Friendship Care And Housing Association Limited

Friendship Care & Housing Association - 39 and 41 Derwent Road

Inspection report

39-41Derwent Road
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Date of inspection visit:
20 April 2017

Date of publication:
16 May 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 20 April 2017 and was announced.

39-41 Derwent Road is a purpose built care home consisting of two bungalows. It provides care and accommodation for up to six people with learning disabilities. At the time of our inspection visit, six people were living at the home.

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.

The home was last inspected in April 2016, when we found the provider was compliant with the fundamental standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, the home was awarded an overall rating of 'requires improvement'. This was because, where people lacked capacity to make day to day decisions, this was not always assessed. We found applications to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS) had not been made as required. We also found systems designed to check the quality and safety of the service provided were not always effective in identifying areas for improvement so these could be acted upon.

At this inspection, we found some actions had been taken to make the improvements required.

Where people lacked capacity to make decisions, this had been assessed and documented so people received the right level of support with decision-making. Where people were being deprived of their liberty, applications had been made to the local authority as required to ensure these were authorised and people's rights were protected.

The provider had a range of measures in place to check the quality and safety of the service so that improvements could be made. They regularly consulted with people, their relatives and others to gather and respond to their feedback.

People were comfortable with staff, and relatives were confident that people were safe living in the home. Staff received training in how to safeguard people, and had access to the provider's safeguarding policies and procedures if they had any concerns. Staff understood what action they should take in order to protect people from abuse. There were systems and processes used to identify and minimise risks to people's safety. These systems were flexible so people could take risks to support their independence if they were able to do so.

People were supported with their medicines by staff that were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks of medicines

helped to ensure any issues of concern were identified and acted upon.

There were enough staff to meet people's needs. The provider conducted pre-employment checks prior to staff starting work to ensure their suitability to support people who lived in the home. Staff told us they had not been able to work until the checks had been completed.

People told us staff treated them with dignity and respect. We saw interactions between people at our inspection visit were respectful, and the staff approach to people was also reflected in care records. People were supported to make choices about their day to day lives. For example, they could choose what to eat and drink and when, and were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals whenever necessary, and we saw that the care and support provided was in line with recommendations. People's care records were written in a way which helped staff to deliver personalised care, which focussed on people being supported in ways they preferred. Staff tried to ensure people were fully involved in how their care and support was delivered, and people were able to decide how they wanted their needs to be met.

Relatives told us whilst they had not had cause to complain, they were able to raise any concerns with the registered manager, and they would be listened to and responded to effectively, and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's needs had been assessed and risks to their safety were identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Where people lacked capacity to make day to day decisions, this was assessed and documented so people received the right support with decision-making. Staff understood the need to obtain consent from people in relation to how their needs should be met. DoLS applications had been made as required.
People were supported by staff that were competent and trained to meet their needs effectively. People were offered a choice of meals and drinks that met their dietary needs. People received timely support from appropriate health care professionals.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. Staff showed respect for people's privacy and supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with their involvement and which was regularly reviewed. Care was focussed on people's individual likes, dislikes

and preferences and staff responded quickly and effectively to people's changing needs. People were supported to maintain any hobbies or interests they had, and were involved in activities they enjoyed. People knew how to raise complaints and were supported to do so.

Is the service well-led?

Good

The service was well led.

Systems were in place to check the quality and safety of the service provided so the service could to improve. Relatives felt able to approach the management team and felt they were listened to when they did. Staff felt well supported in their roles, and there was a culture of openness in the home which meant staff felt able to raise issues and were confident they would be listened to.

Friendship Care & Housing Association - 39 and 41 Derwent 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 20 April 2017 and was announced. We told the provider 24 hours in advance to ensure people and staff were available on the day of our inspection. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We did not ask for a provider's information return (PIR). This is a form we ask providers to send to us before we visit. However, during and following our inspection visit, we gave the provider the opportunity to give some key information about the service, what the service does well and improvements they plan to make.

