

Prosignia Limited

Prosignia Limited - 14 Church Lane Avenue

Inspection report

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October 2014
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 7, 9 and 10 October 2014. The first visit was unannounced. However, the provider was contacted an hour before our visit because the location was a small care home for younger adults who were often out during the day and we needed to be sure that someone would be in.

Church Lane provides residential support for two younger people with a moderate learning disability and moderate behaviours that challenge. The home is set in a detached bungalow. People have their own rooms and ensuite facilities. People receive a minimum of one to one care.

The last inspection of this home took place on 15 June 2013. During that inspection we found that the provider was in breach of the regulation that related to arrangements that were required to be in place to plan for all foreseeable emergencies. Regulation 9(2). The

Summary of findings

provider sent us an action plan stating what steps they would take to address the issues identified. At this inspection we confirmed that the provider had completed the actions in the action plan.

Because the home was owned and managed on a day to day basis by the provider, the home did not need to have a registered manager because the provider was also the 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 and associated Regulations about how the service is run.

People told us they felt safe and would tell a member of staff if anyone upset or hurt them. They told us staff were kind and the food was good. A relative said their family member received their medicines at the right time and staff kept them informed about changes to their medication, health and wellbeing. They said they had the information they needed about the home and were encouraged to contribute information about their family member to make the care more personalised. They told us that staff made them feel welcome, were patient, caring, spent time with and talked and listened to their family member.

The provider/manager had systems in place to make sure people were protected from abuse and avoidable harm. Staff were knowledgeable in recognising signs of abuse and the associated reporting procedures. Medicines were securely stored and administered. People appeared to be comfortable with each other and approached staff readily. People told us they felt safe and would tell a member of staff if someone upset or hurt them.

There were sufficient numbers of suitably qualified, skilled and experienced staff. People had a minimum of one to one care and additional staff were available for activities. Assessments were undertaken for any risks to people. Plans were in place to reduce the risks identified in assessments. Care plans were developed with people to identify how they wished to be supported. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Care and support was tailored to meet people's individual needs and staff knew people well. Many had worked with the people since the home opened. Staff had good relationships with the people at the home and the atmosphere was happy and relaxed.

People were provided with a choice of healthy food and drink to make sure their nutritional needs were met. People told us the food was good and they had food they liked. People's weight had been managed well as identified in their support plan.

We observed interactions between staff and people in the home and staff were kind and respectful to people. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. A wide range of activities were provided both in-house and in the community. People were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities.

A health care professional told us that the manager had a very good and caring relationship with the people who used the service and always discusses the best options for the individuals. The horticultural tutor told us that people were always spoken to nicely by staff. They had never heard harsh words or frustration in the staff voices and said they were always pleasant. They told us the staff always showed respect for the people that staff always offered people a choice of what they wanted to do.

Relatives and care professional we spoke with all said they never had any complaints but they would not hesitate to speak with the provider if they felt the need to complain. They said that if they did have any concerns they felt they would be listened to and the concern would be addressed. Health care professionals told us that the manager and staff communicated well with them and would take prompt action where needed so they never had the need to make a complaint. A relative told us that because the home maintained a high level of constructive communication, any minor concerns were always sorted out before they developed into a complaint.

Staff told us the Provider/Manager was open, accessible and approachable. They said they felt comfortable raising concerns with them or to suggest ideas for improvement and found them to be responsive in dealing with any concerns raised.

Summary of findings

There was a very low staff turnover with many staff being there since it opened 10 years ago. Some staff told us they could get other jobs nearer their home but they “Loved” working at this home. They told us this was because they were properly supported to do their job well and could see the improvements in people over time. The manager also worked on shift alongside the team, which ensured they could review the day-to-day culture in the service, including the attitudes, values and behaviour of staff.

We saw comments in the comments book that supported good governance and leadership. For example “I am happy to see them so well, I like the place here”, from a duty social worker “.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes To ensure

people’s rights, applications had needed to be submitted regarding some people needing supervision to be safe outside the home. Relevant staff had been trained to understand when an application should be made, and how to submit one and the proper policies and procedures were in place, to ensure applications were submitted for consideration where needed.

The last inspection of this home took place on 15 June 2013. During that inspection we found that the provider was in breach of the regulation that related to arrangements that were required to be in place to plan for all foreseeable emergencies. Regulation 9(2). The provider sent us an action plan stating what steps they would take to address the issues identified. At this inspection we confirmed that the provider had completed the actions in the action plan.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

People and their relatives told us they felt safe living at the home. Staff understood what abuse was and knew how to report abuse if required.

