Jeesal Residential Care Services Limited

Heathers

Inspection report

North Walsham Road
Witton
North Walsham
Norfolk
NR28 9TP

Tel: 01692650575
Website: www.jeesal.org

Date of inspection visit:
12 July 2016

Date of publication:
23 August 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 12 July 2016 and was announced.

Heathers provides accommodation and support to a maximum of nine people with a learning disability or autistic spectrum disorder. It does not provide nursing care. Accommodation is provided in nine self-contained flats. Each flat has a bedroom, living room, kitchen, and bathroom. On the day of our inspection there were nine people living in the home

There was a registered manager in post. 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 living in the home. Medicines were managed safely and risks to people, including from the premises, were well managed. Staff had been successful in managing a number of risks that meant people's quality of life improved. The registered manager encouraged staff to discuss and think about incidents that occurred in the home, so they could take action to reduce the likelihood of them reoccurring.

There had been some recent changes in the staffing team. This had been managed to ensure there were enough staff to meet people's needs. Staff demonstrated an awareness of adult safeguarding and knew how to raise concerns.

Staff were supported to provide effective care through management support, good team work and effective training. New staff were provided with a detailed induction that gave them the skills and knowledge to undertake their new role.

The service worked within the requirements of the Mental Capacity Act (MCA). The registered manager understood the importance of providing the least restrictive care as possible and staff understood the importance of offering choice and supporting people to make decisions.

Staff understood people's individual dietary needs and how to support them. They encouraged people to eat healthily and worked with health care professionals to ensure people's nutritional needs were met. People were also supported to access other health care professionals when required.

People were supported by very caring and dedicated staff. Staff demonstrated they were committed to the people living in the home and their quality of life. They often went the extra mile to ensure people were happy and comfortable living in the home. Positive relationships had been developed between people living in the home and staff. This meant staff knew people well and were sensitive to people's individual needs. Some people living in the home had complex communication needs. Staff had ensured they had learnt how to communicate with each person in their own individual way so the person could feel properly understood

and were able to express themselves. Staff supported people to be involved in decisions regarding their care.

People were treated in a respectful manner and encouraged to be as independent as they could be. Support was provided to people in a way that met their individual needs, preferences, and routines. People's care plans were written in a way that was individual to them and stressed their positive attributes and skills.

People were involved in writing and reviewing their care plans, so they reflected their needs and wishes. This included writing their activities plans. Activities were varied and tailored to people's needs and preferences.

Leaflets on how to complain were written in an easy read format and kept in people's flats, so people knew how to complain. Relatives told us they felt able and comfortable to raise concerns. The registered manager investigated concerns and took action to resolve issues raised.

Everyone we spoke with spoke highly of the home and the support provided. The service promoted a person centred and inclusive approach towards both people living in the home and staff. People and staff felt involved in the running and development of the service. We received positive feedback regarding the registered manager and the way in which they ran the service.

Some areas of record keeping could benefit from some small improvements in some areas. However there were effective quality assurance systems in place which had identified this area required further work. The registered manager ensured the service kept up to date with best practice so they could provide effective and good quality care.

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.

Risks to people were identified and well managed, including risks from the environment and premises.

Medicines were managed safely.

There were sufficient staff to meet people's needs.

Incidents and accidents were analysed and discussed so action could be taken to reduce the risks and likelihood of a reoccurrence.

Is the service effective?

Good

The service was effective.

Staff received good training and support from their colleagues and registered manager which helped them to provide effective care.

The service acted in accordance with the principles of the MCA and staff understood the importance of offering choice and supporting people to make decisions.

People's healthcare needs were supported, this included people's nutritional needs. Health care services were accessed when required.

Is the service caring?

Outstanding

The service was very caring.

Staff were caring and dedicated to ensuring people had a good quality of life. They often went the extra mile to ensure people were happy and comfortable.

People were supported by staff who knew them well. Staff communicated with people in a way that was individual and unique to each person, so that their views and experiences could be understood.

Staff respected people's privacy and dignity; they encouraged people to be independent.

Is the service responsive?

Good

The service was responsive.

People were involved in writing and reviewing their care needs, this helped ensure care was delivered in a manner that met their individual needs and preferences.

Activities were varied and met people's preferences. Staff respected people's ability to choose what activities they wanted to participate in.

Information on how to raise concerns and complaints were accessible to people living in the home. The registered manager was proactive in investigating issues and resolving concerns.

