

North East Autism Society

No 9

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 30 November and 1 December 2017. Both days were announced. We gave the provider short notice of our inspection due to the nature of the service. This was so the registered manager could be available to assist us with our inspection.

No 9 is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. No 9 provides personal care for up to six people with a learning disability and/or autistic spectrum disorder. At the time of our inspection there were five people living at the home. The home has five large bedrooms and a separate self-contained flat where one person lives. The home is located next door to another of the provider's services, both of which are managed by the same registered manager and deputy manager.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected this service on 3 September 2015 when it was rated 'Good' overall. During this inspection we found the service remained good and rated the key area of responsive as 'Outstanding.'

People's lives were enhanced through access to an excellent range of activities which made them feel socially included. Relatives told us how people's independent living skills had greatly improved since living at the home. Relatives told us staff knew people's needs exceptionally well. The service had an innovative approach to how technology could be used to improve people's quality of life.

Relatives described the progress people had made since living at the home as 'Outstanding.' People had made substantial progress due to the use of the SMART (specific, measurable, achievable, realistic and timely) target system. These targets were a way of setting goals for people to work towards in areas that really mattered to them and which improved their quality of life. These targets and other positive proactive support strategies had resulted in a reduction in the number of incidents that could be challenging for people. The strong focus on person-centred care had a very positive impact on people.

All of the relatives we spoke with said staff were kind and caring. Staff were highly motivated to provide compassionate care and spoke about the people who used the service with great affection and respect.

There were appropriate systems in place to protect people from harm. Staff were trained in how to safeguard vulnerable adults and told us they felt able to approach the registered manager with any concerns about people who used the service.

Staffing levels were suitable to meet the assessed needs of people in the service. Staff recruitment was thorough with all checks completed before new staff had access to vulnerable people.

Risk assessments were in place for people and staff. Regular planned and preventative maintenance checks and repairs were carried out and other required inspections and services such as gas safety were up to date.

Accidents and incidents were recorded accurately and analysed regularly. Each person had an up to date personal emergency evacuation plan should they need to be evacuated in the event of an emergency.

Staff received induction, training and supervision that helped them to give good levels of care and support. They were trained in principles of care in relation to people living with a learning disability and/or autistic spectrum disorder.

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

People were supported to maintain their health and wellbeing by attending regular appointments with health care professionals. Meals were planned weekly based on people's likes and dislikes. People were supported to maintain a balanced diet and to have enough to eat and drink.

Relatives and staff felt the service was well managed. Staff described the registered manager as approachable and said there was an open culture. There was an effective quality assurance system in place to ensure the quality of the service and drive improvement.

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.

Relatives told us they felt people were safe when receiving care and support.

Risks to people's health and safety were assessed, managed and reviewed regularly.

Staff had a good understanding of safeguarding vulnerable adults and their personal responsibility to report matters of a safeguarding nature, should any concerns arise.

People received their medicines in a safe and timely manner.

Is the service effective?

Good ●

The service was effective.

People were supported to maintain their health and wellbeing by attending regular appointments with health care professionals.

People received a balanced diet to meet their nutritional needs.

Staff were supported to carry out their role and they received the training they needed.

The service was working within the principles of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

Relatives told us staff were kind and caring.

Staff were highly motivated to provide compassionate 'person-centred care.'

Relatives told us how the caring attitude of staff extended to providing families with very good support.

Staff actively promoted people's independence and respected people's choices.

Is the service responsive?

The service was exceptionally responsive.

Relatives described the progress people had made at No 9 as 'Outstanding.'

People had access to a fantastic range of activities which enhanced their quality of life.

The service had an innovative approach to how technology could be used to improve people's quality of life.

Staff had an excellent understanding of the needs of people who used the service.

Outstanding 

Is the service well-led?

The service was well-led.

Relatives and staff told us the registered manager was approachable.

There was a positive culture and ethos at the service which was driven by the management team.

There were effective systems in place to monitor the quality of the service.

Staff had plenty of opportunities to provide feedback about the service.

Good 

No 9

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November and 1 December 2017. Both days of the inspection were announced. The provider was given 48 hours' notice because the service is for younger adults who are sometimes out during the day, so we needed to be sure someone would be in. We visited the service on 30 November and 1 December 2017. On 7 December 2017 we sought the views of four relatives via telephone calls and emails. The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to inform the planning of our inspection.

We also looked at the Provider Information Return (PIR), which we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we undertook a number of different methods to understand the experiences of people who used the service. Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service so we sought the views of four relatives.