There were enough staff to keep people safe and they were recruited appropriately with the required checks made to ensure they were suitable to work with people and had the necessary skills and knowledge.

Assessments were undertaken to identify any risks to people and assessments provided clear information and guidance to staff. People with behaviour that challenged others were supported by staff to ensure their safety.

Good



Is the service effective?

The service was effective. People told us the food was good and they got the food they liked. People's nutritional needs were met. Menus offered variety and choice and provided a well-balanced diet.

Relatives and care professionals told us the staff knew people's needs well. People had regular access to healthcare professionals, such as GPs, opticians and dentists to ensure their health care needs were met.

Staff had a good understanding of the Mental Capacity Act 2005 and knew how to ensure the rights of people with without capacity to make decisions were respected.

Staff were effectively trained to care and support people. Staff were supervised regularly and felt well supported.

Good



Is the service caring?

The service was caring.

People told us the staff were caring and kind. Staff knew people well and understood their needs and what was important to them. Wherever possible, people were involved in their care.

People were supported to be as independent as possible.

People were cared for by staff that supported people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. People told us they had activities they liked.

Relatives told us that if they had a complaint they felt it would be listened to and action taken.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people, their relatives and advocates. People's plans had been updated regularly.

Staff were able to respond to people's needs immediately and had the time to do so sensitively and in a personalised way.

Good



Summary of findings

Is the service well-led?

The service was well-led. People said they liked the home. People, relatives, staff and healthcare professionals all told us the home was well-led.

The atmosphere at the home was calm and the home was managed well. We saw that relatives had regular conversations with the staff and had one to one meetings with the provider/ manager, where they could raise quality issues.

Audits were completed to assess whether the home was running as it should be. There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and other investigations.

Good



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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 home, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 7th and 10th of October and was unannounced. However, the provider was contacted an hour before the first visit because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Before this inspection we reviewed our records to gather information. For example we reviewed the last inspection report, the homes action plans following the last inspection, notifications that the provider is required to send us and information received from the public or healthcare professionals. The provider was sent a Provider Information Return (PIR) which had been completed. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

One inspector conducted the inspection as there were only two people who were resident.

We spoke with both the people who lived at the home, but because people used a range of ways to communicate we were unable to get full feedback. We spoke with the provider who was also the manager, one relative and three staff. We also spoke with a community optician, a horticultural tutor and one other health care professional.

We spent some time observing care to help us understand the experience of people who used the service. We attended an activity in the community with one person. This was because they spent most of their time during the day doing activities out in the community. We spent some time looking at documents and records that related to people's care and the management of the home.

We looked at both people's support plans and carried out pathway tracking for them. Pathway tracking is where we look at a person's care plan and check that this is being followed and their needs met. We did this by speaking with the person, the staff that cared for them and by looking at other records relating to the management of the home.

We also looked at staff training and supervision records, three recruitment records, care plans, accident and incident records, visitor's comments, complaints records and maintenance records. We looked at all Deprivation of Liberty Safeguards applications (DoLS) to ensure people's rights were protected.

Is the service safe?

Our findings

The last inspection took place on 15 June 2013. During that inspection we found that the provider did not have sufficient arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies. This was a breach Regulation 9(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan stating what steps they would take to address the issues identified. The provider now had systems in place so that people were protected in the event of an emergency

Because the home was a small two bedroom bungalow, it was possible for staff that were in any area, to hear if a person needed help or was in trouble. This meant that there would always be at least two staff members available to deal with emergencies or situations that arise.

People appeared to be comfortable with each other and approached staff readily. People told us they felt safe and would tell a member of staff if someone upset or hurt them. A relative told us they visited, often unannounced, and had never seen anything of concern which gave them confidence people were safe.

Two health care professionals told us they believed people were safe because the home was well staffed and that people always had two staff each to support them. They added that when they had visited staff were always calm and never raised their voice or showed frustration.

The provider/manager had systems in place to ensure that safeguarding concerns were reported appropriately. Staff had received training in safeguarding adults and this was refreshed as necessary. Staff also told us what they would do if they suspected abuse was taking place. This included reporting to the manager, the local authority and notifying the CQC. There were contact numbers located in prominent places around the home for staff to use in the event of the need to notify the local safeguarding team. People were confident to express their dissatisfaction to staff or the provider/manager and did so freely. Staff responded to these instances by making changes. For example changing an activity.