The people living in the home were unable to communicate with us verbally, so we spent time observing their interactions with staff, how they responded and were supported. We spoke with three relatives following our visit on the telephone. We also spoke with the registered manager, the deputy manager and four care staff.

We reviewed four people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

Relatives told us people were safe. One relative told us, "[Name] is very safe there. That is the number one."

All the staff we spoke with knew how to respond in a medical emergency to keep people safe. One staff member explained, "In a medical emergency I would quickly assess the situation, call for a colleague, and ask them to inform the manager. I would also either get emergency medicines [medicines staff had to administer to people in an emergency] or, if appropriate, I would dial 999."

People were protected from harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for them to follow should they be concerned that abuse had happened. It was evident that staff were dedicated to ensuring people were protected from harm. They told us how they would raise their concerns, including 'whistle blowing' [reporting concerns to someone independent of the provider] where necessary. One staff member told us, "I would be one of the first people on that phone. I would speak to someone important if I needed to. Nobody hurts our guys. They don't deserve that." Another staff member said, "I would take it further in the organisation if I thought it wasn't being dealt with, or I would take it to the safeguarding team."

Risks related to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance around how to manage these risks, and reduce them. Actions showed decisions were made which maximised people's independence. Staff knew about risks for people and used risk assessments to keep people safe. Risk assessments were updated and reviewed when people's needs changed. For example, the deputy manager told us about one person whose mobility had deteriorated and who was therefore at increased risk. Records showed their risk assessment and care plan had been updated so staff had the information they needed to support the person safely.

Other risks, such as those linked to the premises, or activities that took place at the service, were also assessed and actions agreed to minimise the risks. This helped to ensure people were safe in their environment. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. Records showed that when staff had reported potential risks, these had been dealt with appropriately. Maintenance work was carried out on the home when issues were reported.

Staff knew what arrangements were in place in the event of a fire and were able to tell us about the emergency procedures they would follow. Fire safety equipment was tested regularly, and the effectiveness of fire drills was assessed and recorded. There were contingency plans to keep people safe if people were temporarily unable to use the building.

Relatives told us they thought there were enough staff to meet people's needs, and said at times of staff leave or sickness, arrangements in place ensured the service remained effective. One relative commented, "We do have some problems when staff are on leave or off sick but they manage and I am satisfied with it." We observed there were enough staff on duty to meet people's needs, with people being responded to quickly by staff when they needed support.

Staff told us there were enough of them to meet people's needs and to ensure people could get out and about when they wanted to. However, staff also told us there had been problems with staffing over the past 12 months. One staff member explained, "Right to the end of last summer we were short of staff. We pulled together though, and we managed. We made sure these guys did not miss out anything." The registered manager acknowledged this had been the case, but told us that following recruitment, staff numbers were now sufficient. Staff were deployed in a way that meant they were familiar with everyone's needs and could adapt accordingly. One staff member commented, "They [registered manager] try to put us on duty on bungalow number 39 one day, and 41 the next. People's needs change and this can happen rapidly. This way, you keep your hand in and know what is happening with people."

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to come through before they started working in the home.

People's individual medicines administration records (MAR) included information about the medicines they were taking and what they were for. Known risks associated with particular medicines were recorded and there were clear directions for staff on how best to administer them.
Care records showed people's medicines were reviewed with their doctor to ensure they were appropriate for them.

Medicines were stored safely and were administered as prescribed. Where people took medicines on a PRN [as required] basis, plans were in place for staff to follow so that safe dosages were not exceeded. These also helped staff to know what to do before they offered medicines. Records showed that, where appropriate, people had two different plans for when they might need PRN medicines. For example, if an existing health condition was 'flaring up' or if they needed pain relief.

Staff told us they had training in how to administer medicines safely when they started, and said they were observed three times by the registered manager to ensure they were competent. Medicine audit records showed people's MAR's were also checked on a weekly basis to help identify that people were being given their medicines as prescribed. Where errors had been made, records showed this had been quickly identified and action taken to address this with the staff member concerned. Medicines were also checked monthly to ensure they were being administered safely. One audit, completed in early April 2017, identified new staff were still to attend medicines training. These staff were in the process of having their competency assessed before they could administer medicines.