Is the service well-led?

Good

The service was well led.

The service promoted an inclusive and person centred culture, people and staff felt involved and listened to.

There were effective quality assurance processes in place which had identified that a few minor improvements in record keeping were required.

There was strong leadership in the service and the registered manager ensured the service kept up to date with best practice.

Heathers

Detailed findings

Background to this inspection

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

This inspection took place on 12 July 2016 and was announced. The registered manager was given two working days' notice because the location was a small care home for people with learning disabilities who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR). This is a report that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During our inspection we spoke with four people using the service. We spoke with six members of staff. This included the registered manager, deputy manager, a senior support worker, and three support workers. After the inspection visit we spoke with two relatives and three health and social care professionals for their views.

We looked at two people's care records, two staff recruitment files and staff training records. We checked the medicines records for two people. We looked at quality monitoring documents and accident and incident records. We also looked at records of compliments and complaints.

Good

Is the service safe?

Our findings

The people and relatives we spoke with told us they felt people living in the home were safe. One person told us, "Everyone is friendly" and a relative said, 'I've got no worries."

The staff we spoke with had a good understanding of how to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. Staff told us there was information in their office regarding their duties and responsibilities in safeguarding people. This included the numbers of external agencies to contact. This meant staff could use this as a reference point if they were unsure or needed to raise concerns externally.

The registered manager demonstrated they understood the importance of people's human rights. They told us staff respected people living in the service as adults. The registered manager said when managing any behaviour that challenges they focused on a positive relationship based approach rather than a punitive one.

Risks to people were identified and well managed. Risk assessments were in place and were specific to each person. These covered areas such as eating and drinking, medicines, behaviour that may challenge, and accessing the community. The care records we looked at showed risk assessments had been updated to ensure they were current. The relatives we spoke with told us over time staff had been able to manage and reduce the risks to their relative which had resulted in a better quality of life for them. One relative said their relative was, "More or less a changed [person]."

Health and social care professionals we spoke with also praised staff's approach to managing risk. For example, one social care professional gave us an example where staff had helped the person they support to display less behaviour that challenged themselves and others. Two professionals spoke about how the, "Steady and consistent" support from staff had a positive impact.

Incidents and accidents were recorded and reported to the registered manager. The registered manager analysed each event and considered what action was required to mitigate the likelihood of the event reoccurring. For example, we saw where there had been a frequency in behaviour that challenged for one person; referrals were made to a number of health professionals for advice and support in managing the increasing risks.

Records showed that when a significant incident occurred the staff involved completed a debriefing. This meant staff analysed the event, discussed anything that could have been done differently and looked for any learning they could take away from it. The staff we spoke with told us incidents and accidents were also discussed at team meetings and staff shared ideas about how further incidents could be prevented. This showed the service was proactive in managing and learning from incidents in order to reduce risks in the home.

Risks to people from the premises were also managed. Regular up to date checks and servicing had been

carried out on areas such as electrical equipment and fire safety. We were unable to look at records relating to water quality and legionnaire's tests as these were not available. The registered manager told us a recent test had been completed and the company that did this had this paperwork. However, we saw there was a legionnaire's risk assessment in place.

The relatives we spoke with felt there were enough staff to meet their relative's needs. Staff we spoke with told us there had been some changes with the staffing team as a number of permanent staff had recently left. The provider was in the process of recruiting new staff to replace them and until this process had completed were using agency staff to ensure they had enough staff on shifts.

All the staff we spoke with were clear that whilst the situation was not ideal they were working together to ensure this did not impact on the people living in the home. Two staff told us that the current staffing situation could have a slight impact on activities, for instance if people required two members of staff to support them on an activity. However, both staff were clear that they worked with each other and the registered manager to ensure that if the person couldn't do the activity they wanted at that time it was accommodated at another time during the week.

The registered manager told us they used as much as possible two regular agency staff, which ensured people had consistency and the agency staff could get to know them. Two of the staff we spoke with confirmed the same regular members of agency staff were used. The registered manager told us before agency staff worked at the home they spent time shadowing staff. The provider also checked the profile of any agency staff member to ensure they had the right experience, skills and knowledge required.

A staffing calculation tool was not used; the registered manager explained this was because all the people living in the home had one to one support. They said, "The rota is put in place to meet the needs of the individual." They explained that some people required two to one support when accessing the community and they took this, alongside people's routines and preferences, in to account when planning the amount of staff needed.