All the staff we spoke with were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. One member of staff said: "I am certain that something would be done if I

reported anything." A relative said that although they had never had any concerns they would not hesitate to report any. They said they felt they would be listened to and action would be taken to address any issues raised.

There were assessments in people's files which identified risks and the measures in place to minimise risk. The balance between protection and freedom was well managed. For example there was a risk of people eating inappropriate foods or amounts of food. This was managed by there being sufficient staff to supervise people when they chose to enter the kitchen. This allowed people to use the kitchen safely while being supported by staff. We observed that this also happen in practice when people chose to enter the kitchen area.

Records of people's psychiatrist consultant reviews showed that risks were well managed. For example reviews recorded, "the risks are well managed due to the high level of support and supervision at the home and when outdoors", and "The home has been managing these well through intense and consistent support and supervision with minimal use of PRN". (PRN is commonly used to describe medicines that are to be administered only when they are required.

We attended an activity in the community with one person to help us understand how they were kept safe in the community. This was because they spent most of their time during the day doing activities out in the community. Staff supported the person during the journey to the activity and ensured they were safe They did this in accordance with the risk assessments guidelines.

Staff took appropriate action following incidents to ensure people's safety. Staff told us they always met after an incident to look at the possible causes and how to avoid them in the future. Staff made records following an incident to help identify any patterns or trends and amend the management plan to reduce the risk of incidents reoccurring.

During an activity in the community we saw behaviours that changed were responded to by staff sensitively and according to the written management plan.

There were adequate staffing levels in place. Both people each had a minimum of two members of staff to support them at all times and we saw that people's needs were responded to immediately. There were sufficient staff employed to allow flexibility with when activities could take

Is the service safe?

place, Annual leave and sickness was covered from within the existing staff team. This also meant that the people got to know the staff and only staff who knew the person well worked with them.

There was a safe recruitment process in place and the required checks were undertaken prior to staff starting work. Recruitment files included evidence that pre-employment checks had been made including checks with previous employers and satisfactory criminal records checks with the Disclosure and Barring Service (DBS). This was a service that provided checks to help ensure staff were safe to work with adults. We also saw records of health screening and photographic evidence of their identity had been obtained. Staff was appropriately qualified, and there were procedures to report staff to the appropriate professional body where appropriate.

Staff had the necessary knowledge, skills and experience to meet the needs of people. New staff received an induction which included core induction training areas, for example,

health and safety, safeguarding, infection control, food hygiene and fire precautions. Staff then went on to do a care induction standards programme. There was an ongoing staff training programme in place that covered core training and refreshers.

One relative told us they had been kept informed with changes to medicines and thought their relative received their medicines at the right time. Records were kept that showed this was the case. All the staff that administered medicines had received training to ensure the safe management of medicines. The list of homely remedies was approved by the GP to ensure there was no reaction to other medicines people had six monthly medication reviews with their GP and had been supported to reduce their medicines from a number of different types to one or two medicines were stored safely. Staff were aware of what medicines people needed and when. We looked at the records of medicines administration and found they had been kept securely and recorded appropriately.

Is the service effective?

Our findings

A relative told us their family member received effective care because the staff had all worked at the home for a long time and got to know them and their needs well. This enabled the staff to identify people's individual care preferences. They told us that staff gave their family member the time they needed to be supported and spent time talking to them. They said "the foods better than I get at home", "problems with weight had been managed well" and "staff handled things very well and were to be commended". Staff communicated with people effectively by getting to know them and the various ways they expressed their wishes well. For example when one person wanted to be alone, staff identified the person's body language quickly and supported them to be alone.

The optician told us that the staff kept in regular contact and ensured that people received regular appointments. People did not like attending eye tests due to their complex needs. Staff worked with people and the optician to help prepare them for the experience. The horticultural tutor told us staff were always on time, and prepared with appropriate clothing for themselves and the person they were supporting. Staff had also worked gradually with one person to build up their confidence so that now they would enter the dentists building and allow the dentist to inspect their teeth so that they could receive better dental care.

