision specific and detailed how the person was involved in the decision making, as well as those important to them, such as a family member or health care professional where needed. A learning disability health care professional explained that prior to the person moving into the home, the registered manager had spoken with them about the person's capacity. They explained how a

blood test had been required for some time and the person had always refused. The registered manager and staff worked closely with the person, their GP, their relative and the health professional to complete a best interest decision. The professional explained that when the time came, the person had the blood test without medical intervention which was a testament to the staff team and the relationship they had built with them. "It was fantastic the way they have worked with the person and how well they did."

People's nutritional needs were met. People were given choice over what they wanted to eat and drink. There was a white board that had pictures of food and drink so that people could use these to indicate what they wanted and be encouraged to make healthier choices. One person had been referred to the Speech and Language Team (SALT). There were detailed assessments that identified the consistency of food the person required and thickening powder was to minimise the risk of choking. Staff recorded how many scoops of thickener were used each time so the registered manager could monitor the amount needed and ensure there was always enough thickener available. This also provided information for the SALT team when support needs were reviewed. Staff demonstrated a thorough understanding of this person's nutritional needs. They had also considered the person's preferences. The person's initial SALT assessment stated that they couldn't have their favourite food due to a risk of choking. The registered manager contacted the SALT team to identify a way they could still have their favourite food and remain safe.

One person proudly told us how they had lost a lot of weight which had a significant impact on their health. The registered manager said, "we cannot take credit for this transformation, the person did a lot of the work themselves and we are so proud of them." However the person told us that staff encouraged them by talking about their weight loss achievement and this meant they stayed motivated to eat healthily.

The provider had purchased additional equipment to enable people to maintain their independence but also remain safe. Some people had electronic equipment such as epilepsy sensors to inform staff when they were having a seizure. This enabled people to be as independent as possible and was particularly beneficial for one person, who had required constant supervision from staff at their previous home. This was now not necessary due to the electronic equipment provided.

The building had some adaptations to enable people to move more independently or to support with health needs. An example of this was for a person who required support with moving and handling. Their bathroom had been re-arranged to allow more space to move and handrails had been fitted throughout the house. There was also specialised equipment in the bathroom such as a lifting cushion, which supported people to get in and out of the bath more easily.

Is the service caring?

Our findings

People told us staff were caring and kind. One described their key-worker as "Very nice and they make me laugh." Another said, "I like living here, they're good to me." A relative confirmed this and told us, "Staff are all brilliant, kind and warm. This is the fourth home my relative has lived in and it's the best one I've ever seen. They do everything I expect and more. Honestly, I would give gold stars all around for this service."

Health professionals also gave high praise of the staff's caring nature. Comments included, "the team are brilliant with all people", "Always a pleasure to work with the team from Chapel Park. People are happy and well cared for" and "So caring and compassionate." Another health professional said, "It is clear people are living in an incredibly supportive and homely environment. They always put people first, even something as simple as talking to them rather than us when we come to visit."

We saw compliments and cards that had been received from relatives and professionals, thanking the registered manager and staff for their support. One compliment from a professional said, "As a visitor to the home I get to observe not only the health & wellbeing of the residents, but how they are treated, how the staff carry out their duties, the relationships they build with the residents and how the residents react to the staff. I have seen how the management and staff have given the residents of 51 Chapel Park Road every opportunity to have the best quality of life and achieve their goals."

Staff had an extremely thorough understanding of people's likes, dislikes and preferences. One professional told us, "Staff are very aware of the client's needs and know them so well." People and staff together were warm and caring towards each other. There was lots of laughter, joking and a genuine respect for one another. The registered manager told us, "This home is part of me and my life. It doesn't feel like work. It is my second home and people are extended family."