Staff files showed safe recruitment practices were being followed. This included the required character and criminal record checks, such as references and Disclosure and Barring Service (DBS) checks, to ensure the person was suitable to work in the home.

Medicines were managed safely. A relative we spoke with told us how their relative's medicines were complicated and difficult to manage. They told us staff managed these issues well. Medicines were stored securely in each person's self-contained flat. We looked at two medicines administration records which were correctly completed. We also checked four medicines and saw the stock count was accurate. We saw there was clear guidance in place for staff on how to administer medicines in line with people's preferences; this included 'as required' medicines.

The staff we spoke to who administered medicines confirmed they had received training and their competency to do this task was assessed on a yearly basis. They told us they undertook regular checks on medicines each month to ensure medicines were being managed safely. A pharmacist from an external company also undertook a yearly audit to help ensure practices regarding medicines were safe and issues were identified.

Good

Is the service effective?

Our findings

The relatives and professionals we spoke with told us they felt staff had a good understanding of people's needs and the support they required. One health professional said staff had, "A good understanding of [people's] needs." A relative told us, "[name's] needs are being met."

The staff we spoke with felt supported to deliver effective care to people. Staff told us they received regular supervision and appraisals. The registered manager placed an emphasis on formal as well as informal supervisions. This ensured staff could approach them at any time to discuss any issues or concerns. Staff confirmed this and said this helped them discuss any worries or concerns regarding people's care. One staff member said, "Never have any worries to come over here [office] and ask for help." Staff we spoke with felt team work was good and staff supported each other to provide effective care. One staff member told us, "[Staff] pass their knowledge on." Another staff member said, "Everyone supports each other."

Staff spoke positively of the training they had received and felt this provided them with the knowledge they required in order to support the people living in the home. One member of staff told us, "Always extra [training] available." Another said the training was, "Really informative."

The registered manager told us new staff were supported by an intensive two week induction. This included completing training the service deemed mandatory and shadowing other staff. They told us they placed an emphasis on "listen and learn" but also encouraged open questions about the service as they recognised that new staff could help them learn and improve the service. Two staff told us about their induction experience and spoke positively about this. One told us they shadowed every regular activity. Whilst the other staff member said at the end of their induction, "I felt fully prepared." Both staff told us the registered manager undertook a competency check at the end of the induction to ensure they were ready to work on their own.

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

The registered manager demonstrated a good understanding of the MCA and their responsibilities in relation to DoLS. They told us they understood the importance of providing care that was as least restrictive as possible. Although staff were trained in restraint techniques, the registered manager told us this was

rarely used as they encouraged staff to focus on other techniques, such as distraction. We saw where restrictions were in place regarding people's care this had been recognised and dealt with in line with the requirements of the MCA and DoLS. DoLS applications had been made where appropriate.

The staff we spoke with demonstrated an understanding of the MCA and incorporated this in to the care they provided. They showed they understood the importance of offering choice to people and how to support the people they cared for to make decisions. For example, one member of staff told us how it was important to understand how the person communicates so information can be presented in a way they understand. Another member of staff told us they always presumed capacity so they ensured they offered people choices and presented this in a way they could understand.

People were supported to cook and eat meals individually in their own flats. Staff told us people were supported to develop a four weekly menu plan. We saw an example of this in one person's flat; their meal plan had pictures of the meals so they knew what food they would be eating and when. The staff we spoke with demonstrated a good understanding of people's individual dietary needs and the support they required.

Staff told us how they promoted people to eat healthily. For example, one staff member said they would respect people's choices but suggest healthier ways to cook the same dish. For example, suggesting the person had a grilled full English breakfast rather than fried. Another member of staff told us staff regularly checked with each other regarding what people had eaten over the day so they could adjust their support accordingly. However, one relative we spoke with felt their relative ate a lot of processed food and the quality of food provided could be improved.

People at nutritional risk were identified. We looked at two care plans relating to each person's nutritional needs and saw that there was sufficient guidance in place for staff to ensure these risks were managed. Records showed specialist professionals were involved regarding people's eating and drinking where required. For example, we saw one person had a very specific detailed meal plan that had been written with the input of a speech and language therapist.

People were supported to maintain good health and access healthcare services. Two health care professionals told us staff struck a good balance between managing people's health care needs and knowing when to contact them for advice. One health care professional said staff, "Had taken on board their advice." The care records we looked at showed people were supported to access a range of health care professionals when required. This included, opticians, dentists, doctors, chiropodists, as well as any specialists regarding any particular health conditions they had.

