

Supreme Care Services Limited

Fir Trees House

Inspection report

283 Fir Tree Road
Epsom
Surrey
KT17 3LF

Tel: 01737361306

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Fir Trees House is a care home providing accommodation and personal care for up to seven people with learning disabilities or mental health support needs. There were six people living at the service at the time of our inspection.

The inspection took place on 17 August 2017 and was unannounced.

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since our last inspection a new manager had been appointed and was present on the day of the inspection. The manager told us they were in the process of registering with the Care Quality Commission and our records confirmed this

At our previous inspections in November 2016 and May 2017 we found concerns regarding the governance of the service, risks to people not being adequately assessed and safeguarding concerns not being reported to the local authority. In addition we identified that staff training was not effective in supporting staff in their roles and people's needs were not being responded to in a person centred manner. At our inspection in May 2017 nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. Following this inspection the provider sent an action plan detailing the action they proposed to take to ensure these breaches were met. At this inspection we found that significant improvements had been made. People were now receiving care that met their needs and no breaches of legislation were identified. We will continue to monitor the service to ensure that systems in place continue to develop and are embedded into practice.

There were sufficient staff deployed and staff worked flexibly to meet people's individual needs. Safe recruitment practices were followed to help ensure that staff employed were suitable to work at the service. Staff received training and support that provided them with the knowledge and skills required to support people in an effective, person centred manner. Staff told us they felt supported by the management of the service and records showed they received regular supervision to monitor their performance.

Staff had received training in safeguarding people from abuse and understood their responsibilities in this area. Where safeguarding concerns were identified these were shared with the local authority and appropriately investigated. Risks to people's safety were assessed and control measures implemented to keep people safe. Staff were aware of triggers to people's anxiety and offered support to help people remain calm. Accidents and incidents were reported and monitored to ensure action was taken to prevent them happening again. The property had recently been refurbished and any maintenance concerns addressed. A contingency plan was in place to ensure people would continue to receive a safe service in the event of an

emergency.

People received their medicines as prescribed and safe medicines practices were followed. People had access to healthcare professionals and received support to plan and attend appointments. Regular monitoring of people's health needs was completed including measuring people's weight. People had a choice of foods and were involved in menu design and meal preparation. People's legal rights were protected as the principles of the Mental Capacity Act 2005 were followed.

People were supported by staff who treated them with respect and understood the importance of developing and maintaining people's independence. We observed people were actively involved in the running of their home. People were supported to maintain relationships with those important to them. People's religious and cultural needs were respected. Staff were knowledgeable about the people they supported and knew their likes, dislikes and interests. Care plans had been developed which were person centred and described people's preferences, choices and how they wanted their care to be provided. People were provided with a range of activities to pursue their individual interests and hobbies. The atmosphere was positive and lively and people and staff interacted well with each other.

Audit processes were in place to monitor the quality of service being delivered. Where actions were identified these were completed in a timely manner. A comprehensive action plan had been developed to monitor the continuous improvement of the service. A complaints policy was in place and people told us they would feel confident in raising concerns. There was a positive culture and staff were clear about their responsibilities in providing person centred care.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was safe.

There were sufficient staff deployed to meet people's needs flexibly.

Medicines were managed safely.

Robust recruitment procedures were in place to ensure staff were suitable to work at the service.

Risks to people's safety and well-being were assessed and control measures implemented to keep people safe.

Staff were knowledgeable about their responsibilities in protecting people from abuse.

Is the service effective?

Good ●

The service was effective.

Staff received effective training and supervision relevant to their roles.

People's rights were protected. All staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs and preferences were met and people were provided with choices regarding their food.

People received support to access healthcare when required.

Is the service caring?

Requires Improvement ●

The service was caring.

People were supported by staff who knew them well.

People's religious and cultural needs were supported.

People were encouraged to maintain and develop their

independence.

People were supported to maintain relationships with those who were important to them.

People's dignity and privacy were respected.

Is the service responsive?

The service was responsive.

Care plans had been comprehensively reviewed and people were involved in planning their care.