New staff received an induction which included core training areas like safeguarding. Staff then completed the Skills for Care common induction standards programme. These are the standards people working in adult social care need to meet before they can safely work unsupervised. There was a staff training programme that covered core training which was refreshed as needed. Staff told us they felt they received the training they required to meet peoples' needs. For example medication administration training and food hygiene. Records showed staff received training in topics such as preventing and managing challenging behaviour, and autism. Staff were up to date with their required training and refresher courses were booked to ensure they built on their skills and knowledge. Staff undertook additional training to develop their knowledge and skills. Some staff had previously completed National Vocational Qualifications (NVQs) in health and social care and we noted one had achieved Level 4. NVQs were work based awards that were achieved through

assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff were knowledgeable and carried out their work with confidence. Staff told us they felt supported to access training. We saw that although not employed as nurses, there were three qualified nurses in the staff team. This widened the staff skill and knowledge base.

Staff received regular supervision and ongoing appraisals regarding their performance, conduct and training needs. Staff told us they could also raise anything at any other time if needed. There were meetings which involved the staff in the running of the home. Staff told us they felt involved in the running of the home and that their ideas were listened to.

Where people lacked capacity to understand certain decisions related to their care and treatment, appropriate assessments best interest meetings occurred. Best interest meetings were then held which involved family members, independent mental capacity advocates, and social workers.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The provider was meeting those requirements. Staff had been trained on the Mental Capacity Act 2005 (MCA). The provider and staff had a clear understanding of the MCA and how to make sure people who did not have the capacity to make decisions were not unlawfully restricted. Where people required some restrictions to be in place to keep them safe, providers must submit applications to a 'Supervisory Body' for authority to do so. The home had made an application to the supervisory body to deprive one person of their liberty in line with DoLS. The provider/manager had separate documents to record the person's involvement. The provider/manager and kept up to date with changes in legislation to protect people and acted in accordance with changes to make sure people's legal rights were promoted. We saw that the staff dealt with behaviour that challenged through high staffing numbers rather than restrictions. For example, the high staffing levels and supervision reduced the need for restrictions around the home.

Is the service effective?

People received nutritious and well-presented food. Menus showed a variety of food was on offer which included vegetables and fruit and these were available in the home. We saw records of risk assessments regarding food and healthy eating. These had been reviewed and updated according to changing need. For example, one person was supported to lose weight successfully but then later needed support to maintain their weight due to their increased activity.

We observed the main meal of the day. People received appropriate portions according to their assessed need and appeared to enjoy the food. People were encouraged to be as independent as possible and staff showed patience and understanding when supporting them to eat.

The provider/manager told us that a varied, healthy balance of daily meals were freshly prepared and made on

an individual basis. They said that these were based on the two peoples individual likes and dislikes, with special consideration given to people's ethnic background. Relatives confirmed people's weight was managed well. People told us they had food they liked and we saw them eat well. A relative told us "They get better food than I do".

People were supported to maintain good health. Care records showed that when needed, referrals had been made to appropriate healthcare professionals. When a person had not been well, their doctor had been called or they had visited the doctor and treatment had been given. We saw records of six monthly check ups with the doctor and that people had regular optician and dental appointments. We also saw that where required specialist support was sought. For example from dieticians or a psychiatrist.

Is the service caring?

Our findings

People told us the staff were caring and kind. A relative told us they were made to feel welcome when they visited. They told us the staff were patient, caring, spent time to talk and listened to their family member. They said the staff knew their relative might want to be alone and staff identified this when it was the case and respected it. They also told us their family member “did skills for independent living and now is always happy to help with housework or to clear up when they visit them”.

The optician said “the manager had a very good and caring relationship with the people” and “always discussed the best options for the individuals”. The horticultural tutor told us that the staff were “caring” and they had noticed that people were “always spoken to nicely by staff”

The provider/manager told us that staff promoted people’s freedom and independence by limiting restrictions as much as possible.

Staff treated people with kindness and compassion. The atmosphere in the home was calm and relaxed. We observed interactions between staff and people and saw that people were relaxed with staff and confident to approach them. Staff told us they enjoyed supporting the people because there were enough staff to allow them to give people the time they needed. Staff were able to tell us what mattered to the people they were caring for and what they liked and disliked. They also told us they had worked at the home for many years and had got to know the people and how they communicated well and had developed good relationships with them.

People were supported to take everyday risks to promote their independence. We saw that people moved freely around the house and garden and were able to make choices about how and where they spent their time. We noted that people spent a lot of time out of the home on various activities for example, football, the gym, swimming, horticultural centres and sensory rooms for stimulation and relaxation. The home had quiet areas to allow people to spend time on their own if they wished. One relative told

us that staff responded immediately to their family member and although they spent time with them, they knew when to give them space and privacy. We noted records giving guidance to staff about what action to take in these situations to ensure the person had privacy when they wanted. Staff further supported people’s privacy and dignity by for example, staff making sure people were appropriately dressed before going out and personal care being carried out in private.