During the visit we observed how people were supported in communal areas. We spoke with the registered manager, deputy manager, a senior support worker and four support workers. We also spoke with the

provider's head of care, who was the nominated individual, and the provider's operations manager. A nominated individual has overall responsibility for supervising the management of the regulated activity and ensuring the quality of the services provided.

We viewed a range of care records and records relating to how the service was managed. These included the care records of two people, the medicines records of three people, recruitment records of three staff members and records relating to staff training, supervisions and the management of the service. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

The people who lived at No 9 had complex needs which meant they sometimes found it difficult to fully express their views about the service. We observed how staff interacted with people and saw people were relaxed in staff's presence.

Relatives told us they felt people were safe. One relative said, "[Family member] is safe at No 9 as I know they've got everything they need. They're always well-presented and I know they're happy there." Another relative told us, "I have developed a good relationship with the staff and feel secure about them caring for my [family member]." A third relative commented, "[Family member] is always smiling when we see them so I know they feel safe and content." A staff member said, "People are definitely safe here, it's our main priority."

Safeguarding referrals had been made when staff had raised concerns. These had been investigated appropriately. A log of all concerns was kept up to date and staff had access to relevant procedures and guidance. Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was updated regularly. Staff understood their safeguarding responsibilities and told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there. Staff said they felt confident the registered manager would deal with safeguarding concerns appropriately. Staff also understood the provider's whistle blowing procedure.

The registered manager had developed safeguarding worksheets to refresh staff knowledge in between mandatory safeguarding training sessions. This was a good prompt for staff and meant that safeguarding was discussed often to ensure staff were vigilant.

The service had a designated 'safeguarding champion' who spoke to us enthusiastically about their role. A safeguarding champion is a staff member that had been given specific responsibility for providing advice and support on safeguarding issues and ensuring safeguarding records were kept up to date. The safeguarding champion told us, "For me safeguarding is one of the most important things to keep on top of."

We reviewed recruitment files for three staff who had begun working at the service since the last inspection. A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people. The provider's policy was to repeat DBS checks every three years.

The registered manager told us, and records confirmed, how they had improved the interview stage of the recruitment process so that it incorporated how prospective staff interacted with the people who used the service and feedback from people, if appropriate.

There were enough staff on duty to keep people safe and meet people's needs in a timely manner. Relatives we spoke with felt there enough staff on duty.

Risk assessments were in place for people who used the service and staff. Each risk assessment described the activity, details of the hazards and nature of the risk, who might be at risk, steps taken to reduce the risk, and whether any further action was required. These were reviewed regularly.

The service had a fire safety policy and risk assessment. Fire drills were carried out regularly and frequent checks took place of the fire alarm, emergency lighting and firefighting equipment. People who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety and water safety. Other required inspections and services included gas safety and legionella testing. The records of these checks were up to date.

Staff were trained in infection prevention and control, and regular checks of cleanliness and the measures to reduce the risk of infection took place.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff, such as seeking advice from other health care professionals.

The arrangements for managing people's medicines were safe. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature. Medicine records we checked had been completed accurately. Staff who administered medicines had completed up to date training and their competency was checked regularly.

We asked relatives for their views on the cleanliness of the home. One relative said, "The home and [family member's] room always look and feel clean, the whole home always looks well maintained all year round." The service was clean, decorated to a good standard and had a homely and welcoming atmosphere.

We found the management team and staff had sought information from relatives, other professionals and people who used the service to provide a safe, caring environment in which people could live happily.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Relatives we spoke with said staff knew how to care for people appropriately.

Staff were supported in their role and received regular supervisions and an annual appraisal. The purpose of supervision was to promote best practice and offer staff support. Supervision records were detailed and relevant.

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. Additional training was provided for staff when required or if staff had requested it. Staff told us they always received refresher training before their current training expired and records confirmed this. Staff we spoke with said they had completed enough training relevant to their role. A staff member commented, "The training we get is excellent and the people we support benefit from this."

The registered manager told us all staff were currently completing a distance learning course in 'understanding autism' which was due to be completed in January 2018. The deputy manager told us, "All staff have previously completed a two day autism course but we decided we needed to refresh this and do something more in-depth." Staff spoke very positively about this course and how it had developed their understanding of autism.

Staff told us they felt supported and valued by the registered manager. One staff member said, "We don't have to wait until our supervision is due before we raise anything. We can go to the deputy manager or manager at any time." Another staff member told us, "We get loads of support. [Registered manager] and [deputy manager] are so flexible and understanding." A third staff member said, "The management team are brilliant. They ask you to take on certain responsibilities and trust you to do it although they're always on hand for advice. They're fair and approachable."