Activities were provided which met people's individual needs and preferences.

There was a complaints policy in place and people were given the opportunity to express concerns.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Quality assurance processes were in place to monitor the service provided.

People were involved in the running of the service.

Staff told us they felt supported in their roles.

Records were securely stored.

Requires Improvement ●

Fir Trees House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 17 August 2017 and was unannounced. The inspection was carried out by two inspectors.

Prior to the inspection we looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the manager, the registered provider, a management consultant employed by the service and three members of staff. We also spoke with all the people living at Fir Trees House.

We looked at records relating to four people's care including care plans, risk assessments and daily notes. We reviewed a range of documents which related to how the home was managed including accident and incident forms, policies and procedures, training records, quality assurance monitoring and health and safety monitoring.

Is the service safe?

Our findings

At our inspection in November 2016 we found that risks to people were not always identified and managed, accidents and incidents were not monitored and safeguarding concerns had not always been reported appropriately. We also made a recommendation regarding the deployment of staff to ensure people's needs could be met safely. At our inspection in May 2017 we found that these concerns had not been addressed. We also found additional concerns relating to how people were supported with their medicines and the safe recruitment of staff. At this inspection we found that significant improvements had been made to address all concerns and people were now receiving safe care. Although improvements have been made, the rating for this domain remains as requires improvement to ensure that systems now in place are embedded into practice. We will continue to monitor the service to ensure that these improvements are sustained.

People told us they felt safe living at the service. One person said, "I've got no dangers here." Another person told us, "There's always staff here. I like them all."

Risks to people safety and well-being were identified and addressed. Risk management plans had been reviewed for all those living at Fir Trees House and comprehensive plans were now in place. There was evidence that people had been involved in agreeing control measures in place to keep them safe and that these were proving effective. One person had previously refused support when going out and had experienced a high number of falls when accessing the community. The reasons the person did not want support had been explored and adjustments made to restrictions in place. This had led to the person discussing their plans with staff and the person was now accessing the community safely.

A number of people living at Fir Trees House experienced periods of anxiety which on occasions led to behaviours which put themselves and others at risk. Detailed plans had been developed which identified triggers to people's behaviours, how staff should respond and positive interventions to de-escalate situations. We observed that guidance had been followed by staff to reduce the triggers which may cause people anxiety. When people showed signs of becoming anxious staff were proactive in supporting people. We observed one person start to raise their voice and start to cry. Staff approached the person and offered them reassurance. They offered the person different options for activities which they knew they enjoyed. The person said they would like to spend some time in their room and on their return staff asked them if they were feeling better before offering them a foot massage. This demonstrated that staff understood people's individual needs in relation to their anxiety and behaviours.

Accidents and incidents were monitored and action taken to minimise the risk of them happening again. Staff demonstrated understanding of the importance of keeping accurate records of any accidents and incidents which occurred. One staff member told us, "I'd tell my manager then record on an incident form. If needed we would do a chart, if it is to do with behaviour. We need the detail so we can learn what to do next time." Records showed that staff followed accident and incident reporting procedures and actions taken following review were clearly recorded. This showed that where required risk assessments were reviewed and discussions were held with staff regarding their approach and interventions. There had been a marked reduction in incidents between people living at the service. The manager told us that they felt this was due

to staff responses to people and a greater understanding of people's individual needs.

People were protected from the risk of abuse as staff understood their responsibilities in safeguarding people. All staff had received safeguarding training and were able to explain the different types of abuse, signs to be aware of and reporting procedures. One staff member told us, "We always reassure people they can come to us for anything. We build a relationship of trust. If there were any concerns or incidents between people I would report this to the manager and then the local authority. All the numbers are in the office." Records showed the service liaised closely with the local authority following any concerns being reported. Discussions were held at house meetings to inform people how they could report any concerns and reassure them that anything raised would be acted upon.