People were supported to actively express their views and be an integral part of their support and the home. People met with their key-workers monthly to discuss their care plan and talk about goals or activities they may like to do in the future. For those that required support with communication, there were easy read documents and photos or pictures used for reference. One person had an easy read guide for how to support them with their emotions and communication. This was personalised to include photos of the person, those closest to them, activities they liked to do or things to talk about. Pictures of various objects and activities were attached by Velcro and could be moved by the person to indicate what they wanted to do that day. There were pictures that depicted emotions so that the person could point to how they were feeling if they felt unable to describe it to staff. This was kept beside the person wherever they were to support staff in understanding their wants and wishes.

There were numerous examples of how people were supported to gain independence and the positive impact this had for people. One person told us that they managed their medicines independently and explained how they have a document that they sign when they take their medicines at different times of the day. This was written in easy to understand language with pictures to help the person to understand what was written. The same person also told us how they were going to try out a new day service on their own.

The registered manager explained the person had always received support when at day activities. A new service had been identified where the person would be encouraged to travel independently and participate without staff support. Staff from the home and from the day service would work together to support the person initially, by travelling with them on the bus and remaining with them during the day. Over the course of 6 weeks, this support would gradually increase until the person was able to travel and attend day service independently.

For another person with a specific health condition we saw that staff encouraged them to eat and drink as independently as possible. The registered manager advised that sometimes the person got frustrated if they were unable to do something themselves and had to ask staff for help. Specially adapted crockery and cups with larger handles had been purchased so that the person could eat and drink with minimal staff support. Jugs of juice were also left within reaching distance so that the person could pour their own drinks.

The registered manager also told us of a new programme that two people had been nominated for, which would increase their confidence and independence. The course, designed by the community learning disability team, consisted of several support sessions where people would learn about managing their health and well-being. This included sessions on, 'Going to the Doctor and managing medicines', 'Talking about mental health' and 'Making choices', 'Staff were enthusiastic about how this would open up new opportunities for people.

A relative told us how a person's life had changed for the better since they came to live at Chapel Park road. They said that their family member had always enjoyed a particular activity but had been unable to enjoy this activity since a relative had passed away. The family member told us that their relative had also refused some parts of their personal care and this had led to their health deteriorating. The relative said "It was heart breaking". They went on to comment that "staff were patient and encouraging" in making their relative feel more confident to enjoy their personal care and that it was no longer being refused. The relative also explained how much their family member now enjoyed taking part in that particular activity again. "It's so wonderful and like having my relative back."

People's privacy and dignity was treated with utmost respect. Their rooms were considered their own personal space and staff always asked permission before entering and respected that people needed time by themselves. People's documentation was stored securely in locked cupboards and online documents were password protected. Staff also had knowledge of the home's Confidentiality policy and how it related to the people they supported. One staff member emphasised the importance of only sharing information on a "Need to know basis" to ensure that people's confidentiality was maintained.

People were given extensive choice and control in all aspects of their life. People had their own bedrooms which were decorated with their choice of furnishings and colours. We saw that people had photographs of those that were important to them and other personal belongings to make their bedrooms feel homely. One person had a football t-shirt signed by the referee of a game that they went to. The registered manager told us, "The person went to the game and the referee contacted us afterwards. They sent the t-shirt they were wearing, signed. The person was so pleased with it that we got it framed. They always talk about it with staff."

The caring principles of the service included the well-being of their staff, who told us they felt well supported and valued as a team member and individual. One staff member told us, "You are encouraged to say how you feel and the registered manager is very supportive." They also said, "the registered manager thanks us individually at the end of each shift – it may seem like a small thing but it makes us feel appreciated."

Is the service responsive?

Our findings

People said staff responded extremely well to them and to any of their changing needs. One person said, "I tell staff if something is wrong or I don't feel well" and "They help me if I need it. There's always someone to talk to." A relative agreed they felt the service was responsive to people's changing needs and they were always updated with information.

Staff responded to people in a way that was specific to their individual needs. For example, for one person who could have behaviour which caused themselves or others anxiety while sitting at the dining table. The registered manager and staff had developed clear positive behaviour support plan that detailed how the person and others around them could be supported during this time. Another person had displayed some inappropriate behaviour towards other people when they went out. The registered manager contacted a learning disability nurse who came out to do some training with the person about how to manage their feelings around this particular behaviour. A summary of the training was displayed in the person's bedroom so that staff could regularly remind them of what was discussed.