Good

Is the service effective?

Our findings

At our previous inspection in April 2016, we found that where people lacked capacity to make day to day decisions, this was not always assessed. We also found applications to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS) had not been made as required. At this inspection, we found improvements had been made.

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 is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager understood what was required in relation to the Deprivation of Liberty safeguards (DoLS). Where restrictions on people's liberty had been identified, the registered manager had made DoLS applications to the relevant authorities so they could be legally authorised. This protected people who could not make all of their own decisions by ensuring restrictions were proportionate and were in their best interests.

People's care records included information for staff about what decisions they could make for themselves and those where they needed support. Where it had been assessed the person did not have capacity to make a particular decision, there was clear direction for staff on what action they should take. This included who should be involved in helping to make that decision in the person's 'best interests.' For example, where it had been determined that people might refuse their medicines, but would not have capacity to understand the risks of doing so, there was guidance for staff on contacting the person's doctor to make a decision in the person's best interests. This might include crushing the medication, for example, to make it more palatable to the person.

Staff understood their responsibilities under the MCA, particularly ensuring they gave people time to communicate decisions in ways that were not verbal. For example, one staff member said, "No, I don't think people here always have capacity to make decisions. Although, even if someone can't communicate decisions verbally, you might know what they want in other ways like facial expressions." Staff ensured they sought people's consent before supporting them. We observed a number of interactions between people and staff which demonstrated this approach. Staff were able to explain to us why they thought this was important and how they sought people's consent. One staff member said, "We tell people what we are doing, explaining things at all times, even if we are not sure people understand." They added, "In the morning I'll say, 'I'm going to pop your light on now, mind your eyes. Is that okay?'"

Relatives told us they thought staff were skilled, well trained, and knew how to support people effectively.

One relative said, "It can take new staff a while to settle in but I think they are fine. They aren't allowed to do things until they are well trained anyway." Another staff member commented, "The staff can change but they all have training and the manager makes sure they know what to do."

Staff told us they completed an induction when they first started working at the service. This included face to face and online training (on the computer), working alongside experienced staff and being observed in practice before they worked independently. Staff told us this made them feel more confident. We saw that induction training included completing the 'Care Certificate.' The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. One new member of staff talked about the support they had received whilst on their induction. They told us, "They [registered manager] like me to get to know the service users. I love it here. I have had time to come in and read people's care plans which has been very helpful. I have been told I will be shadowing for up to 12 weeks. Every single person has been supportive and really friendly."

Staff we spoke with told us they had training designed to help them meet people's basic health and safety needs such as first aid, moving and handling, food hygiene, and safeguarding training. They told us this was 'refreshed' regularly to help maintain their skills. They also told us the provider supported them to obtain nationally recognised 'diploma' qualifications in social care.

Staff told us the provider was quick to provide them with training to help them support people with specific needs, for example, autism. Staff spoke knowledgably about people's needs, and showed how their training had helped them to understand how people needed to be supported and to be more confident. One staff member explained, "I have had epilepsy training for example, I found that good as [name] does have seizures. I felt nervous about that, but since the training I feel very confident I could deal with it. You know what to look out for, twitching for example." Staff also told us they put their training into practice to benefit people living in the home. One staff member commented, "On the moving and handling training, they showed us gadgets you can use to help people stand up. We tried it with someone and unfortunately it didn't work but it gives you ideas. We can try to adapt things we have seen on training. Trainers will adapt the training according to what we tell them about the people we support."

A training record was held by the registered manager of the home, which outlined training each member of staff had undertaken and when. The provider had guidance in place which detailed what training staff should complete depending on their role. The training record showed that some staff had gaps in their training and they were due for a 'refresher'. We raised this with the registered manager, who told us they had experienced some staffing difficulties in the past 12 months. They explained in order to support people safely, some training had to be cancelled. However, they had a plan in place to ensure staff updated their training and had arranged this with an alternative training provider. This included training on the MCA and data protection.