Safe medicines management systems were in place and people received their medicines in line with their prescriptions. Each person had a medicines administration record (MAR) which contained a recent photograph, known allergies and details of how they preferred to take their medicines. MAR charts were signed following the administration of medicines and no gaps in recording were seen. We observed medicines being administered and saw this was done in line with best practice guidance. Staff had received training in the administration of medicines and competency assessments had been completed. Medicines were stored and disposed of safely. During the inspection we observed that where people required medicines on a PRN basis (as and when required) guidance was not always available to staff. Following the inspection the manager forwarded completed PRN guidance forms which highlighted the reasons for administration, frequency and dose.

Sufficient staff were deployed to ensure people's needs were met promptly. Staffing levels within the service had increased which meant staff had time to spend with people in addition to ensuring day to day tasks were completed. Staff were present in communal areas throughout the inspection and spent time chatting with people and playing games. When people requested staff time this was immediately available for people and we did not observe anyone having to wait for care. Staff were available to support people to access community activities and people were able to choose which staff they preferred to support them. Rotas confirmed that staffing levels were arranged flexibly to ensure people's individual activities and appointments could be supported. Staff told us that the increase in staffing levels had had a positive effect on the care people received. One staff member told us, "We can talk to [people] now, it's not all rush, rush, rush. Now there are three staff during the day we can go out. I have more confidence now."

Thorough recruitment practices were followed to ensure staff had the right skills and experience to work at the service. Records evidenced that staff had been recruited safely. Application forms and interview records were completed and references were obtained from previous employers. Disclosure and Barring Service (DBS) checks were in place for all staff. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

People lived in a comfortable, clean and safe environment. Following concerns raised during our last inspection relating to the maintenance of the building the provider had undertaken refurbishment work. Safety concerns had been addressed and communal areas had been redecorated to create a more homely environment. In addition, the staff office had been converted into a small lounge area which gave people the space to sit quietly should they wish to do so. One person told us they enjoyed using this room in the evenings and could meet with their visitors there in private. The main communal lounge area had been re-organised which had created a shared space for people to sit together in comfort.

Health and safety checks were completed regularly to ensure that any concerns were identified and addressed promptly. A fire risk assessment had been completed and fire equipment was regularly serviced.

Personal emergency evacuation plans were in place and up to date to guide staff on the support people would require to leave the building in an emergency. The provider had developed a contingency plan which highlighted the action staff should take in the event of unforeseen circumstances occurring. This ensured that people's care would not be disrupted.

Is the service effective?

Our findings

At our inspection in November 2016 we found that people's rights were not always protected as the Mental Capacity Act (MCA) 2005 was not being followed. We also identified the training staff received had not been effective in supporting them in their role. At our inspection in May 2017 we found that these concerns had not been adequately addressed and identified additional concerns regarding the monitoring of people's health care needs. At this inspection we found significant improvements had been made and the above concerns had been addressed.

Staff received training to support them in the role. Following our last inspection the provider had implemented a comprehensive training programme to ensure staff were aware of their responsibilities and had the skills required within their role. Training provided included safeguarding, behaviour management, health and safety, record keeping and person centred support. Staff told us they had found the training useful and it had supported them in gaining skills and understanding. One staff member said, "I did behaviour training this year. Now I don't panic if there is any kind of challenging behaviour. I try to calm them and find out what the problem is." Another staff member said, "There used to be mistakes when there was not good training for staff. It is so much better now and I have more confidence." In addition staff members were being supported to complete the Care Certificate. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. During the inspection we observed an external trainer was visiting the service to support the staff with the completion of this training. Our observations of staff practice throughout the inspection demonstrated that the increased training provided had been effective in ensuring staff had the skills required for their roles.

Staff received regular supervision and support from the manager. The manager maintained a supervision matrix which showed that supervisions were completed in line with the provider's policy. Staff told us they found supervisions useful to discuss any concerns and receive feedback. One staff member told us, "We have supervision every month. (The manager) asks how we are and how we are getting on. We discuss any plans for training. He's a good listener." Another staff member told us, "We talk about the well-being of people, their safety and anything we need. I find it very useful." Records showed that discussions with staff during supervisions included people's needs, safeguarding, training needs, policies and procedures and reflections on the staff member's performance.

