Polesworth Group Homes Limited

Polesworth Group 32 Station Road

Inspection report

32 Station Road
Polesworth
Tamworth
Staffordshire
B78 1BQ

Tel: 01827896939
Website: www.polesworthhomes.co.uk

Date of inspection visit:
26 May 2016

Date of publication:
13 July 2016

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 26 May 2016 and was announced.

32 Station Road provides care, support and accommodation for up to seven people with a learning disability. At the time of our inspection visit there were seven people living in the home.

The service was last inspected on 5 August 2013, when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were comfortable with the care staff who supported them. Relatives were confident people were safe living in the home. Staff received training in how to safeguard people from abuse and were supported by the provider's safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and responsive towards individual needs so people could be supported in the least restrictive way possible and build their independence.

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 ensure any potential issues were identified and action could be taken as a result.

There were enough staff to meet people's needs. Staffing was tailored to support people to maintain hobbies, interests and activities they enjoyed. 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 start work until these checks had been completed.

The provider assessed people's capacity to make their own decisions if it was identified people might lack the capacity to do this. Staff and the registered manager had a good understanding of the Mental Capacity Act and the need to seek consent from people before delivering care and support wherever possible. Where restrictions on people's liberty were in place, legal processes had been followed to ensure the restrictions were in people's 'best interests'. Applications for legal authorisation to restrict people's liberty had been sent to the relevant authorities in a timely way.

People told us staff were respectful and treated them with dignity. We observed interactions between people which confirmed this. Records also showed people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. People 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 the care and support people received was in line with what had been recommended by health professionals. People's care records were written in a way which helped staff to deliver care that was based on each person's needs. People were involved in how their care and support was delivered, as were their relatives if people needed support from a representative to plan their care.

Relatives told us they were able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the registered manager was approachable and responsive to their ideas and suggestions. There were systems to monitor the quality of the support provided in the home. The provider ensured that recommended actions from quality assurance checks were clearly documented and acted upon by the registered manager as they undertook regular unannounced visits to the home.

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.

People's right to make their own decisions where possible had been protected. Where people lacked the capacity to make some decisions, assessments documented discussions with professionals and representatives to ensure decisions were made in people's best interests.
Where people were being deprived of their liberty, applications had been made as required to seek legal authorisation to do so. Staff understood the need to get consent from people about how their needs should be met. 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 health care professionals when needed.

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 supported people to be as independent as they wanted to be, and showed respect for people's privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with theirs and their relative's involvement which was regularly reviewed. Care was focussed on what people wanted to achieve. The service supported people to maintain the hobbies, interests and 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.

People felt able to approach the registered manager and felt they were listened to when they did. Staff felt supported in their roles and there was a culture of openness at the home. There were quality monitoring systems for the provider to identify any areas needing improvement. Where issues had been identified, action had been taken to address them and to improve the service.

Polesworth Group 32 Station 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 was 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 26 May 2016 and was announced. We gave the provider 24 hours' notice of the inspection so they had time to arrange for us to speak with people who used the service. 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 reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection and saw it reflected the service being provided.

During our inspection visit we spoke with four people who lived in the home. We spoke with two relatives following our inspection visit on the telephone. We also spoke with the registered manager, three care staff and one visiting health professional.

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

People told us they felt safe and that they knew who to talk to if they did not. One person commented, "I would talk to my keyworker if I was worried about anything." Relatives agreed. One relative told us, "Yes, they [staff] make sure [relative's name] is safe. [Relative's name] is not safe going out on their own so staff always make sure they are there when [name] is out " We observed the interactions between people and the staff supporting them. We saw people were relaxed and comfortable around staff and responded positively when staff approached them.

People were protected from harm and potential abuse. Staff had received training 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 abuse had happened. One staff member told us, "I would report it straight away. There is always a manager on call." Staff understood the different types of abuse, and knew what they should be looking for to safeguard people. One staff member commented, "The way staff speak to people, changes in behaviour, unexplained bruising. These are things I would report." There was information on display, including contact details of the local safeguarding team, so staff knew who to contact if they had any concerns. Staff told us they would follow up on concerns they raised if the manager or provider had taken no action.