Staff told us they attended regular one to one supervision meetings, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance from the registered manager. Staff told us they had opportunities to talk to either the registered manager or the assistant manager whenever they needed to. One staff member commented, "We always have supervision, about every six weeks. You can voice an opinion, you get listened to. Not everything gets sorted straight away but often it does."

Risks to people's nutrition and hydration were minimised effectively. Food and fluid intake was monitored and recorded in line with people's risk assessments. There was clear information for staff on how much people who were at risk should be eating and drinking. Where people were at risk of choking, this had been

assessed and for one person we saw in their care records that their food and drink needed to be thickened to reduce the risk of this happening. Staff were aware of this and told us how thick the person's blended food and drinks needed to be. The person's care plan also instructed staff to refer to the person's Speech and Language Therapy (SALT) assessment, which detailed how the person was to be supported with food and drink.

Relatives felt people were supported to access healthcare professionals as and when required. One relative told us, "They [staff] arrange any medical appointments, repeat prescriptions, things like that." Care records showed people were supported to access support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred. People had "health passports" which contained important information about them so that they could share this information with health professionals when they had hospital appointments. These contained information that the person might otherwise not have remembered to share. People had "Health Action Plans" so it was clear how good health could be maintained, and how health conditions should be monitored by staff.

Good

Is the service caring?

Our findings

Relatives told us the staff were caring and respectful. One relative commented, "You can really tell the staff are interested and want to be there. They are very caring. They [staff] are very lively; it is like a big happy family really." Another relative told us how they knew staff were kind and caring. They said, "Whenever we go to see [name], they are always happy and from what we have seen, the staff are brilliant with people." We observed the home had a homely 'buzz'. There was lots of activity, laughing, talking and singing, which helped to create a friendly, welcoming atmosphere. We saw people were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. Staff communicated well with people, and people responded positively to staff.

People's care plans were written in a personalised way, which outlined their likes, dislikes and preferences. This helped staff to know they were supporting people in ways they preferred. One person's care plan said, "I am definitely not a morning person, and would like to choose when I get up in the morning."

People were supported to maintain relationships with family and friends. Relatives told us there were no restrictions on when they could visit the home. One relative told us, "I can go every day if I want to. They also support us to have [name] home for the day regularly." Another relative said, "[Name] had a birthday recently and [staff member] came so we could go out for their birthday."

Staff explained how people were supported to document and remember what they had been doing. They told us everyone had their own digital camera which they could use, with staff support, to take photographs. Staff said each person had a digital photo frame in their room which could connect to the cameras and allow them to view the photographs they had taken.

Staff were willing to go above and beyond their role in order to help people do the things they wanted to do. For example, one staff member explained they supported a person to go fishing, sometimes on their day off. They did this because it was something the person enjoyed and benefitted from. Staff were also committed and understood how important it was for them to support people in a kind, respectful way. One staff member explained, "I have a box of smiles in the car. These guys don't need sad faces. They deserve to be treated well." Another staff member told us, "I enjoy knowing I am making a difference to people's lives. I hope they like seeing me!"

Care plans were written in a way that helped to ensure people's privacy was respected. For example, one person's care plan said, "Staff are to knock on [name's] door at 8 a.m. and announce who they are." Staff supported people in ways that ensured their privacy and dignity was respected. One staff member said, "I think privacy and dignity go hand in hand. I wouldn't like it if someone took me to the bathroom and kept the door open for example." Another staff member commented, "[Name] sometimes lets you know they don't want anyone near them. When that happens I'd probably offer them to go to their bedroom for a while. I'd make sure they were comfortable and safe. Everyone deserves quiet time."