People were supported to maintain a balanced diet and to have enough to eat and drink. Meals were planned weekly based on people's likes and dislikes. People's individual food and drink preferences were documented in their care records. People's food and fluid intake was recorded daily and their weight was recorded monthly.

People were supported to maintain their health and wellbeing. The service had close links with healthcare professionals such as psychiatrists, speech and language therapists and occupational therapists. People's care records contained evidence of consultation with professionals and recommendations for staff to follow.

People who used the service had 'hospital passports' in place. The aim of the hospital passport is to provide hospital staff with important information about people with learning disabilities and their health needs if they are admitted to hospital.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that DoLS applications had been made and authorised for all five people by the relevant local authorities. DoLS applications contained details of people's individual needs and were person-centred. Staff members had a good understanding of this legislation and records showed decisions had been made in people's best interests in conjunction with people's family members, staff members and professionals. For example, decisions about taking medicines and medical treatment. Staff told us how they involved people to make their own decisions where possible, for example when choosing how to spend their time or where to go on holiday. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. This meant the service was meeting the requirements of the MCA.

Is the service caring?

Our findings

Relatives told us how staff were really kind and caring. A relative told us, "Staff are very patient and understanding with [family member]. The staff are outstanding as they give [family member] the love and care we would. We couldn't manage without them. Without No 9 our lives would be totally different." Another relative said, "The care is outstanding as it feels to us that [family member] is living as part of a family, in a clean, happy and warm environment, with people that genuinely care for them." A third relative told us, "It's outstanding as the staff show interest and genuinely care for [family member]."

It was apparent to us that staff were highly motivated to provide compassionate care to the people they supported. A staff member told us, "I love the people we support. We're like a big family. We just want to make sure people have the best lives possible." Another staff member told us, "I would rate this service as outstanding as the whole team put a lot of effort in to providing excellent care. The people we support deserve that."

Staff members spoke about people with great affection and proudly told us what people had achieved since the last inspection, particularly in relation to daily living skills and participating in new activities. For example, staff told us how one person now enjoyed trips to the theatre and cinema which they were unable to do before. Staff also told us how one person was now able to make a sandwich and a cup of coffee with staff support, and how another person could now clean the bathroom with staff support. One staff member said, "These might be small things to us but to the people we support they represent massive progress which is great to see." This showed us staff promoted and valued people taking steps to be independent, no matter how small.

During the inspection we saw how staff had a good rapport with people. It was clear from people's relaxed body language and smiles that they were relaxed and comfortable in the presence of staff. Interactions between people and staff were positive, affectionate and professional. Staff members encouraged people to speak with us and show us around the home. Staff actively promoted people to make their own choices and encouraged independence inside and outside the home. Staff promoted people's dignity and respect by being discreet and promoting privacy when people were being supported with personal care.

We found staff knew people very well and had a very kind approach to people who used the service. Staff were able to anticipate people's needs to avoid them becoming distressed, for example by supporting them to focus on another activity.

People's relatives were encouraged to visit whenever they wished. Relatives told us how they had a good relationship with staff members and how staff always kept them up to date about their family members' care needs. Relatives said staff were very supportive and caring towards them, as well as to people who used the service. One relative commented, "They ring me about everything and always keep me up to date. They treat [family member] like one of their own. You really can't ask for more than that." Another relative said, "[Registered manager] has been able to put himself in a parent's shoes and has always been able to deal with my anxieties and worries I have as a parent. [Deputy manager] is also aware of my anxieties and

supports me by keeping communication going, through calls or emails." This meant the service had personal relationships in place with relatives and had developed communication methods to ensure they were highly involved in their family member's care,

At the time of this inspection all of the people who lived at this service had relatives to support them to make any major decisions, although information about advocacy support from external agencies was available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. We found staff had listened to relatives to help them understand people's care needs.

Each person who used the service was given a 'service user guide' (an information booklet that people received on admission) which contained information about the service. This included the service's statement of purpose and how to make a complaint, and was available in picture format. Information about safeguarding and health and safety was also available in picture format which was more accessible for people who used the service.

Is the service responsive?