Outstanding ☆

Is the service caring?

Our findings

All the people we spoke with talked about the friendly and caring nature of staff. One person living in the home said, "Staff are very very kind." Another person we spoke with told us they liked the staff, they said, "Friendly [staff]." Relatives spoke highly of the care provided. One told us staff, "Were wonderful with [their relative]." Another relative told us they how they observed a caring relationship between their relative and the staff that supported them. They said, "When we go out, [name] is always talking about the staff and I know that's because they are happy."

A professional told us they felt staff were, "Really caring." They went on to tell us how the person they had supported had originally come to live in the home with very little. They told us this person loved dressing up and said the staff had purchased items themselves such as dresses and shoes so they could do this. They told us this had made a big difference to the person. This showed the service and staff had gone the 'extra mile' to ensure the person was happy and felt cared for.

The registered manager told us they looked for staff who displayed the right values. They said, "I want to know they want it for the right reasons and they are going to do the right thing." The staff we spoke with demonstrated these values and talked with enthusiasm and dedication regarding their role and the people they supported. A member of staff told us, "The team we have are in it for the right reasons." They went on to say, "It is 100% about the tenant completely and giving them the best life they can have." Another member of staff told us they loved their job because they enjoyed working with the people living in the home and, "Making a difference."

Through our conversations with them the registered manager and deputy manager demonstrated they understood the importance of creating and sustaining a caring and person centred culture. They told us they encourage this through role modelling these values and positive behaviours, in order to promote and ensure that the person was at the heart of what they did. Our conversations with staff and the way the service operated demonstrated clear values of a person centred culture.

The registered manager was clear that they operated a relationship based approach through which they could affect positive change for the people they worked with. The professionals we spoke with confirmed this approach and told us how this meant that staff didn't give up on the people they cared for and in providing them with opportunities that they felt would make a difference to people's lives. One professional told us staff would persevere and revisit things and, "Give the person an opportunity again." Another professional said, "They have a real commitment to the people they look after, they really stick with it and go the extra mile."

This had resulted in staff working with several people through some really difficult periods and ensured they remained living in the home. One health professional told us how one person had had a lot of placement breakdowns in the past due to some of their behaviour that challenges. The health professional told us staff had worked through a number of difficulties and persevered, when a lot of other providers might have given up. Ultimately this had resulted in the person becoming more settled and a successful placement. They also

told us how they knew staff stayed on shift sometimes after they were supposed to finish to ensure the person they were leaving was settled and calm. This demonstrated how supportive and dedicated staff were towards the people they supported.

Staff knew people well and were sensitive to their needs. For example, one relative told us how staff knew their relative struggled with change and this could be distressing to them. They told us, "On introducing new staff they take their time." This meant their relative felt comfortable and at ease with any new staff and also allowed new staff to get to know them gradually. The staff we spoke with demonstrated they knew people well. One member of staff told us the set-up of the home, where staff worked with people on a one to one basis really helped staff get to know people and develop relationships. They said, 'People have got your full attention."

People and relatives we spoke with felt listened to and involved in decisions about their care. People had a key worker assigned to them. A key worker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed. One person told us, "I get to plan it [their day] with [keyworker] where to go and what to do." Another person showed us their care plan and told us they were involved in planning their care and choosing what they wanted to do.

Staff demonstrated they understood the importance of involving people in decisions about their care and supporting them to communicate this. The registered manager gave us an example of how one person had a particular health condition that required this to be carefully managed and access to foods needed to be restricted. They had discussed this situation with the person and how best to manage this, in way the person was comfortable with. On another occasion staff had recognised that the way they were involving one person in discussions regarding their needs was becoming a source of distress to the person. This had also meant the person was unable to fully communicate their wishes and feelings. Staff had taken action to ensure the person was supported to express their views and in a way that minimised this distress for them, through the use of an advocate. The registered manager told us this had been really successful and as a result there had been a reduction in behaviour that the person and others may find challenging.

A number of the people living in the home had complex communication needs. People's care records had clear and detailed guidance in place to support staff to ensure they were communicating in the best way for the person. We saw the service used a number of different means, individual to the person, to help them express themselves. For example, one person in the service had their own particular language that was individual to them, staff we spoke with told us they had learnt to understand this language and communicate it in. A social care professional told us this was a complicated language, with a mix of foreign words and words only known by the person. Learning this person's language demonstrated the commitment staff had to ensure people felt understood and valued. We saw another person communicated in a mix of signs. We observed a conversation between this person and the registered manager. We saw that the registered manager understood not just the signs but also the deeper more significant meaning behind why the person was using that particular sign. This showed the registered manager really understood the person and how they communicated, which meant the person could really enjoy and participate in conversations.

