Somerset Care Limited

Lavender Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Lavender Court is a care service. People in care services receive accommodation and nursing or personal care as a single package under one contractual agreement. Lavender Court can accommodate up to 85 people. At the time of the inspection there were 68 people living at the service.

The service is divided into three units, residential care on the first floor, general nursing care on the second floor and the third floor accommodates people who have a dementia. All bedrooms are for single occupancy and are fitted with en-suite facilities. The service is staffed 24 hours a day and registered nurses are available on the nursing unit.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good

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 told us they felt safe. Staff understood how to recognise and report signs of abuse or mistreatment. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. The provider carried out risk assessments to identify any risks to people using the service and to the staff supporting them. Safe recruitment processes were completed. There was enough staff to meet the needs of the people living at the home.

The provider had systems in place to manage medicines safely. There were suitable arrangements for storing and recording medicines that required extra security. Staff recorded room and fridge temperatures.

Staff followed good infection control practice. Staff knew the reporting process for any accidents or

incidents. Records showed that the provider had taken appropriate action where necessary, and made changes to reduce the risk of a re-occurrence of an incident. The service had suitable processes to assess people's needs and choices, the registered manager assessed people prior to a moving in to the service to check the service could meet the person's needs.

Staff had appropriate skills, knowledge, and experience to deliver effective care and support. All new staff completed an induction. Records showed staff received comprehensive training, which enabled them to carry out their roles effectively. Staff received regular supervision and appraisals. Staff completed food hygiene training, they knew about good practice when it came to nutrition and hydration.

Staff asked people for their consent before delivering care or support and they respected people's choice to refuse care. Care records showed that people gave their consent to the care and support provided. Most people we spoke with said they had been included in some of their care planning. All the relatives we spoke with said they had good communication with staff and were involved in their relative's care.

The provider worked with health and social care professionals to ensure each person received a support package tailored to meet their individual needs. We spoke with professionals, who told us they could contact the provider by phone or email and they got a response straight away.

The provider sought people's feedback and took action to address issues raised. There was a system in place to manage and investigate any complaints. People had information about how to make a complaint. The provider recorded incidents and accidents. They used this information to consider any changes to a person's support needs and how staff could meet those needs.

There was a management structure in the service, which provided clear lines of responsibility and accountability. There were effective quality assurance arrangements at the service in order to raise standards and drive improvements. The service's approach to quality assurance included completion of an annual survey. There were links with the community. Health and social care professionals told us the agency was well managed. The provider had ensured they complied with all relevant legal requirements, including registration and safety obligations, and the submission of
notifications.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Lavender Court

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 comprehensive inspection took place on 09 April 2018 and was unannounced.

One adult social care inspector, one pharmacy inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the latest PIR and looked at other information we held about the service. At our last inspection of the service in January 2016, we did not identify any concerns with the care provided to people.

During our inspection, we spoke with the operational manager, the registered manager, the clinical manager, the deputy manager and six staff. We looked at 8 care records, spoke with 15 people who received personal care and spoke with four family members who were closely involved in their care and support. During the inspection, we also spoke with four health and social care professionals to seek their views on the service. Following the inspection we spoke with a further, five staff members.

We also looked at records relevant to the management of the service. This included staff recruitment files, training records, medicine records, complaint and incident reports and performance monitoring reports.

Good

Our findings

People continued to receive safe care.

People told us they felt safe, comments included, "I feel safe as I can lock my door if I want to, and I have a call bell." "In an emergency I know someone will come." One relative said, 'I feel relaxed now (person's name) is here," they added, "from the first impression, when I was given a tour of the whole building, and shown where the nurses were, I felt (person's name) would be safe and looked after."

Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. One staff member said, "I would tell the manager straight away if I thought something was wrong."

The registered manager understood their responsibilities to raise concerns and record safety incidents. The registered manager reported incidents internally and externally as necessary. Staff told us if they had concerns, management would listen and take suitable action. If the registered manager had concerns about people's welfare, they liaised with external professionals. We reviewed safeguarding referrals the provider had submitted to the local authority. The provider's proactive approach ensured that people's human rights were not breached or violated.