The 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).

During our last inspection we found that people's legal rights had not been protected as the principles of the MCA had not been followed where restrictions were in place. At this inspection we found that following

reviews of people's support arrangements had changed and restrictions regarding people's care were no longer in place. One person had previously had restricted access to their finances which had led to conflict with staff. Following a review of the person's care plan a budget had been agreed with them which was regularly reviewed to take into account changes in circumstances. This had provided the person with autonomy regarding their financial affairs and had led to a decrease in incidents. During the inspection we found there were no restrictions on people's liberties.

Staff had received MCA training and showed understanding of their responsibilities in this area. One staff member told us, "We are careful to respect people's choices. We build up trust with people so we can discuss things but they are able to take risks if they can make decisions. We have to listen." We did observe that some people had capacity assessments within their files that were not required. For example, capacity assessments and best interest decisions were recorded regarding support being provided with their medicines. The registered manager told us that the people concerned had the capacity to consent to staff support and understood they required help with this aspect of their care. This meant that capacity assessments and best interest decisions were not required. We discussed this with the manager who told us they would conduct a review of capacity assessments in place.

People had access to healthcare professionals and received support to attend appointments. At our last inspection records showed that people were regularly refusing to attend medical appointments and this was having an impact on their well-being. At this inspection we found that people had plans in place regarding how to support them in preparing to attend appointments. This measure had been effective in ensuring people understood the reasons they were attending and the support that was available to them. This had led to people receiving the healthcare they required. Regular monitoring of people's health needs had identified one person required medical treatment for a potentially serious condition. The swift action of staff had resulted in the person receiving medical intervention quickly and they were now recovering well. Records of healthcare appointments were maintained and any recommendations made by healthcare professionals were followed.

People were involved in choosing and preparing meals. A menu plan was in place and discussed during house meetings. We observed one person discussing the lunchtime menu with staff and requesting an alternative. Staff discussed options with the person and ensured they were happy with the options available. People told us they enjoyed the food. One person said, "I eat whenever I need and its nice quality." Another person told us, "I have what I want. I help in the kitchen. The staff are good at cooking." People's food preferences were listed in their care records and the menu plan reflected that these preferences were taken into account. People were able to choose where they ate their meal although the manager told us they were trying to encourage people to eat together where possible. They told us, "Eating together helps to create a good environment. We have learnt so much about people from sitting together at mealtimes." Although during the inspection people did not all use the dining area to eat, staff promoted discussion and interaction between people. People's weight was regularly monitored and where significant fluctuations were noted this was appropriately addressed.

Is the service caring?

Our findings

At this inspection in May 2017 we found concerns regarding the interaction from staff. Staff showed a lack of understanding regarding people's needs and preferences and did not support people in a holistic and caring manner. At this inspection we found improvements had been made and staff treated people with kindness. Although improvements have been made, the rating for this domain remains as requires improvement to ensure that systems now in place are embedded into practice. We will continue to monitor the service to ensure that these improvements are sustained.

People told us they felt the staff were caring in their approach. One person told us, "The staff are very kind to me. I appreciate their help." Another person said, "They're all great, they help you with anything and you can talk to them."

People were supported by staff who knew their needs well. People and staff interacted well and appeared to enjoy each other's company. Each person had a communication care plan within their care file which described how people communicated. We observed staff responded appropriately to people's communication and checked with them that they understood correctly. Staff were able to describe people's personalities, likes and interests and were knowledgeable about people's preferred routines. One person told us they liked to spend their time in their room but enjoyed the company of staff. They told us that staff took time to sit and talk about their life and interests. Staff we spoke to were able to describe the person's past life in great detail and were aware of the person's interests. Staff displayed warmth when speaking to people, using appropriate touch and terms of endearment. When staff came on duty people rushed to hug them and staff responded positively. In contrast to our previous inspections there was a relaxed and familiar atmosphere and people clearly felt comfortable in the company of staff. One staff member told us, "Things are so different now and the residents are jovial and friendly. It's like we are all one now."