The manager understood their responsibility to refer any safeguarding matters to the local authority. They kept records of any concerns, which were detailed and timely and demonstrated the manager worked well with those responsible for investigating any safeguarding concerns.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written for staff with guidance on how to manage identified risks, so people's health and safety was protected. These did not remove risks entirely, but indicated actions which maximised people's independence. Risk assessments were clearly written and regularly reviewed. More frequent reviews were completed when changes had been identified, for example, in response to changes in people's health and mobility. Staff knew about people's needs and the risks associated with their care. They were able to tell us about these in detail. For example, where people had been assessed as needing extra support to ensure their skin remained healthy, there was information on people's care plans to tell staff what they needed to do. Records showed this was monitored and recorded, and staff we spoke with told us what they did on a day by day basis to make sure people's skin remained healthy.

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. For example, routine safety checks were completed for the premises, these included gas checks and checks on electrical items. The provider had its own maintenance team, which staff told us responded quickly if issues needing their attention were raised.

Staff knew how to keep people safe in the event of a fire and were able to tell us about the emergency procedures they would follow. Records showed there were individual plans in place for people living in the

home in the event of a fire, so that staff could act quickly and effectively if someone had limited mobility, for example. 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. The provider had identified alternative accommodation where people could be supported if necessary.

Relatives and staff told us there were enough staff to meet people's needs. One relative said, "There always seems to be plenty of staff around." At the time of our inspection visit, we saw enough staff on duty to support people's day to day needs. Staff had time to sit and engage with people on a one to one basis, which people enjoyed. They also had time to support people to get ready for activities or groups they enjoyed attending. The registered manager told us there were enough staff to meet people's needs. They advised us start times for staff were staggered to help them be more flexible, for example where people decided they wanted to go out or needed to be supported to attend an appointment.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained information to check new staff were of a good character before they started work at the service. References were obtained from previous employers and checks were undertaken with the Disclosure and Barring Service (DBS). 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. The registered manager told us the provider ensured people who used its services were involved in recruiting staff. People were involved in interviewing prospective staff members, people's feedback from this process formed part of the final recruitment decision.

Along with initial training for new staff on how to administer medicines safely, existing staff received training to refresh their knowledge and skills in medicine administration. The registered manager also observed them giving medicines to people to ensure they did so competently.

People told us they were supported to take prescribed medicines. One person told us, "I always get my medicines when I need them." Medicines were stored safely and were administered as prescribed. Where people took medicines on an 'as required' basis, information was in place for staff to follow so that the safe dosages were not exceeded. Records showed where people were prescribed medicines on an 'as required' basis to help them if they became agitated, these were rarely given. Instead staff used the protocols in place to support people to become calm, by engaging them in alternative activities for example. This meant that people were not given medicines unnecessarily.

Records showed medicines were checked at every change of staff on shift, to ensure stocks of medicines were as they should be. These checks ensured people had received their prescribed medicines. MAR (Medicine Administration Record) sheets were checked monthly to ensure they had been completed correctly. These checks were used to provide assurance that medicines were managed and administered as prescribed. Records showed MAR sheets were completed in line with the provider's policies, and there were no gaps.

Good

Is the service effective?

Our findings

People and relatives told us staff had the right knowledge and skills to support people effectively. One person commented, "They [staff] are well trained." One relative told us, "They take on whatever comes their way. They learn it with help from their training and then they do it. They do it well."

Staff told us they completed an induction when they first started working at the home. This included face to face and online computer training, working alongside experienced staff and being observed in practice before they worked independently. Staff told us this had made them feel confident in their skills to support people effectively. The induction training included completing the 'Care Certificate.' The Care Certificate is a nationally recognised set of expectations, which assess care 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 to people. The registered manager confirmed all staff had an induction to the service and completed induction training.