Relatives told us how people were supported to do things for themselves. One relative said, "They [staff] try

and encourage [name] to feed themselves, things like that. They do the best they can with that." Staff understood the importance of supporting people to be as independent as possible, and to be active members of the community. During our inspection visit we observed a number of occasions where people were encouraged to be involved in completing domestic tasks such as preparing a meal for example. One staff member commented, "They join in with more or less everything. We don't always get a response from everyone but we always try. They don't just sit around." Another staff member explained, "You feel like you are helping people achieve the best level of participation they can in their community."

We saw people's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so only authorised staff were able to access personal and sensitive information.

Good

Is the service responsive?

Our findings

Relatives told us staff responded well to people's individual needs. One relative told us, "I think they [staff] are very attentive to [name's] needs. They got some new equipment for [name] recently." Another relative said, "If [name] wants something, they [staff] can pick up on what they might want from their face. It is trial and error but the staff do really well with that as far as I am concerned." People's care plans included a 'snapshot' of their basic personal details, support needs, likes, dislikes and preferences. This provided staff and other professionals with an 'at a glance' picture of what was most important for them to know about people, so their needs could be met.

Where people had specific health conditions such as epilepsy, their care plans included information for staff on how these should be managed. Information was available for staff so they knew how to help the person manage their conditions. This included how and when they should respond if the person's health deteriorated, or if a person was in urgent need of medical attention.

Relatives told us people were supported to make choices. One relative commented, "People have choices on what they want to eat, what they want to do. For example, [name] chooses their clothes from the wardrobe, whether they want a hot or a cold drink, or whether they want to be on their own."

Staff told us people were supported to choose what they wanted to eat and what they wanted to do for the upcoming week. They told us meetings took place between people and the staff supporting them every Sunday. Staff told us they used menu cards at these meetings, which included pictures and photographs of food to help people choose what they wanted to eat. Staff told us they used the same approach when helping people decide what they wanted to do or where they wanted to go that week. These were used in addition to information in their care records, and information from people's families. One staff member said, "None of these guys can tell us what they want. We have to learn by their body language, their reactions if they are fed up or having a bad day. For example, they might not be ready for their tea. It might be they don't like the look of it or they aren't hungry. Perhaps we might need to offer something else."

Relatives told us people had full and varied social lives and were encouraged and supported to access their communities. One relative said, "They [staff] take [name] out regularly, on holidays every year. [Name] has a better social life than I have!"

People were supported to maintain their hobbies or interests if they wanted to. People were coming and going from arranged activities of their choice during our visit. We saw there were enough staff on duty to support people with these activities, and care records confirmed what activities had been planned. People had their own timetable of activities to remind them and staff what was happening and when. People's timetables included pictures and photographs to help them understand this. People were also involved in day to day activities in the home. For example, we overheard one staff member saying, "Do you want to do some baking [person's name]? We can have it for tea if we get a wriggle on." The staff member called out to another person, "Come on, come and get some chopping done. We are doing some home-made pie for tea. Could you shred some ham for me please?"

Staff were observed to respond quickly when people needed or wanted them to. For example, one person enjoyed singing and dancing with staff. We observed staff dancing and singing while music was playing in the kitchen. Staff ensured they involved the person by taking their hand and dancing with them while they were sat at the kitchen table. Another person became anxious whenever there was a change of staff. In order to try and calm the person, we saw staff helped them to lie on the sofa and put a blanket over them. Staff knew this would reduce their anxieties, and we observed this was effective.

Staff understood the importance of treating people as individuals and of responding to their individual needs. They told us the provider supported them to respond creatively when people's needs changed. One staff member commented, "I love all the guys. Everyone is different, and every day is different. You don't get told off for helping people to do 'spur of the moment' things, in fact it is encouraged."

People were assigned a keyworker who ensured their needs were reviewed on a regular basis. A keyworker is a member of staff who is identified to take a lead in overseeing a named person's care and support.

Relatives told us they were involved in putting together people's care plans and in reviewing them regularly. One relative commented, "I am always invited to reviews and I think they happen three times a year or so." Another relative said, "I am invited every time the care plan is reviewed. I give input into that always."