People had the opportunity to make their views known about their care, treatment and support through key worker meetings. Relatives told us they were involved in people’s care through regular contact with the staff and manager. Records confirmed that people had access to advocacy services and independent mental capacity advocates which had been used in the past. An advocate can help people express their needs and wishes, and weigh up and take decisions about the options available to them. They can also help find services, make sure correct procedures are followed and challenge decisions about the care people received.

People were given information and explanations they needed at a time that suited them. For example one care plan showed that the person should be told about the next activity just before it occurred as they would not understand they needed to wait and could become frustrated. We saw that staff followed this when they supported the person to attend activities. Staff joined in with the task rather than watching and giving directions and we saw that the person responded well to this. The horticultural tutor confirmed that staff were always respectful and always joined in with the task which they felt was a better way to support people.

In addition to bedrooms there were quiet spaces where people could meet with visitors if they wished to. There was a lounge and conservatory area where staff said some people chose to sit with their visitors. There was also a ground floor treatment room which enabled people to see healthcare professionals without using their personal bedroom. A relative told us they can visit any time and are always made welcome.

Is the service responsive?

Our findings

Assessments were undertaken to identify people's care and support needs. Care plans detailed how these should be met and were written with the involvement of the person and their relatives. One relative told us they were aware of the care plan and had been involved in its development and review. Both the people who lived at the home had a care plan that was personal to them and tailored to them as individuals. The care plans were also available in large print with supporting pictures so that people understood them. Care plans contained a personal history, cultural preferences, information about people's likes and dislikes, how people communicated, how they expressed pain, as well as their care needs. Staff told us detailed information about how people liked to be supported and what was important to them. For example they said one person liked to be kept very physically active. They told us as there were good staffing numbers they could be flexible and change times or activities or type of activity planned to suit the person which increased the number of activities.

Care plans were personalised and reflected people's wishes. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, from the persons own perspective and explained how they preferred their care to be carried out. For example, 'Never enter my room without permission'. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs. We asked one member of staff how they knew people had their needs met in the way they wanted. They said "Because they will be happy".

Care plans were reviewed as people's needs changed so that staff knew what support people required. Records for one person showed a need to support that person to have a healthier diet. A review found that due to positive lifestyle changes supported by the staff, the person's health was maintained.

People told us they had activities they liked but if people didn't want to participate in an activity, the staff supported them to have their own space and were flexible in re-arranging the activity for a more suitable time. Records showed people's preferences were recorded for example one person's preferences stated 'I do not like strange people in the house for more than an hour'. We saw this

was managed by spreading out visitors so there was only usually one, and having meetings outside the home, for example at the horticultural centre people attended with the horticultural tutor.

People had individualised their rooms to their own tastes and preferences. This showed us people had been involved in the design of their rooms. One person was supported with their wish to hang a life size soft action figure on their wall. Although they would pull things off the wall often, staff had put suitable strategies in place to support that choice and had managed to help them keep it there for over a year.

People were engaged in meaningful activities. The activities tutor showed us one area of the gardens that the person had become attached to. We also saw photographs that showed amongst other achievements the person had cleared this area over a period of time. The activities tutor told us that as the person had become attached to that area, they gave the person responsibility for managing it to make their work more enjoyable and meaningful.

Visitors and relatives told us they could visit at any time and they were always made to feel welcome. Regular birthday parties and events were celebrated with family members where family and friends could enjoy each other's company.

The provider/manager responded to concerns and promptly addressed any concerns as they arose. There was a complaints process available. Relatives and health care professionals all said they never had any complaints but they would not hesitate to speak with the provider/manager if they felt the need to complain. They said they felt if they did have any concerns they would be listened to and addressed. The optician and activities tutor told us that the provider/manager and staff communicated well with them and would take prompt action where needed so they never had the need to raise anything with them. A relative told us that issues were always sorted out before they developed into a complaint because the staff maintained a high level of communication and was responsive to issues raised. A relative told us they had previously raised an issue regarding not enough activities being available and the provider/manager responded with an increased activity plan. They also said that "There were lots of meetings where they could share their views". The activities tutor said "I had never had any complaints" and "the staff work and communicate well with us and we have

Is the service responsive?

never had a problem". People felt free to make their dissatisfaction known to staff. The provider/manager and staff actively encouraged people to express their dissatisfaction through their positive response to the person and by making changes.