People were encouraged to develop their independent living skills. People's care records contained guidance for staff on areas where people required support and where people could complete tasks independently. During the inspection we observed people doing their washing, completing cleaning tasks, emptying the dishwasher and being involved with meal preparation. Staff were available to offer reassurance and help to people when appropriate. Staff told us they were aware of the importance of people developing skills. One staff member told us, "We now always look for how people can do things for themselves. We started asking people to come to the kitchen to help with cooking. They now come and ask to help now because they enjoy it very much. It's just become part of things."

People were treated with dignity and respect. Staff routinely knocked on people's doors and waited for a response before entering. Personal care was carried out discreetly with doors closed. Where people chose to spend time in their rooms staff ensured they checked on people's welfare but did not intrude on their privacy. Staff showed respect that they were working in people's home and ensured people's confidentiality was respected. One staff member told us, "We don't discuss people with others or outside the home. We have to knock on people's doors and have respect for them as human beings. They have a right to privacy in their home." We observed that people were encouraged to answer the front door when visitors arrived. Staff

showed patience when interacting with people. When repeated questions were asked by one person staff patiently directed them to the information using a pleasant and even tone.

People were supported to maintain contact with their family and those important to them. People told us they were able to have visitors whenever they chose and staff made them feel welcome. One person told us, "I like family coming, they come quite often." Another person told us that staff regularly supported to them to make phone calls to their family member who lived abroad.

People's religious and cultural needs were supported. People's care records contained details of their needs in this area and we observed these were respected. One person was supported to attend regular church groups and another person attended church independently. Another person told us about their religion and how they preferred to pray in their room. Staff were aware of the person's needs and ensured that they had the privacy they required.

Is the service responsive?

Our findings

At our inspection in May 2017 we found that people's needs were not being met in a person centred manner. Care plans did not contain personalised information and staff supported people in a task orientated manner. People were not supported to follow their interests and there was a lack of activities for people to be involved in. At this inspection we found improvements had been made and people were now receiving an individualised service. Although improvements have been made, the rating for this domain remains as requires improvement to ensure that systems now in place are embedded into practice. We will continue to monitor the service to ensure that these improvements are sustained.

Care plans contained detailed guidance for staff regarding the support people required. All care plans had been comprehensively reviewed since the last inspection and people had been given the opportunity to contribute to their plans. Areas covered with care plans included personal care, mobilising, communication, eating and drinking, sleep, spiritual needs, social, medication, pain, money and behaviour.. One person had specific sensory needs. Staff had developed communication methods with the person and ensured that they received the support they required in this area. Another person regularly showed anxiety if staff were a few minutes late waking them up. Staff were supporting the person to become more independent in this area through using an alarm clock. The times staff would knock on the person's door had been agreed with them to give staff a wider timeframe. This had led to a reduction in the person's anxiety.

Care plans were regularly reviewed and goals people wished to work towards agreed. Keyworker meetings were held monthly with each person. Discussions included what the person had achieved in the past month, any changes to their care needs and plans for the month ahead. Records showed that people were engaged in the process and where requests for alternative activities were made these were planned. Health appointments and progress was also discussed to ensure people were aware of any planned appointments. Staff told us that people's increased involvement in their care plans and changes in the way support was provided had had a positive impact on people. One staff member said, "Their well-being is getting better. They are all happier and we laugh together, people are more independent."

People had access to a range of activities both within the community and when spending time at home. On arrival at the inspection people were sat in the lounge area playing games. There was lots of laughter heard and one person spent time teaching staff and others sign language. People went out at various stages of the day for walks, shopping and lunch. On their return staff asked people what they had been doing and if they had enjoyed themselves. Activity records showed a great increase in the activities people took part in including attending church services, swimming, shopping, hairdressers, day trips and visiting the local pubs. At our previous inspections we were told that one person chose not to go out and regularly refused opportunities offered. Records showed that the person was now going out more often and during the inspection they were observed to ask the manager where they were going to take them today. After discussing possible options they agreed to go for a drive and a walk. We observed that since our last inspection the person was more confident in their interactions and their mobility had greatly improved. During the afternoon a group of people were playing board games. One person was initially sat apart from the group and declined the offer to join in. Staff showed skill and good knowledge of the person in the way

they offered encouragement and once the person joined in the games it was clear they enjoyed it. There was lots of friendly discussion and laughter amongst the group who were clearly enjoying each other's company.