Each person's care plan was detailed, specifically designed around their needs, goals and aspirations and reviewed regularly by people and their key-workers. People had their needs assessed before they moved into the home and the information gathered was used to develop their care plan. This included information regarding any sensory or communication needs. For example, one person had a specific communication need. Their support plan highlighted how they preferred to manage their communication aids independently and would inform staff if their equipment needed maintaining. There was guidance available for staff on how to communicate with the person, so they met their specific needs. There was also detailed information on equipment that had been sourced to support the person in the event of a fire.

People took part in activities that encouraged social interaction and wellbeing and had complete choice and control over what they wanted to do each day. One person was a member of the local football team, while another had a pen-pal who they enjoyed writing to regularly. The deputy manager had also organised for people to take part in, 'It's a knock-out'; this is where people from 51 Chapel Park and other East View Housing homes joined in with fun team building exercises. When one person moved in, they did not like to participate in activities. With support and encouragement from staff, they now had a full and varied timetable. Their relative told us, "They now do so much and a lot of thought is put into things they would enjoy. I can see how happy this had made them, they are always smiling."

People were supported to maintain relationships with those that were important to them. People told us how they spoke to and saw their relatives regularly. The registered manager emphasised how important they felt it was for people to stay in contact with their families. They gave an example of one person that had received a card from a relative but was not aware who they were. They asked the person if they would like to see them and then contacted the relative, who was delighted and keen to meet as they had not seen each other for many years. The person now sees their relative regularly and enjoys the time they spend with them.

People's views were always listened to. People were actively encouraged to express their views about the service and were given clear information about how to make a complaint. This was available in an easy read format. This document had pictures as a communication tool and also space to write what was upsetting them. We saw an example of a response from the registered manager that was also in an easy read format and used photos of the people and what they were complaining about. It addressed what the registered manager would do to support and thanked them for their feedback. The registered manager had sat with people individually to discuss the complaint and ensured they understood the response and were happy with the outcome.

The provider and staff worked closely with other teams and professionals to ensure consistent care and support was provided. An example of this was for a person that went to a day centre to do activities. The staff at 51 Chapel Road and from the day centre worked together to improve the person's communication skills. A professional from the day centre told us it had been a "Huge success" and that, "Not only has the person's communication increased, so has their confidence and their assertiveness". The registered manager gave us another example of how they have built good links with the local hospital so that they can support people when they have an appointment. "Because one person can become anxious about appointments, we contact the hospital a week before and collect a hospital gown. This is then left in the person's bedroom so that they can talk about their visit beforehand with staff and any anxieties can be alleviated."

The service supported people to maintain good health with input from health professionals on a regular basis. The provider had regular contact with the learning disability team and nurses, speech and language team, occupational therapists, psychiatrists and aromatherapists. Each person had an annual health review with their GP and regular support from Dentists and Chiropodists. Each person also had their own individual hospital plans. With people's permission, these were to be given to paramedics or hospital staff should the person need to go to hospital. These plans included details about the person such as current medicines, contact details, methods of communication and how to alleviate any anxiety. Feedback from health professionals was extremely positive. One said, "The staff and registered manager always ask for advice if they are worried about the welfare of a client and always give feedback – this means any issues are identified quickly and care is always being reviewed." Another professional complimented the determination of staff to make people's lives better. "I would like to mention that one of the residents, whose health has been up and down over the past year or two, has had no stone left unturned, no resource left untried, and every option looked at, explored and pursued to the Nth degree. This has resulted in some dramatic improvements in their health and quality of life."

Although no-one required end of life support during inspection, the provider had talked with people about their preferences for the future. Where people did not want to discuss end of life care, this was written in their care plan. Other people had an easy read booklet titled, "When I die". This detailed information about the person such as people who were important to them, with their photos. It addressed what the person would like to happen at their funeral such as music they would like played, specific readings they wanted and what they would like to happen to their possessions.