Our findings

All of the relatives we spoke with said No 9 was 'outstanding' in terms of how much progress people had made and how people's independent living skills had greatly improved since living at the home. For example, one relative said, "[Family member has progressed in every way possible since living at No 9 and has achieved so much more than we could ever have imagined. This has been due to the dedication and consistency of all the staff." Another relative told us, "[Family member] can now do lots of things in the kitchen. Their daily living skills have come on leaps and bounds. I never thought I'd see the day. I'm thrilled." A third relative said, "[Family member] is making progress in their independence and is more sociable and relaxed." This meant the service had an exceptionally positive impact on people's lives and their families' lives.

Each person had SMART targets or goals to work towards. SMART (specific, measurable, achievable, realistic and timely) targets are a way of setting goals for people to work towards. One person had developed their own SMART target which meant they were involved in their care planning. Care records contained excellent descriptions of what people's goals were, what steps needed to be taken and a target date for completion. People's goals were reviewed frequently. This meant staff could support people to develop their potential and achieve their goals such as using their own wallet when shopping, sending regular emails to family or using their own bus pass when using public transport.

The registered manager told us, "We've improved how we operate SMART targets and this has really helped people develop their independent living skills." As a result of the service using and monitoring such targets we found people had made substantial progress.

Staff proudly told us how people had made progress using the SMART system. Staff told us how one person was unable to use a knife and fork to eat, but with support from staff over a long period they were now able to use a knife and fork at mealtimes. Staff also told us how one person used to grab staff to get their attention but now they call staff by their name. Staff felt these were significant achievements for the people they supported.

Records we viewed confirmed that the number of physical interventions used by staff had decreased in 2017 compared to 2016, due to the use of positive proactive support strategies. When we asked the management team about this the registered manager said, "Incidents of behaviour that can be challenging for people have reduced as staff have focused on supporting people to achieve their goals."

We found strong evidence of person centred care being delivered. A relative told us how staff had suggested getting their family member an iPad to support them with their communication and how effective this had been. Staff told us how they had worked with various health care professionals before getting an iPad, so that bespoke software appropriate to this person's communication needs could be sourced. This person was now able to use the iPad to tell staff what they wanted to eat and drink and what activities they wanted to do much more easily than previously. This was an effective way for this person to communicate to ensure their wellbeing was maintained, and had resulted in a reduction of incidents due to frustration with

communicating. This meant the service had an innovative approach to how technology could be used to improve people's quality of life in a meaningful way.

A staff member said, "We interact with the people we support really well on their terms. Our aim is to support people to become more independent and increase their self-esteem. We're always looking for ways we can improve the quality of life of the people we support." The provider's head of care told us, "This service is outstanding due to the attention to detail for the people supported. People have individualised programmes and the knowledge of staff is fantastic."

The service enabled people to live as full a life as possible which made people feel valued. People were supported to lead the lives they wanted and to engage in a tremendous variety of activities which stimulated and promoted their overall wellbeing. Activities were personal to people's individual needs and promoted social inclusion within the service and wider community. A relative told us, "[Family member] is a happy person and has a good social life which is just what I wanted for them."

Staff did not view the complex needs of the people they supported as a barrier to them participating in similar activities to those of their peers. The registered manager and deputy manager showed us how staff had compiled video footage and photographs of people enjoying activities and outings so these could be shared with relatives via a memory stick. We saw photos and videos of people enjoying walking in the Lake District, using a hot tub while on holiday, trips to the disco, using the sensory room and people improving their daily living skills by participating in activities such as ironing, putting clothes away, gardening and vacuuming. Staff supported people to make their own calendars using photographs of themselves doing activities and gave these to families for Christmas presents. This demonstrated people were not discriminated against but enabled to be active participants in their own lives.

Relatives told us staff went to great lengths to organise holidays for people which were specific to their individual care needs and interests. One relative said, "[Family member] very much looks forward to holidays organised by the home, which happen several times a year. This does please [family member] and ourselves very much."

Relatives told us staff knew people's needs exceptionally well. One relative said, "Most of the staff have worked with [family member] for years. They know them well now, better than me." A second relative said, "Staff adapt things to suit [family member] when their needs change, for example what sort of transport is used. They also make sure they match the staff who work with [family member] well."

An external healthcare professional told us, "The service is extremely responsive. The staff seem to be consistently very caring and responsive to the needs of their clients."

People were protected from the risk of social isolation. Relatives told us staff recognised the importance of people maintaining relationships with their families. Relatives told us people were encouraged to keep in contact with families and friends. A relative told us how they were able to maintain contact with their family member either by visiting them at No 9 or by staff accompanying their family member to the family home. They said without the responsive support from staff it would be difficult to be as involved in their family member's care. Relatives were extremely appreciative of the support provided by management and staff.