Records showed people's care and support needs were reviewed regularly, usually every three months. These reviews were recorded pictorially to help people understand what had been discussed and agreed. One person's review meeting had been written in the format of a newspaper article and included photographs of what the person had been doing with written articles. Records showed the actions agreed at previous reviews had been followed up and actioned.

Relatives told us they had little cause to complain, but that they knew how to do so and when they did, they received an effective and timely response. One relative told us, "I would go to the keyworker [if they wanted to complain] and if I didn't get any joy I'd go to the manager or higher, but it's always been fine. We always know who to get hold of." The registered manager had not received any complaints in the past 12 months. There was information on display about what people could expect and how to complain if they were not happy with anything. The information was in 'easy read' picture format to help people at the home understand their rights. There were policies and procedures in place for staff to follow to ensure complaints were dealt with effectively.

Good

Is the service well-led?

Our findings

At our previous inspection in April 2016, we found that systems designed to check the quality and safety of the service provided were not always effective so the service could improve. At this inspection, we found improvements had been made.

Relatives told us they were asked for their views of the service provided on a regular basis. One relative said, "They ask me for my views when care reviews happen." Records showed that, when people's care was reviewed, a 'family feedback form' was given to relatives for them to complete about their experience of the service.

Records showed the provider had checked the quality of the service people received in the last 12 months. They had conducted an audit in June 2016 shortly after our previous inspection. This had led to an action plan which addressed the areas of concern we had identified at that time including effective recruitment and induction.

Whilst there was no updated action plan available for us to review at the time of our inspection, the registered manager assured us one was in development, since the actions identified in the previous plan had now been achieved. The new action plan was linked with the provider's 'service improvement plan' which was produced annually. The registered manager sent us information following our inspection visit, which showed what improvements were planned over the next 12 months. For example, they planned to do more work on developing 'communication passports' so staff had practical tools they could use to help people communicate. They were also looking at refining their induction programme so the requirements of the Care Certificate could be better incorporated. They told us this was as a result of management assessments of new staff as well as feedback.

The provider also conducted other checks and audits. For example, people's care records were reviewed on a monthly basis to ensure these were maintained according to the provider's policies and procedures. Any gaps, omissions or errors in people's care records were identified and recorded with actions indicated for keyworkers to complete.

Relatives told us the home was well managed, and they found the registered manager dealt with things as required. One relative said, "I think [registered manager] does a good job of managing the home. I visit regularly and I have never had any concerns about anything." Another relative explained, "It seems very well led from what I can see. It is well organised and the whole package is well run."

Staff told us they felt well supported by the management team. One staff member commented, "Sometimes [registered manager] will give you a pat on the back and you are congratulated for what you have done. So do the assistant team leaders. [Registered manager] has a lot on her plate but, I must say, a few weeks ago [registered manager] presented me with a certificate for excellent work. That was nice, I got shopping vouchers." Another staff member told us, "There is a really good team here. The assistant team leaders and the manager are always approachable. If I have any concerns I am happy to raise them at supervision."

Staff told us they had access to advice, guidance and support whenever they needed it. One staff member said, "I feel I can come and speak to the manager if I have any problems. For example, I am [person's name] keyworker and they have not been well. I am supported with the judgements I have made." Staff were also provided with an 'on-call' system so they could get support if needed when there were no managers at the home. Staff told us this was effective, one commented, "There is on-call you can ring. The number is on the board. You can also ring [registered manager] at home if it is serious. She does not mind, and if need be, [registered manager] will come in. She would be there for you."

Staff told us they had the opportunity to share their views at staff meetings. One staff member told us, "We meet to discuss issues from the last meeting. We also discuss the health and well-being of people. We can discuss concerns openly, as well as, ask questions you aren't sure of the answer to." Records of team meetings showed matters arising from previous meetings were actioned. They also showed staff had detailed discussions about each person living in the home and discussed how the service was operating.

The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service. They had notified us of incidents and events over the previous 12 months. However, one person had a DoLS application authorised during that period which they had not notified us of. The registered manager agreed this should have been done and assured us they would complete the notification record as soon as possible.