The relatives we spoke with told us staff were respectful. People lived in their own self-contained flats. Staff demonstrated they respected people's flats and their privacy. A member of staff told us they ensured they gave people space and privacy. They said, "You are in their house at the end of the day." We saw staff knocked before entering people's flats. Staff also told us about practical ways they ensured people's privacy and dignity were respected.

People's independence was supported and encouraged. A relative told us staff encouraged their relative to participate in activities and things they enjoyed. Another relative told us staff encouraged their relative to participate in house work. A member of staff said, "[We] encourage people to do things themselves." Another member of staff gave us an example of how they supported one person to be independent. They said, they worked alongside the person and encouraged them to join in.

The relatives we spoke with told us they felt welcome in the home and able to visit when they liked. One relative said, "They encourage it [family visits]." They went on to say if they had difficulties visiting the registered manager ensured that staff would support their relative to meet them.

Good

Is the service responsive?

Our findings

The people we spoke with gave us examples of the support provided to them in a way that met their individual needs, preferences, and routines. Relatives told us people received responsive care that met their relative's individual wishes and needs. One relative said, "They do everything [name] wants really." Staff also recognised the importance of providing support in a manner that met people's individual routines. One staff member told us people are, "All completely different" and were treated as such. They went on to say they supported people to decide what they wanted to do and supported their routines. They said for example, "If you want a lie in, you have a lie in."

Care plans were individual to each person and detailed their needs and preferences. They included topics such as important relationships, likes and dislikes, their life history. Care plans were written in a way that emphasised the positive aspects of the person. For example, documenting what other people liked and admired about the person, as well as listing the skills and strengths the person had. Care plans were person centred. For example, we saw people with autism had a whole section in their care plan which detailed how their autism affected them and how staff could support them. The content and way the care plans were written meant this could help staff to understand the person and deliver care in a way that met their individual needs.

Care plans were written in an easy to read format so people living in the home could understand them. The people and relatives we spoke with told us they felt involved in care planning and had regular yearly meetings in which the care provided could be discussed. One person told us they sat down and wrote their care plan together with staff. Another told us their care plan was in their flat so they could read it whenever they want. The registered manager told us they had recently introduced monthly key worker reviews of people's care. These covered changes in the person's health, contact with important people, activities, any issues, and the person's goals for the next month.

Before people came to live in the home, the service made sure they had assessed people's needs. This meant the service could be confidant that they could support people and knew the best way to do this. People were transitioned gradually to living in the home, this was particularly important for people being discharged from hospital as they needed time to adjust to very different environments. Several health and social care professionals told us staff managed this transition very well.

All the professionals we spoke with told us the service had supported people who had been previously been in and out of hospital or whose previous placements had broken down. They all said the service was very good at providing the right individual care and support so that the people they supported had been able to remain living at the service and avoid further admissions or placement breakdowns. One health care professional told us they had to credit the staff with the fact the person they supported had had the longest period so far in avoiding a hospital admission.

Another health care professional told us how staff had been really proactive and consistent in managing the needs of one person they supported. They said this had a positive impact on the person whose sleep pattern

had improved and they now slept much better.

There was a range of activities on offer that were individual to people's needs and preferences. The people we spoke with talked enthusiastically about the activities they participated in. One person told us they liked going on pub crawls with staff and enjoyed planning a holiday away each year. Another person showed us their activity time table and told us how they sometimes did different activities if they didn't want to do the ones scheduled that day. They went on to tell us they had been on a recent trip to London and what they had enjoyed doing there. A health professional told us, "[the home] has a good ethos of keeping people out and about and doing lots of activities."

We saw each person had an activities programme that was tailored to their needs and wishes. However, staff were clear that they offered people choice regarding what activities they wanted to do each day. For example, one member of staff told us, "I ask them what they want to do, if they are unsure I offer choices." Another staff member told us, "If they don't want to do something that day, they don't have to."