We looked at two care records to assess if staff were provided with the information they needed to provide appropriate care and support for people who used the service. People's care and support needs were assessed in a number of areas. For example, people's needs in relation to medicines, eating and drinking, personal care and communication. Where a support need was identified a detailed plan was written based

on how people wanted and needed to be supported. For example, one person's care plan set out in detail how they liked to be supported to choose activities as this could cause them anxiety.

Care plans were extremely detailed and personalised and contained risk assessments which were detailed and specific to the individual. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had an 'all about me' document which provided a person-centred snapshot about the individual for staff to refer to. This meant staff had access to key information about how to support people in the right way.

Care records contained risk assessments which were detailed and specific to the person and the activities they liked to engage in. Staff said they had access to very detailed information about how to look after people in a 'person-centred way', which meant that their needs as an individual could be supported.

The provider had a complaints procedure in place and relatives told us they knew how to make a complaint if necessary. Relatives said they would speak with the registered manager, the deputy manager or a member of staff should they have any concerns. One complaint had been received since the last inspection which had been dealt with appropriately and to the complainant's satisfaction. A relative told us, "I've got no complaints at all. If I did I know I would only need to pick the phone up and it would be sorted."

Is the service well-led?

Our findings

The registered manager had worked at the home for several years, and was assisted by a deputy manager. Staff understood the lines of responsibility within the home and the organisation. Staff had designated roles such as keyworkers or safeguarding champions, which meant they knew what areas they were responsible for.

We were assisted throughout the inspection by the registered manager and deputy manager. All records we requested to view were produced promptly. We spoke with the registered manager and the deputy manager at length and they were co-operative and open to working with us collaboratively.

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 in the form of a 'notification'. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home. The CQC's rating of the service was on display at the service and on the provider's website, as required, following the last inspection.

Staff told us how the registered manager had introduced 'staff workshops' in April 2017 to refresh and develop staff knowledge in key areas such as safeguarding, autism, incident reporting and the CQC's key lines of enquiry. The registered manager told us the aim of these was to promote team building and develop staff skills in a more informal environment. In one workshop staff viewed a documentary which contained footage of institutional abuse in a residential care facility and discussed what lessons could be learnt. The registered manager sought feedback from staff about the effectiveness of the workshops and slightly amended the format of the workshops in line with the feedback received. One staff member said, "The management have responded to staff feedback and changed the format slightly which has improved them. The workshops have helped with team building and developing our knowledge."

The provider's operations manager told us, "The staff workshops are exceptional as they are informal and interactive. They are a good way for staff to discuss ways of improving the service and share best practice. [Registered manager] and [deputy manager] regularly share good practice with the other managers."

The provider's head of care said, "[Registered manager] and [deputy manager] are proactive with staff training and are always open to new ideas. They're a good team, they work really well together. [Registered manager] has high expectations and [deputy manager] gets things done straight away. We've got a solid management team here and staff know that."

Staff spoke positively about the management team. One staff member commented, "[Registered manager] and [deputy manager] are great. They're approachable, understanding and flexible. They always put the people we support first. [Registered manager] really listens and is supportive. All the staff have been here years which is a positive sign." Another staff member told us, "The management team are really open, easy to talk to and have always got time for you. They're the best management team I've worked for."

The service had a positive culture that was person centred and inclusive. Relatives told us they could think of nothing to improve and they had a good relationship with the registered manager and staff. One relative told us, "[Registered manager] and [deputy manager] work well together. They're very forthcoming with information and are approachable." Another relative said, "[Registered manager] is a good manager, he has a lovely approach and manner."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them at a later date. Staff told us they had plenty of opportunities to provide feedback about the service.

There was an effective quality assurance system in place to monitor key areas such as safeguarding concerns, accidents, incidents and medicines administration. Regular audits carried out by the registered manager and provider led to action plans with completion dates where necessary. Where actions had been identified these had been completed promptly which meant the provider was proactive in identifying and generating improvements to the quality of the service.

Annual surveys were carried out for people who used the service and their relatives. These included questions on the home, staff and quality of the service. The results were analysed and any issues were addressed and fed back. The most recent survey had been conducted in August 2017, the results of which were very positive. Comments from relatives included, 'We are very happy with the care [family member] receives and are confident that they live in a happy, loving environment' and 'Always very happy with all the care [family member] receives. The staff know them better than I do now. They are all excellent and I cannot thank them enough for all the hard work over the years that has been achieved in making where [family member] now lives a proper home where they are so happy and content.'