The provider made decisions in people's best interests. For example, the family of one person wanted their relative to stay at the service but the person did not want to stay, they wanted to return to their own home. The registered manager held a meeting involving the person, the family, and professionals. The person was able to voice their wishes and the person returned to their own home. The registered manager helped get a package of care for the person to have at home.

Staff and relatives told us if they raised concerns, the registered manager received it well. One staff member said, "The manager is good, she listens and does something about it."

The provider did not have a reception area to meet and greet visitors. Entry to the building was through a keypad or buzzer system. Each floor had a keypad system for entry. People who were able to move around the building and access outside had the keypad number; this meant they could maintain their independence. A relative told us, staff gave them the door code, they said, "I take (person's name) out whenever I want, staff encouraged it." However, one professional told us that they often, particularly at

weekends, were left standing outside. They said, "We have to wait for a member of staff to find keys and accompany us to the person we were visiting." A relative also commented that once inside the building they did not know where to go, as there were no directions. We raised this with the manager, they told us the provider planned to expand the reception area and base a staff member there to resolve this problem.

The provider carried out risk assessments to identify any risks to the person using the service and to the staff supporting them. This included an environmental risk assessment and any risks in relation to the care and support needs of the person. For example, two people were receiving oxygen therapy. There was a risk assessment in each care plan where staff had recorded safety instructions. These included only trained staff to operate the oxygen system, not to place equipment next to curtains and never to use certain creams around the nose area. At the time of the inspection, staff had implemented these control measures.

The provider had policies and procedures in place to manage health and safety in the service.

The provider had recruited a maintenance person who managed any issues raised. The maintenance person was responsible for carrying out legionella tests; we reviewed records that included monthly water checks by an external company and staff flushed water outlets weekly on all empty rooms. We also reviewed the provider's contingency plan that included the fire risk assessment, business continuity plan, emergency contact details, and a supplier contact details list. Staff updated this in February 2017.

Risks to people were minimised because safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. The provider obtained previous employment or character references together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check . This DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults. Staff performance relating to unsafe care was recognised and responded to appropriately and quickly.

The registered manager told us they had struggled to recruit new staff due to the relocation and centralising of all recruitment to head office in December 2017. There had been occasions when staffing was below the agreed levels. The manager explained this was only when staff called in sick at late notice, and they had not been able to cover through agency or bank staff. The provider recognised this and agreed the registered manager could continue to recruit locally.

The registered manager told us safe staffing levels is a priority. The provider had put a temporary hold on admissions, and developed a dependency tool to ensure staffing levels reflect the current day-to-day needs of people.

The registered manager produced a staff rota one month in advance; this showed us most of the time the service was sufficiently staffed.

The number of people using the service, and their needs, determined staffing levels. The provider currently employed 107 staff members and had seven vacancies. The provider had recently recruited new staff they were waiting for the relevant checks to be carried out before they could start. Staff told us they worked additional hours and used a regular agency to cover current vacancies; this meant people using the service did not have their care and support compromised. One visitor told us, "I can arrive anytime to see (person's name) staff are always around." People living at the service told us, "You only have to ask for something and they get it for you."

People received medicines safely. We looked at the systems in place to manage medicines. Although

medicines were generally stored securely and access was restricted to authorised staff, on the day of the inspection, we observed a medicine trolley left unattended in a room where the door was open and anyone had access to it. We raised this with the deputy manager who immediately spoke to the person responsible and assured us this would not happen again.

Staff recorded room and fridge temperatures daily and the records showed that medicines were stored at appropriate temperatures. There were suitable arrangements for storing and recording medicines that required extra security. There was a system in place for the ordering and disposal of medicines and staff maintained appropriate records.

The provider protected people from the risks associated with cross infection. We observed hand-washing posters in the toilets, hand gel containers in communal areas and staff had access to personal protective equipment such as disposable aprons and gloves. The service was visibly clean; communal areas and bedrooms smelt fresh and were in good condition. A relative we spoke with told us, "(the person) room was always lovely and clean. " One person commented, "those girls keep it nice here." Another person said, "very clean, wonderful, bathroom spotless." We reviewed cleaning schedules dated March and April 2018. Staff had signed the sheets once they had cleaned each area of the service.