A complaints policy was in place and available to people living at Fir Trees House. People told us they would be able to speak with staff or the manager if they had any concerns. One person told us, "The staff are all good people and would do anything for me." Another person told us, "I can talk to staff." During monthly house meetings people were given the opportunity to raise any complaints. Records showed that no complaints had been received since our last inspection.

Is the service well-led?

Our findings

At our last inspections in November 2016 and May 2017 we found there was a lack of managerial oversight of the service. There was insufficient monitoring of the quality of the service from the provider and manager and action had not been taken to address concerns raised. At this inspection we found improvements had been made. Quality assurance systems were now in place and regular reviews of practices were conducted. Although improvements have been made, the rating for this domain remains as requires improvement to ensure that systems now in place are embedded into practice. We will continue to monitor the service to ensure that these improvements are sustained.

People told us they had a positive relationship with the manager. One person said, "He is a fine man. I always talk to him. He drove me to the hospital. I'm happy as he speaks a bit of my language as well." Another person told us, "I think he's great."

Following our last inspection a new manager had been appointed to oversee the service. The manager told us they were in the process of registering with the CQC and our records confirmed this. In addition the provider had also commissioned the services of an external consultant to support them in putting effective management systems into place. The provider and management team were able to demonstrate their understanding of the process needed to ensure people received a service which met their needs. They told us they had spent time reflecting on where previous systems had failed to ensure people received a service which was safe, effective, caring, responsive and well-led. The provider told us, "We weren't auditing properly and just accepting what we were being told. Now when staff tell us something has been done I want to see it has been done properly." The manager told us, "There was a failure previously to work with other services and engage. We are now working in partnership which has a positive effect for everyone." Monthly meetings were now being held with registered managers from other services to ensure this learning and development was shared throughout the organisation.

Quality assurance systems were in place to monitor the service provided. A series of audits had been implemented to support the manager and provider in monitoring quality. These included audits of medicines, care records, maintenance, accidents and incidents, safeguarding concerns and health and safety. Records showed that where any shortfalls were identified these were promptly addressed. An action plan had been developed to support the manager in the continuous development of the service and this was regularly reviewed. This showed that areas including reviewing people's care, staff training, ensuring people's rights were protected and the maintenance of the building had been areas of priority. During the inspection we observed progress had been made in all these areas.

People had the opportunity to contribute to the how the service was managed. In addition to individual keyworker meetings, monthly house meetings were held. Discussions included any concerns, how people were feeling, food, activities and maintenance. Records showed that where specific requests were made such as different foods or activities these were provided. Where people expressed concerns which were difficult to discuss as part of a group these were followed up by meeting with people individually to resolve issues. A survey regarding how people felt about the service they received had been completed in June 2017.

This showed that people were happy with the support and felt staff were supportive. The manager told us that a care forum meeting was planned in the near future to enable plans and changes made within the service to be shared with relatives.

Staff told us they felt supported by the manager. Regular staff meetings were held which gave staff the opportunity to discuss people and their support, routines within the service and training opportunities. Records showed that staff were fully involved in meetings and the opportunity was used to share good practice. Staff told us that the manager's approach had led to changes within the culture of the staff team and service. One staff member told us, "(Manager) is very good. He's always teaching us and wants us to learn more all the time. It makes us want to do a good job. He encourages us and I like his management style." Another staff member told us, "He's so approachable and understands. Things are so much better since he has been here." We observed the manager spent time with people and staff throughout the inspection and provided guidance where required. The manager told us, "I want to empower staff. They are much more confident now and know how to do everything. They can take charge now. I feel we have helped them to develop."

Records were stored securely and in an organised manner which provided staff with quick access to information. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.