Following induction training, staff were supported to continue to develop their skills by attending regular training to refresh their skills and knowledge. Staff also attended specific training to support people with their individual and specific health needs. Staff told us the training provided was good and helped them support people effectively. One staff member told us about training they'd had to help them support people who sometimes behaved in ways that could cause harm to themselves or others. They said, "The training pointed out why people behave in a certain way. It is about understanding why and helping them overcome whatever the problem is. That course helped me understand why people behave the way they do."

Staff spoke knowledgably about people who lived in the home, and were aware of what had been agreed for their care and support. They told us they received specialist training, for example where people had complex health conditions which staff support them with. One senior staff member commented, "We arrange for district nurses to come in and train new staff, also when changes happen or advice is needed." On the day of our inspection site visit, the registered manager had arranged for a speech and language therapist to train staff so they could better communicate with people living in the home.

A training record held by the registered manager, outlined the training each member of staff had undertaken and when. The provider had guidance which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed, and they also monitored what other training staff needed. They told us this was in response to the changing needs of people being supported, as well as discussions with staff and day to day observations of their practice.

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 or senior members of staff. Staff told us this helped them to develop their skills and to become more confident with their roles and responsibilities. One staff member commented, "You come and meet with the manager, look at the training you have done, what is coming up, make sure you are up to date…It is a chance to talk about people, staff, and anything that needs addressing."

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).

People told us staff asked their permission before supporting them, and that staff helped them in ways they preferred. We saw people were asked for their consent before care and support was provided. One staff member said, "We always ask. If we are going to help someone with something we always say what we are about to do to make sure they are happy with it." Another staff member commented, "It is important to ask people, even if communication is difficult." Where there were concerns about people's capacity to make decisions, their capacity had been assessed to determine which decisions they could make for themselves and which decisions needed to be made in their best interests. Care records made it clear to staff what decisions people could make for themselves. They also showed the level of support people needed with decision-making as identified in capacity assessments, and this information had been used to update care plans. This ensured staff had the most up to date and accurate information possible to support people with making decisions and managing assessed risks.

Staff told us, and records showed, 'best interests' meetings were held with medical and other professionals, when people did not have capacity to consent to medical treatment for example. The provider worked with Independent Mental Capacity Advocates (IMCA's) where an advocate had been instructed to represent someone and to act in their best interests. An IMCA is a formal advocate who is instructed under the MCA to represent someone who does not have capacity to make an important decision, where the person does not have anyone else to do so.

The registered manager had made applications to the local authority for people they had identified as being deprived of their liberty. People's care records showed where this was the case. Where DoLS applications had been made, there was information in people's care plans detailing this, and for staff to use to support people in the least restrictive ways possible.

Staff told us they had received training on the MCA and DoLS, and as a result they understood their role and responsibilities. One staff member commented, "Some people have got capacity to make some decisions, some have not." Another staff member commented on how important they thought DoLS were, "It is about protecting people's rights." Staff were able to tell us whether or not they felt people had capacity to make their own decisions, and about the level of support people needed with decision making. Staff knew people's needs well, and information was shared effectively across the staff team to ensure people's needs were met.

The risks people had in relation to eating and drinking were minimised effectively. Food and fluid intake was monitored and recorded in line with people's risk assessments. There was clear information for staff about how much people who were at risk should be eating and drinking and when they should raise an alert about someone's food or fluid intake. Care records showed staff liaised closely with medical professionals where such risks had been identified, and acted on the advice they had been given.

Most people were able to eat and drink independently. People told us they could choose what they wanted to eat. One person said, "I can choose what I want to eat. The food is very nice actually." Lunch time was calm, relaxed and friendly and there was good clear communication between staff and people. Staff sat and

ate with people and encouraged and supported them to socialise. People talked about their day and what they would be doing later. Some people, who were able to communicate verbally, shared jokes with staff. Food was freshly cooked and smelt and looked appetising. There was a choice of drinks which were readily available to people if they wanted them. Where people needed specialised equipment, for example adapted cutlery, to help them eat independently, staff ensured this was available and that people were comfortable using it. When people had finished eating their main course, one staff member said, "If anybody wants seconds, there is plenty left."