Accident and incident reporting was robust. Staff knew the reporting process. Records showed that staff had taken appropriate action where necessary and made changes to reduce the risk of a re-occurrence of an incident. Where incidents had occurred, the registered manager had used these to make improvements to the service. Staff said they received the outcome of an incident through staff meetings and handovers, which meant staff, received learning from the incidents that occurred.

Good

Our findings

People continued to receive effective care.

The provider had suitable processes to assess people's needs and choices. Before they started using the service, managers went out to assess people to check the service could meet the person's needs. Copies of pre admission assessments on people's files were comprehensive. Assessments assisted staff to develop care plans for the person and deliver care in line with current legislation, standards, and guidance

Staff and volunteers who had the skills, knowledge, and experience to carry out their roles supported people. All staff completed an induction. Most staff told us they did not work unsupervised until they had completed their induction. Records showed mandatory training was comprehensive and regularly refreshed. Training included safeguarding, manual handling, nutrition, and hygiene. One staff member said, "Training was good, we get lots here." Another staff member said, "we only have to ask to go on specialist training and the manager sorts it for us, for example we recently did positive behaviour support and sensory loss training." Records showed that the registered manager had recommended some staff to complete the mental capacity act train the trainer course.

Supervision and appraisals were completed regularly to develop and motivate staff, review their practice or behaviours, and focus on professional development. Staff told us they had the time and resources to maintain professional registration. This meant staff who had up to date skills and knowledge supported people safely

The provider supported people to eat and drink enough, and to maintain a balanced diet. Staff offered a choice of food and drink using either a menu, or pictures. The provider employed a team of chefs who created a nutritionally balanced menu. The menu was adapted as necessary to meet the various needs of people. For example, some people had swallowing difficulties; staff served these people food according to their needs. Recently the chefs had attended a specialist course to learn how to present pureed food in the shape of the actual food. This meant food was presented well. A relative said, "(person's name) is always telling me how good the food is here, I haven't stayed to have a meal, but I could if I wanted. I can always help myself to a drink or ask for one." Another relative said, "Staff are fantastic at helping (person's name) with their meal, on admission, a male carer was wonderful to her. He realised they couldn't manage their meal and asked her if they would like ice cream."

The dining environment was pleasant. Staff used plate aids to promote independence. Staff chatted to

people throughout the meal and encouraged people to eat in a kind manner. The provider had recently changed the corporate menu because of resident feedback. Kitchen audits included daily checks of food temperatures, fridge and freezer temperatures, cleaning schedules, kitchen first aid boxes, and diet sheets.

The provider worked well with other organisations to deliver effective healthcare to people. Staff reported any physical health concerns to the GP and arranged for people to see healthcare professionals such as a chiropodist or reflexologist. One relative told us, "Staff noticed some changes in their relative's physical health, and the manager immediately arranged for them to see the GP." Another person said, "A taxi takes me to the GP and a carer comes with me, but I have to pay for the taxi." One professional told us they regularly use an allocated room to deliver health care and staff are always friendly and helpful.

The provider met people's individual needs through adaptation, design and decoration of the premises. People were involved in the design of the service; the provider had planned to decorate the area of the home which cared for people living with dementia, they told us this would include sensory areas which people told them they wanted. People could design their bedrooms to reflect their likes and preferences. One relative told us, "I mentioned to the manager how nice it would be to have a sofa in (person's name) room." The next day a sofa was in the room. One person had a fridge in their room. Other people showed us their bedrooms all had many personal items in them. Bedrooms and communal areas were wheelchair accessible and there was a working lift to each floor.

The majority of people were able to make day-to-day decisions about their care and support. People said staff always asked them for their consent before they assisted them. Records showed that staff recorded peoples consent to care and support. One person said, "they take photos but always ask if I want my photo taken." Another person said they don't do anything without asking me first." Staff told us, if people asked we would go to other events with them such as funerals and weddings. One staff member said, "we do whatever we can to support people."

The provider supported people sensitively to meet peoples sexual needs and maintain intimate relationships. People had formed relationships and told us how staff supported this. The staff said, "we make sure people understand what they are doing so they remain if a relationship is formed."

The provider sought consent to care and treatment in line with legislation and guidance. 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.