Is the service well-led?

Our findings

People spoke positively about the registered manager. One person said, "They're nice to me" and "They talk to me a lot and listen". Another person gave a double 'thumbs up' with a big smile on their face which was their way of letting other people know they were happy. . A relative praised the registered manager and said that they were, "absolutely thrilled" the registered manager were at the service. They also commented, "The registered manager is brilliant. They are very efficient, they listen and act on any requests I have. They absolutely have a heart of gold". The relative added that that "They teach people to respect one another and form positive relationships in their home."

Health care professionals also complimented the registered manager. We were told, "The registered manager is fantastic," and, "they address concerns without delay which means people are given the best care." One described the registered manager as, "One of the best I've met. They are great to work with. We can suggest recommendations and I can guarantee the registered manager will put them in place." Another said, "the registered manager is so caring. They put the best interests of people first and are a really good advocate for them. They follow things up, are easy to work with and it is evident that people have a really good relationship with them."

Staff had absolute confidence in the registered manager and praised their character and work ethic. One staff member said, "You can tell they genuinely care about each and every person." Another said, "the registered manager is so supportive. Even if they're not on call, they encourage us to phone them if there are any issues. They drop everything and come in if a person has to go into hospital." This meant that the person always had someone who knew them and their needs well to support them if they had to go into hospital.

The registered manager also advised that they have regular support from management and the nominated individual that worked at East View Housing's head office. They told us, "If we need anything, there is always someone to talk to. The quality assurance officer also comes in to see us regularly so we can discuss any issues." We saw evidence of the nominated individual praising the registered manager and staff following a series of compliments which we were told made them feel valued.

We were told by staff that there was a strong ethos of working together and ensuring that the staff team were made to feel part of the service. Staff were encouraged to communicate and ask questions if they had concerns. One staff member said, "It's a nice feeling working here, comfortable, happy and welcoming. It's why staff stay and work here for years." We observed how effective communication was between management and staff, which ensured everyone working at 51 Chapel Park road was aware of people's support needs.

Staff said handover's were very informative and they had regular staff meetings where they could discuss anything they wanted to. One care worker said, "There is an agenda, but we can ask for things to be added and afterwards each key-worker gives a run-down of how people are. We also use this time to remind other staff of any changes." Meeting minutes and agenda highlighted that at each meeting, there was a focused subject, such as specific policies and procedures. Examples included understanding the mental capacity act

and how to report safeguarding concerns. The registered manager said the purpose of this was to ensure staff's knowledge was constantly up to date. They commented, "Even though staff have training regularly, things change all the time. Having focused sessions ensures staff always have the most up to date information about policies and legislation."

The registered manager had excellent oversight of the people living in the home, and the quality of care the service provided. They completed a monthly quality audit that reviewed people and staff's documentation, meetings, supervisions, incidents, complaints and compliments. As part of this process, the registered manager also completed health and safety, infection control and medicines audits. They identified any patterns or trends to incidents and took appropriate action when needed.

The registered manager asked for regular feedback from people, staff and relatives in the form of surveys. A relative told us, "Oh yes, they ask for my feedback all time and there are also annual reviews with all the services involved with my relative's care." Although no concerns had been raised during recent surveys, the registered manager assured that any issues would be dealt with immediately.

When we asked the registered manager and deputy manager what was most important about the service they provide, they said, "We want people to know that they have a home for life." This was confirmed by a health professional who worked with the provider for one person with increased health needs. "The person's health was deteriorating but the registered manager and staff did absolutely everything they could possibly do to keep the person in their home and they are still there."

The registered manager also emphasised the importance of working with others to achieve goals and ensure that people received the best standards of care. "We honestly work with so many professionals. We couldn't support the way we do without them. I really value the knowledge and in-put they provide." The provider and staff demonstrated the ethic of working in partnership with others through their regular contact with professionals and through people's documentation. In each person's care plan, there was a 'professional's log' that detailed health advice sought, concerns and any appointments attended.