During our inspection we observed the registered manager had a good rapport with people living in the home. They appeared comfortable and at ease with the registered manager. Relatives told us they knew how to complain and felt comfortable to do. One relative said, "If there is anything I'm at all worried about I can discuss it with [registered manager] no problem." Another relative said, "I can talk to [registered manager], I'm not afraid to bring anything up." They told us in the past when they had raised a few issues the registered manager had taken action to address these.

We reviewed the compliments and complaints record. We saw the home had received one complaint in the last year; this had been identified and recorded by the registered manager following the completion of a quality survey. We saw they had taken action to contact the person and address the concerns raised. This demonstrated the registered manager was proactive and identifying and investigating concerns. There was a complaints procedure in place and we saw people had copies of this in an easy read version in their flats.

Good

Is the service well-led?

Our findings

Everyone we spoke with talked highly of the home and the care provided. The people we spoke with told us the enjoyed living in the home. One person, gave us a big 'thumbs up.' One relative said, 'I can only give them a glowing report.' Another relative told us, "I think they are doing an amazing job." The health and social care professionals we spoke with also praised the home. One said, "My experience of them over the last year has been a really positive one."

The service promoted a person centred and inclusive approach towards people living in the home and staff. The service held residents meetings where people could discuss the service and make suggestions. The registered manager told us they tried to involve people in other ways. For example, they asked people in the service what they wanted from their staff and what questions people wanted asked in staff interviews. We saw that one person had attended an autism conference with the registered manager.

Staff also told us they felt involved in the service and able to contribute ideas. A member of staff told us, "Sometimes you'll sit around and just bat ideas about." Regular staff meetings were held where staff could discuss issues and make suggestions. One member of staff told us that the minutes to the meetings were always shared so staff knew what was happening in the home even if they couldn't attend.

Staff told us the registered manager and deputy manager were involved in the care and knew what was happening in the service. The deputy manager told us they made an effort to be out 'on the floor'. They said, "We can't be out of touch."

People, relatives, staff, and professionals spoke positively regarding the registered manager and their leadership. One relative said, "I think [registered manager] is good." Both relatives told us the registered manager was approachable and willing to listen. This was echoed by the professionals we spoke with. One health care professional said, "I'm confident in [registered manager's] ability." Another health care professional said, "[registered manager] works very very hard." They went on to say the registered manager was, "Always open, never found [them] to be defensive." This approach showed the registered manager was open to making improvements where necessary.

Staff told us the registered manager was approachable and supportive. One member of staff told us the registered manager was "Really motivating" which helped them do their job. Another staff member said the registered manager dealt with any issue regarding performance in a constructive way that also focused on the staff member's strengths.

The registered manager was aware they were legally obliged to notify the CQC of certain incidents that occurred in the service. Records we looked at showed that the registered manager understood what incidents to notify us of and these were submitted to the CQC appropriately.

We found in some areas record keeping could benefit from some small improvements. For example, some people's written monthly reviews were not always up to date and an element of one person's care plan

required updating. Some records such as minutes of meetings weren't available to us at the time of the inspection, as they hadn't been written up. A health care professional told us they felt this was the only area where some slight improvement could be made. However, they were clear that they felt there was no impact on the care people received. We also found this to be the case on our visit. We discussed this with the registered manager who was aware this was an area that could be improved on. Following our inspection the registered manager contacted us to tell us they had taken action to address some of these areas. We felt confident from this, and the feedback we had received regarding the registered manager, that they would take action to make improvements in this area.

There were quality monitoring systems in place to help ensure the service was providing good quality care. These included regular quality assurance checks by the provider. These checks covered areas such as care plans, training, observations of staff, and complaints. We looked at the most recent checks and saw that the issues we had picked up had also been identified by the provider. This showed that their quality assurance systems were effective.

The service carried out a yearly quality survey with people, relatives, and professionals. We reviewed the recent surveys and saw the feedback was positive. Where one person had raised concerns we saw this had been picked up and addressed.

Senior staff also carried out daily quality checklists to ensure the service was performing as it should on a day to day basis. This included areas such as checking on the well-being of people living in the home, any incidents from the previous day, updating the communication book so staff were aware of changes in people's needs, and if people had any appointments they needed to attend. This helped to ensure the smooth running of the service.

The registered manager told us they were keen to ensure they kept up to date with best practice and shared this with staff. We saw for example that the staff office had a library of books and guidance for people to use and consult. The registered manager told us they attended regular conferences relevant to the work they did. They also received regular updates from local provider forums. The registered manager said the provider was supportive of the registered manager attending external courses that would keep them up to date and support them in their role.