The registered manager and staff had received training on the Mental Capacity Act 2005 (MCA). There was a policy which was accessible to staff. Staff we spoke with knew how the act applied to their role. Some people who used the service lacked capacity to manage their finances and we saw that power of attorney's had been set up for these people. Staff knew what this meant for the people they supported. Staff had attended best interest meetings where professionals and family members made decisions on behalf of people who lacked capacity.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care services is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were

being met. The registered manager had submitted DoLS applications. The relevant local authority had authorised one application and was currently processing the rest.

Good

Our findings

People continued to receive a caring service.

Staff treated people with kindness, respect, and compassion. The atmosphere was friendly and relaxed. We observed people who were unable to tell us whether staff were kind, these people appeared happy in staff company. For example, people were holding staff members hands and smiling. People's family members spoke of the kindness and care provided by the staff, one relative said, "I visited with my daughters and we were made welcome and offered tea."

People were consistently positive about the caring attitude of the staff. Staff we observed were calm, cheerful and polite to people. There was good interaction between staff and people, and a friendly atmosphere. One relative said, "My daughter visited my mother and saw the staff sitting with the people." She said, "Look at the ladies hanging out with the nurses; it just sums it up, happily sitting around."

We observed a handover to the care workers; morning shift staff updated the afternoon shift staff on any recent changes. This was respectful and it was clear staff knew the needs of the people they spoke about well.

Some bedroom doors were kept open during the inspection, this meant people walking past could see into bedrooms and some people remained in their beds throughout the day. We raised this with staff who told us some people requested that their door remained open. However, staff did not record who wanted their door open and who did not. We did not observe staff knocking on doors that were closed when entering them. Staff did not speak about people in front of other people. When staff discussed people's care needs with us they did so in a respectful and compassionate way.

People knew how to seek help and felt listened to. There was access to advocacy services and staff understood when people wanted their families involved in decision making about their care and support. Records showed people consented to treatment and one relative said, "Staff always keep me up to date with (persons care)." If families and others had a different opinion to the person who used the service, staff tried to help all involved to understand their decision and see things from their point of view. They asked for external help when needed. For example, as described in the safe domain of this report, one person wanted to return to their home against the family's wishes. The provider requested a best interest meeting involving the person, family members and professionals. Staff supported the person to do so.

Staff involved people in the service. Staff identified one person missed working. Staff encouraged them to support day to day activities in the service. The person completed training alongside staff and had been awarded "employee of the month.

Staff treated people with dignity and respect at all times and without discrimination. People were kept informed about any changes to their support. People had as much choice and control as possible in their lives. This included their personal care and support. For example, staff told us people could choose whether they wanted a male or female carer, people we spoke with confirmed this.

We observed staff being kind, compassionate, and caring. Staff we spoke with demonstrated enthusiasm about their role. Comments from staff included, "My shifts are set that helps me build relationships." "I love working with the people, that's why I do what I do." "I always do what the person wants me to do, I'm there for them."

Staff respected people's right to privacy, dignity, and confidentiality. We observed staff knocking on doors before entering. People said, "When staff wash me, they cover me with a towel as much as possible." "Staff know what I like, I go to bed when I want, I just ring the bell and get up when I want." "They always ask me before they touch me; I can have a laugh and a joke, a tease and it helps." Another person said, "Most nurses treat me with respect, sometimes they are young, and they don't understand, there can be a language problem."

Staff had a clear understanding of confidentiality. When a mixture of providers were involved in people's care and support, the provider minimised risks to privacy and confidentiality. However, on the day of the inspection we observed a computer in a communal area. People passing could see information displayed on the screen. We raised this with the manager who contacted the IT department and had a privacy screen attached on the same day.

Staff practice was consistent with the Equality Act 2010. Staff sought accessible ways to communicate with people. For example, the provider used a handheld tablet, boards and cards to ensure people understood what was being asked of them.

People said staff supported them with personal care but also respected their right to independence. One person told us, "I do most things myself but staff would come if I needed them." Another person said, "staff always cover me up when they wash me."

People's friends and relatives could visit them at any time of day. There were no restrictions on visiting the service and relatives were welcomed. This meant that people living in the service were not isolated from those closest to them. During our inspection, several visitors came to the service to see people. It was clear that staff knew the visitors well, we heard them speaking with them in a kind manner. Relatives we spoke with were all very positive about the way staff treated them and felt comfortable visiting at any time of the day. One relative told us, "I spend five hours a day here, staff are always happy to see me, I can get a drink and snack if I want it."