Where people had specific health conditions, their care records included detailed information for staff about how these should be managed. Records also included information about signs and symptoms which might indicate people needed medical attention, and contact names and numbers for the relevant medical professionals. The provider ensured staff had training relevant to the needs of the people they supported, and had recently arranged for the local nursing team to provide training to people and staff jointly, so they understood how to manage particular health conditions effectively.

Relatives told us they were confident people had access to medical professionals when they needed them. One relative said, "If they are concerned about [relative's name] they always phone the doctor." Records confirmed health plans had been followed by staff, and they had supported people to get medical attention where necessary in a timely and responsive manner.

People had 'hospital passports'. These are records which contain important information about them, such as how they like to be addressed and what food they like, that can be shared with health professionals when people had hospital appointments. These contained information that health professionals might not otherwise have access to.

Good

Is the service caring?

Our findings

People told us the staff were caring and respectful. One person told us, "They [staff] talk to people very nicely. They wouldn't be in a job here if they didn't." Another person commented, "The staff are nice. They look after you." Relatives agreed. One relative told us, "They [staff] are very caring. I think they treat people as they would want their own relatives to be treated." A visiting health professional commented on staff and how they interacted with people saying, "Staff are really good with people. They have a lot of time for people." We saw people were comfortable with the staff, and were supported in a kind and caring way, which encouraged friendship.

Staff told us the provider's values included a caring ethos, which was understood and promoted by the registered manager. One staff member said, "The company are a good employer. Everything is about the people. To give them a good life." They added, "They [the provider] encourage the staff. It is like a big family."

Records showed how people were involved in deciding how their care and support should be provided and were able to give their views on an ongoing basis. For example, where able, people had signed to say they agreed with their care plans. Relatives told us they were involved in developing and reviewing people's care plans if they were unable to do so themselves. One relative said, "I have always been involved in [relative's name] care plan from the beginning."

People's care records were written in a personalised way, and included information on people's likes, dislikes and preferences. Care records also included information on people's backgrounds and life history. Staff told us this helped them to get to know people, and gave them opportunities to use the information to engage in meaningful conversation with people. We observed staff talking with people about the things they found interesting and had enjoyed for a number of years. People responded positively to this, which helped them form effective relationships with staff.

People said they were supported to build and maintain friendships which were important to them. One person told us, "My family comes to visit." Another person commented, "I go to [relative's name] for my dinner." Relatives told us there were no restrictions on when they could visit people if they wanted to and if people wanted to see them. One person's relative told us the registered manager in particular helped them to be involved saying, "[Registered manager] picks me up and takes me and brings me back again for any hospital appointments with [relative's name]. I wouldn't be able to go otherwise."

People told us staff encouraged them to be independent, to do things for themselves, the staff, and each other. One person told us, "I do washing up, some hoovering and tidy my own bedroom."
We observed people doing things for themselves, such as folding laundry.

Staff gave us an example of how they supported one person to be more independent by going out alone, a staff member also told us, "A couple of people help in the kitchen. Some like to pay in shops. We try to get people to do as much as we know they are able to do. It is often just about prompting." We observed staff

offering people the opportunity to do things for themselves before they supported them.

People told us their privacy and dignity was respected. One person told us, "If I want to be left alone I go into the conservatory." Staff ensured people had privacy when they wanted it, and treated people as individuals. One staff member commented, "When we are helping people with their personal care, we make sure we shut the door, keep the person covered with a towel, and put a note on the door. It is about dignity." We saw notes were put on bathroom doors for example, when people were being supported with their personal care. This made it clear no-one was to enter and helped to ensure people's privacy and dignity was maintained.