There were regular recorded one to one meetings with people in order to get their views on the home. As the home was only for two people the manager did not undertake relatives group meetings but instead met with them regularly on an individual basis to gain their views and give feedback.

Is the service well-led?

Our findings

People said they liked the home. A relative told us that they thought the home was managed well. They said they knew the provider/manager and staff well and they were friendly and approachable. They told us the staff communicated well and they had regular conversations with them and the provider/manager. They told us they had one to one meetings and other meetings with the provider/manager where they could raise quality issues.

There was an open culture at the home and staff told us they would not hesitate to raise any concerns and felt that any concerns would be dealt with appropriately. No formal complaints had been received since the last inspection but the provider did receive compliments in their comments book. Records in the comments book supported the view that there was good governance and leadership. Comments included, 'You're a unique provider', 'How do you keep all your staff for so long?' and 'I am happy to see them so well, I like the place here'.

There was a consistently low turnover of staff, with many staff having worked there since the home opened. Staff told us they could get other jobs nearer where they lived but they "Loved" working at the home because they were supported to do their job well and could see the improvements in people's lives over time. The provider/manager also worked on shift alongside the team which ensured they were aware of, and kept under review, the day-to-day culture in the service, including the attitudes, values and behaviour of staff.

The provider/manager told us they had a core value that the home provided was built around the needs of the two people living there. They told us it was their home, and staff were guests and they ensured these values were promoted by working directly alongside the staff providing care. The provider/manager's values and philosophy were clearly explained to staff through their induction programme and training and on a day to day basis. There was a positive culture where people felt included and consulted.

Monthly staff meetings were held to enable open and transparent discussions about the home, and allow all staff to raise any concerns or comments they had and identify areas for improvement. The staff also had meetings with people in order to get their views on the quality of the

service. People had been involved in making choices about improvements to the home. A suggestion from a care manager to get a blue badge for the home's car had been implemented.

The provider/manager developed positive links in the community, for example dealing sensitively with neighbours' complaints in the past so as to develop a good relationship. The provider also developed good links in the community. For example visiting the horticultural centre four times a year to monitor and maintain and develop links. All the health care professionals we spoke to told us the manager/provider maintained good communication and developed a good and constructive working relationship with them.

There were policies and guidance for staff regarding involvement, compassion, dignity, independence, respect, equality and safety, and these were regularly reviewed. We spoke with staff who showed an understanding and ownership of these values. A relative confirmed these values were put into practice in the home.

The home was in line with their CQC requirements which included the submission of notifications of significant events to us. This meant we could monitor incidents in the home

There were processes in place for reporting incidents. Incidents were reviewed by the manager to identify any patterns that needed to be addressed and these were followed up. For example when there was previously an incident in the community, patterns around working with female staff were identified. All incident reports included details of the incident and any follow up action taken. Staff told us that they always had a meeting after an accident or incident, to look at the reasons they happened and ways to avoid them in the future.

There was a grievance and disciplinary procedure and sickness policy. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance. The manager/provider monitored the quality of the service by working regular shifts to observe directly if people were happy with the service they received. They also monitored the quality of the service by regularly speaking with or meeting people, their relatives, health care professionals, tutors, and people in the community.

The provider/manager carried out audits to assess whether the home was running as it should be. There were six

Is the service well-led?

monthly audits for health and safety, and infection control and undertook quarterly audits for checking documents such as people's behaviour plans, support plans and risk assessments. The provider/manager also carried out daily and weekly environment checks. The provider/manager confirmed there were no identifiable trends or patterns in the last year and records confirmed this. We looked at the incident records and saw there were areas for staff to record learning and action planning within the document and that these had been filled in. There had been no safeguarding referrals or whistle blowing concerns raised within the last year or incidents that should have been reported as safeguarding.

These audits were evaluated and, where required, action plans were in place to drive improvements. We saw where any deficiency or improvement was required, prompt action was taken. For example identifying the need for medication reviews. This demonstrated that the provider had suitable systems to assess and monitor the service provided.

Records were kept in the office only and were easily and promptly located by staff when requested. We noted that records were in good order and easy to navigate so as to find information efficiently. We saw they were kept securely and confidentially within the office.