Staff told us they had recently supported one person to attend their relatives wedding. Staff said, "We came in to do (person's name) hair, make-up and helped them choose an outfit." We reviewed compliments that people and their relatives had sent into the service. These included, "We have found the service to be exceptionally good regarding care." And, "Staff are very friendly."

Good

Our findings

People continued to receive a responsive service.

The service was responsive to people's needs. Where people could not express themselves well, staff consulted family members or representatives. One person's family member said, "Staff asked me if everything is ok with (person's name) room when I came to visit, it's a nice touch rather than waiting for me to complain." Staff followed people's wishes unless legally authorised to support them in a different way for their protection.

Feedback from people and their relatives highlighted to the provider that dental care was an issue of concern. The provider responded to this and formed a partnership with a local dental enterprise who delivered training to staff. This meant people oral hygiene needs were met.

The provider used an electronic care record system. Staff printed out hard copies for daily use and to share with people who lived at the service. Records showed staff identified and reviewed people's needs regularly. Care plans took into account the person's wishes and information from people who knew them best, such as family members. Care plans made sure that staff had all the information they needed to provide care and support which was personalised to the individual. Some people told us they were involved in their care planning, but one person was not sure, another person said, "I came from hospital and it's just carried on."

Care plans were well organised, information was easy to find and they contained in-depth information relevant to the person. People also had clear plans relating to their safety. For example, one person had an alarm mat by their bed and another person had a low bed and spare mattress on the floor beside their bed.

The service was part of the red Bag scheme with the local hospital. This meant When a person becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the persons standardised paperwork and their medication, as well as day-of-discharge clothes and other personal items.

All staff had important information about people available to them, which meant staff could understand their individual needs. Care plans contained people's life histories, and details of their family members, and people significant to their care.

The provider employed a new team of activity workers who were keen to support people to maintain an

active lifestyle according to people abilities and interests. Throughout the day we observed activities such as people singing and knitting, some people preferred to watch the television. There was a link with a local school. Every Thursday children would come to the service and interact with the people. One person said on their feedback form, "I love it when the school children come in as I used to be a teacher."

The activities lead described their plans to build on the current activities program. They also said, ""I am proud to work for Somerset Care and it is a privilege to be able to work at Lavender Court."

Staff told us the provider subscribed to Our Yesterdays which provides weekly printed and interactive newsletters. Staff used these with people to promote reminiscence, discuss historical and topical events and participate in quizzes.

Every room had a two-week activity program tailored to the persons own individual interests. Staff also put programs up in communal areas as well. People knew about the activities. One person told us, "I am aware of activities and I go when I want to." Another person said, "I am aware of them, but I prefer my own company, sometimes I go and watch." Someone else told us, "I enjoyed the hymns on Sunday and the communion on Wednesday."

There was access to outside space, people said they would start going outside when the weather improved. One person said, a carer had taken them down to the local pub on their day off. Other people told us staff had gone to church with them on Sundays.

The provider told us they wanted to offer a therapeutic service. They had booked Reflexology sessions once a week to support this development. People we spoke with told us they really liked the reflexology. The reflexologist was at the service on the day of the inspection, they told us, seven people had booked sessions and staff were very helpful and always welcoming.

The provider complied with the Accessible Information Standard by identifying, recording, the communication needs of people. For example, staff told us about a resident whose first language was not English. The provider used an application on a tablet to translate information for them. Other residents had picture cards in their room that people could point to an object to make them self-understood.

The provider had a robust complaints procedure in place. Staff completed investigations and produced action plans to improve service delivery. During the past 12 months, the service had received 15 complaints. These included one complaint made by a relative about poor care given and one complaint about loss of persons own clothing. The provider had investigated and letters of apology had been sent to both people.

People we spoke with told us they felt confident that if they complained, staff would take it seriously and their complaint or concern would be explored thoroughly and responded to. The provider dealt with complaints in an open and transparent way, with no repercussions.

The service used the learning from complaints and concerns as an opportunity for improvement. We reviewed staff meeting minutes where staff had discussed complaints and made changes to care and support provided. For example, one relative told us they complained that (person's name) was not having their teeth cleaned regularly. They told us, "As soon as I complained staff sorted it." Another example included an incident where someone had choked. Staff had completed a new risk assessment and recognised this person required a suction machine kept close by.