We saw people's personal details and records were held securely at the home. People had their own rooms, which could be locked if they wanted to. 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

People told us they were asked what was important to them and staff respected and supported their choices. For example, they had made choices about what they wanted their rooms to look like. One person told us, "I chose yellow for my room." Another person talked about why they liked living in the home. They commented, "There is nobody trying to tell you where to go or what to do. I can do what I want." Staff agreed it was important to offer people choices, and to respect the choices they made. One staff member told us, "We are encouraging people to help decide what they want in the garden. Each person went to the garden centre with staff to choose a plant to look after in the garden." Records showed that, where people were unable to verbally communicate choices, staff carefully noted what they had been doing over the course of the week to ensure they had a variety of activities on offer. For example, one person liked watching films but was unable to tell staff which film they wanted to watch. Records were kept to ensure the person did not watch the same film, and staff we spoke with told us how they watched for signs that people might not be enjoying a particular experience, such as facial expressions.

Care plans explained people's individual likes and dislikes and how they preferred to be supported. Care plans were detailed and described individual goals and the steps people wanted to take to achieve their goals. There was also information about how staff should support them to take each step. The aim for each person was to promote their independence, with a strong emphasis on what people were able to do for themselves. Staff told us they had helped to put together people's care plans so they were knowledgeable about how best to meet people's needs.

Relatives told us they were involved in helping to review people's care plans. One relative said, "I go regularly for a meeting to go through everything. I have always been to every review. Records showed people were at the centre of reviewing their care plans. For people who had limited verbal communication, staff used pictures and symbols to help them understand what they were being asked. Records showed care plans had been reviewed regularly, and that people were asked a range of questions to ensure care plans continued to reflect their likes, dislikes and preferences. For example, one of the questions asked of people was, "Do you like your keyworker, and do they support you to do the things you are not able to do?"

Relatives told us staff supported people according to their identified needs, and tried to adapt the support they provided according to the situation. One relative told us, "I am delighted because I was worried about the stairs, but [registered manager] has told me they are going to convert part of the home downstairs so [relative's name] can move down there. I am really pleased." Station Road supports a number of people who display behaviour which could cause themselves or others harm. Where this was the case, people's care records included detailed, information about what this meant for the people concerned, how staff could support the person to communicate how they were feeling, along with practical steps staff could take to try to calm the situation. A visiting health professional told us they had been helping staff communicate more effectively with people. Whilst they had noted in the past that staff had not always been quick to use the tools and techniques they had recommended, the health professional told us this had improved. They commented, "It does happen now. I am happier now things are improving."

People told us they were supported to take part in activities they enjoyed, and were supported and encouraged to access their local communities if they wanted to. One person told us, "I go to 'partnership board' meetings arranged by the council. The staff here support me to go." Another person commented, "I have been to cooking club. I also like doing bingo." Staff told us they understood the importance of helping people to try new things. One staff member said, "We try and encourage people to do something different so people have the same experiences other people do." We saw people were engaged in activities that had been planned in advance, and were part of their usual routines. This was clearly documented in people's care plans, which included timetables of activities they enjoyed, so staff knew what people were doing on what days. The registered manager showed us records monitoring how much one to one support people had over the course of the week. They told us this was to ensure that people had equal amounts of staff time devoted to them so they could "...be supported to engage in activity that is important to them."

People told us staff communicated well with each other to ensure people's needs were met. One person told us, "They [staff] put everything in the book to make sure things happen." Staff told us there was a communication book where they could record information for staff coming onto the next shift. This helped staff understand any issues or concerns before they started work and supported them in providing continuity of care.

People told us they knew how to complain. One person said, "I would talk to the staff or [registered manager] if I was not happy with something." 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, "If wasn't happy with anything I would talk to [registered manager]. If I still wasn't happy after that I would talk to [name of chief executive]." The registered manager had not received any complaints in the past 12 months. There was information on display and in people's care records about what people could expect and how to complain if they were not happy with anything. The information was in an 'easy read' format to help people to understand their rights. There were policies and procedures for staff to follow to ensure complaints were dealt with effectively.