The provider supported people who were at the end of their life. Staff told us they discussed end of life plans

on admission, and reviewed them as necessary. The provider worked closely with the local hospice to improve end of life experiences. At the time of the inspection, four people who were living at the service were receiving end of life care. We reviewed plans where staff had recorded people's preferences. For example, one person wanted staff to help them maintain links with friends, and to keep the environment peaceful. We also read an email from a funeral director complimenting staff on their approach to a recent resident that had passed away. They said, "(staff members name) went in to the room and respected the privacy and dignity of the person by knocking on the door and introducing them self, I was truly touched by that." Staff were aware to liaise with the GP and the district nurse team in the event someone required end of life care.

The provider helped people celebrate special occasions such as birthdays and religious festivals such as Christmas. One person told us, "You always get a birthday cake and they sing happy birthday to me." At the time of the inspection we observed staff singing happy birthday to one of the people at the service, everyone joined in

People who wished to continue to practice their faith but were unable to attend services outside the service could attend a monthly church service at the service. Staff told us local clergy conducted these services and they would visit people in their rooms if they could not attend the main area. Staff said they would always try to accommodate people's individual faiths and religions. The provider also celebrated special occasions. On the day of the inspection we observed Easter bunting around the home and observed people celebrating one persons birthday.

Good

Our findings

People continued to receive a well led service.

The provider had a clear vision to deliver care and support that promoted a positive culture. Care and support was person-centred, and achieved good outcomes for people

There was a registered manager at the service. 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.

A deputy supported the registered manager. They both demonstrated an excellent knowledge of people and their care needs. During the inspection, they spent time in the main areas of the service talking with people. Everyone was very comfortable and relaxed with them.

The leadership was visible and accessible. We observed open, honest, skilled leadership at the service. People said the registered manager was very approachable.

The registered manager had a clear understanding of the key values and focus of the service. They and the provider were committed to continuously improving the service. This was apparent when they spoke about their plans for the service as well as the day-to-day experience of people living at the service. They were able to reflect on past decisions and consider if they could improve their approach.

The provider further illustrated their responsiveness as it was member of the Red Bag Scheme. This ensured any admission to hospital would be easier for the person as they would have all their key information with them.

There was a management structure in the service, which provided clear lines of responsibility and accountability. There was also a team of administrators based in an office. There was a positive culture in the service, the management team provided strong leadership and led by example. There was a culture of support and cohesiveness amongst managers and staff. There were regular manager's meetings and staff meetings.

People spoke highly of the staff. One person said, "staff are never too busy to speak to you." Another person

said, "Staff are always smiling and joking with each other, I think they like working here." In addition, one person said, "I am able to talk to most of the staff and feel they listen."

The registered manager understood the importance and responsibility of their role. They told us the operational manager supported them. This included attending monthly operational meetings. We reviewed January and February 2018 minutes. Areas discussed included, care plan audits, CQC notifications and critical incidents.

There were effective quality assurance arrangements at the service in order to raise standards and drive improvements. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey had been extremely positive. There was also
a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included medicine records, care plans, and monitoring accidents, and incidents. There was a culture of openness and honesty. Feedback on the service was encouraged and sought through a number of forums, including staff survey and team meetings.

The provider was transparent, collaborative, and open with all relevant external stakeholders and agencies. Staff worked in partnership with key organisations to support care provision, service development, and joined-up care. For example, community nurses visited the residential unit to see people who had physical healthcare needs and required additional support. This helped to make sure people received care and support in accordance with best practice guidance. We spoke with one professional who told us, "When we speak to staff they are always supportive and know people well." Adding "staff usually tell us if family need to be present when we come to see people." Another professional said, staff supported them and were always helpful, they had been given a brief history about the people they treated which she found very helpful.

The provider had introduced new projects to develop the service. These included, music projects, working with local schools and improving end of life experiences for people. They also had plans to introduce further improvements such as introducing mood lighting the bathrooms, developing the hairdressing salon and creating a sensory garden which was scheduled to be introduced soon. This was based on feedback and suggestions from people. The provider sent one staff member a gardening course to ensure they maximise the sensory benefits of the finished garden.