Good

Is the service well-led?

Our findings

People and relatives told us they thought the home was well-managed and that Station Road was a good service. Talking about the registered manager, one person said, "The manager is fantastic. They try their best to sort things out. One person's relative commented, "[Relative's name] gets excellent care at Station Road. They are treated like a king." Relatives also told us the registered manager was effective in their role and approachable. One relative told us, "[Registered manager] is a very good manager. There are no problems at all. If there is anything I need, I phone and speak to [registered manager].

Commenting on what they thought made the service so good, one relative said, "I feel [relative's name] gets wonderful care at Station Road. If I had any concerns at all I would be going there every week but I know I don't need to." Staff agreed the registered manager was effective and approachable. One said, "You can go and talk to [registered manager] about anything. Their door is always open."

Staff told us support was always available if they needed it. One commented, "If you are concerned or you want to offload, you can speak to [registered manager], and [chief executive] too." Another staff member told us, "I don't ever think there has been a time we felt like we didn't have the support we needed [from the registered manager]."

We observed there was a homely atmosphere at the service where people were relaxed and calm. There were open and honest discussions between people, staff and the managers, which helped people to feel valued and respected. Staff told us they took their lead in offering good quality care to people from the provider. One staff member said, "It is great. Everything is based on and around the people using the service. Our job is based around what they want."

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people living in the home and share any concerns they might have. Staff told us they were listened to and that made them more likely to share their views. Staff also said there was an open and honest dialogue with the registered manager which helped to ensure their concerns were aired.

People were invited to complete a questionnaire every year, which the provider used to assess the quality of the care provided. We saw that questionnaires included simple questions with pictures and symbols to help people understand what they were being asked. The registered manager told us staff went through these questionnaires with people. They told us if anyone indicated they were anything other than happy with an element of their care, this was followed up with people to explore ways in which the service could improve. People and relatives were also given the opportunity to meet with the provider. This gave them a chance to talk with someone other than the registered manager if they wanted to.

Relatives told us they were surveyed annually to get their views on the service provided with a view to improving it. "Yes, I get sent a survey every year which I fill in." The last analysis of this feedback was dated July 2015, so the registered manager told us questionnaires were due to be sent out again soon. Relatives

also told us they were invited to an annual relatives meeting by the provider. One relative commented, "I get invited every year to the relatives meeting. I go to some – I did go to the last one. I gained a lot of information on what was going on."

The home was managed effectively and staff were responsive to people's changing needs. The provider analysed the staffing arrangements annually to help ensure they had the right skill mix and numbers of staff. For example, they looked at staff who had started and left the organisation (including an analysis of any information people had given on why they had left).

The provider was looking at how it could improve the service it provided. The provider had signed up to the 'Social Care Commitment'. The Social Care Commitment is a national, government backed initiative that sets out how adult social care providers should ensure people who need care and support get high quality services. The provider was in the process of looking at its own policies, procedures and processes to ensure they met the expected standards of the Social Care Commitment.

The provider told us they had made links with their local communities. They told us about relationships theyr had built up with schools in the area. They had recently organised and delivered training in 'Makaton' (this is a form of sign language which is often used to communicate with people who have a learning disability) to local school pupils, together with people using the provider's services. They hoped this would help the public to understand more about people with learning disabilities, and that it might lead to volunteering opportunities for some of the people using the provider's services in the future.

The registered manager understood their legal responsibility to submit statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.

The registered manager monitored and audited the quality and safety of the service. This included monthly quality checks such as infection control audits and checks of MAR sheets, for example. It also included areas for development over the coming period, along with timescales and details of how these developments were to be achieved.

Records showed that unannounced visits from other managers within the provider organisation took place regularly, as did provider visits by directors on a monthly basis. These were to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. Records of these visits showed people were always spoken to, and that the directors undertaking the visits recorded their views as part of their feedback. The registered manager was responsible for completing these actions and had to report back to the provider once they were completed. This helped to ensure that the provider had an overview of how the service was running.