

Heathcotes Care Limited

# Heathcotes (Mansfield)

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an announced inspection of the service on 16 March 2016.

Heathcotes (Mansfield) provides accommodation and personal care for up to five people living with mental health, a learning disability and or autistic spectrum needs. Five people were living at the service at the time of the inspection.

Heathcotes (Mansfield) is required to have a registered manager in post. 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. At the time of the inspection a registered manager was in post but not present, they had submitted an application to de-register from the service. There was an acting manager who was in the process of submitting their application to become the registered manager. We were monitoring this.

People were safe and protected from harm. Staff were aware of the safeguarding procedures in place to protect people from abuse and had received safeguarding adults training. Any risks to the safety of people including the environment were assessed and reduced as far as possible.

Accidents and incidents were recorded and appropriate action was taken to reduce further risks.

Safe recruitment practices meant as far as possible only people suitable to work for the service were employed. Staff received an induction, training and appropriate support. There were sufficient experienced, skilled and trained staff available to meet people's needs.

People's medicines were managed safely and people received their prescribed medicines appropriately.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People received a choice of meals and independence was promoted. People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

The manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected.

Staff showed kindness and compassion in the way they supported people. People were supported to maintain relationships with family and friends and there were no restrictions on visitors. Staff showed respect for people's privacy and dignity. They understood the importance of confidentiality, keeping all personal information about people safe and secure.

The service was responsive to people's individual interests and preferences, and plans of support and care

were specific to their individual needs. Staff had a person centred approach and a clear understanding of what was important to people.

The provider asked people, relatives, staff and visiting professionals to share their experience about the service provided. Communication between relatives, external professionals and the service was good.

People were involved as fully as possible in their care and support. There was a complaint policy and procedure available. People had information to inform them of independent advocacy services.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits.

## 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.

Staff understood what action they needed to take to keep people safe, they had received safeguarding adult training. Action was taken to reduce personal risks to people's health and welfare. The environment was safe.

People were supported by sufficient numbers of staff that were deployed appropriately and flexibly to meet their needs safely. The provider had safe staff recruitment procedures in place.

People received their medicines as prescribed and were managed safely. Accidents and incidents were investigated and used to reduce the risk to people's safety.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction and ongoing training that was relevant to people's needs. Staff received appropriate and regular opportunities to review their work, training and development needs.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received appropriate support to ensure they were eating and drinking healthily. People were supported to access external healthcare professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported people.

Independent advocates were available to represent people's views when needed. People were involved as fully as possible in how they were supported.

People's dignity and privacy were maintained by the staff and relatives were able to visit whenever they wanted to.

### **Is the service responsive?**

The service was responsive.

People's care and support was individual to their needs, preferences and routines. Staff supported people to pursue their hobbies, interests, goals and aspirations.

People were supported to contribute to their assessment and involved in reviews about the care and support they received as fully as possible.

People's views were listened to and there was a system in place to respond to any complaint.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The provider had systems and processes that monitored the quality and safety of the service.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

**Good** ●

# Heathcotes (Mansfield)

## 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 16 March 2016 and was announced. We gave the provider 24 hours' notice because the needs of people at the service meant that arriving unannounced may have caused them distress and anxiety.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted Nottinghamshire Heathwatch and external health and social care professionals to gain their views of the service provided.

The inspection team consisted of two inspectors.

Due to people's communication needs we were unable to gain their feedback about the service they received. We used observation to help us understand people's experience of the care and support they received. We spoke with the acting manager, a regional manager, two team leaders and one support worker. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted three relatives for their feedback about the care and support their family member received.

# Is the service safe?

## Our findings

Feedback received from relatives, professionals and staff were positive about how people were protected from abuse and avoidable harm. A relative told us, "I'm aware that people have behavioural needs within the home but in my opinion staff manage these well. Situations are addressed and I'm kept informed of any concerns."

From talking with staff we found they were knowledgeable about their role and responsibilities in protecting people from abuse and risks. They said they had received safeguarding adults training and were aware of different categories of abuse people could experience. Staff also knew who they should report safeguarding concerns to both internally and to external agencies. One staff member said, "We've all had safeguarding training and we talk about safeguarding in team meetings." Staff showed an understanding of how to deescalate situations where people were getting into conflict with each other or when anxieties heightened and risks were increased.

Our observations found that the atmosphere was relaxed and calm; staff were attentive to people's needs and responded quickly and appropriately if people became anxious. We found that staff had a safeguarding policy and procedure available to support them and training records confirmed staff had received appropriate training. The provider had reported safeguarding incidents appropriately and had worked with the local authority safeguarding team to investigate safeguarding issues.

In people's care records we saw that risk plans had been developed to advise staff of how to manage and reduce any risk to people's safety as far as possible. A relative told us, "I have been shown draft risk plans and asked for my opinion, this is important as I know what has worked and not worked before."

Staff told us that they had sufficient information, guidance and support in managing any known risks to people's safety. They said that healthcare professionals were involved in discussions and decisions about the measures put in place and these were regularly reviewed.

We found risk plans were detailed and informative and had been regularly reviewed to ensure they reflected people's current needs. Risk plans were in place for a variety of needs and included, managing behaviours that could be challenging to others, risks associated to healthcare needs such as diabetes, dietary and nutritional needs. Staff told us that any accidents or incidents were discussed in staff handover meetings, one to one and staff meetings. This was to ensure they were constantly aware of any required information to protect people's safety. Records showed that regular analysis was also conducted in order to identify any trends which could assist the manager with putting measures in place to reduce reoccurrence.

People's personal money was managed on their behalf by the provider. We saw there were robust procedures in place of how money was managed. Safe procedures were in place whereby staff clearly recorded all expenditure and receipts were kept. Daily checks were carried out to ensure money held, corresponded correctly to what was available. We checked two people's money and found no concerns.

Staff supported people without placing unnecessary restrictions on them. A relative told us, "There are some risks with [family member's name] behaviour. I've discussed these with staff. Whilst their independence is important they [staff] are aware of their limitations and risks."

People were protected against an unsafe environment. A staff member told us, "We have to be mindful of safety issues in terms of the environment. People are supported in the kitchen, some things are locked away for safety and the garden gates are secured when people are at home."

The service carried out regular health and safety checks of the environment to ensure people were safe from harm. We looked at records relating to the maintenance of the service and found up-to-date checks were carried out. These included daily, weekly and monthly checks by staff, managers and the provider's quality assurance auditors. These included checks on fire equipment testing, water temperature checks, gas and electrical safety.

Personal emergency evacuation plans were in place for people who used the service so that the action required to assist someone in an emergency situation was clearly documented for staff. This information was also kept in a 'Grab bag' that could be accessed quickly in the event of an emergency. This told us that people's needs had been appropriately assessed and staff had the required information of how to support people.

There was sufficient staff deployed appropriately to meet people's individual needs and keep them safe. A relative told us, "I have no concerns about the staffing levels in terms of safety. I know staffing levels have been increased when there have been any concerns about people's needs."

Staff told us they felt adequate staff were rostered on duty to meet people's individual needs. A staff member said, "We have enough staff, we use existing staff or bank staff from within the service to cover any shortfalls. We don't use agency staff as the unfamiliarity of staff can cause people upset."

Some people had needs that required them to have additional staff support. Staff confirmed that people received the level of support they had been assessed as required. The manager told us that staffing levels were regularly assessed and adjusted to accommodate people's needs. An example was given how staffing levels had increased to support a person. This told us that the provider was flexible in their approach to ensure that individual needs were met and people were safe.

From our observations and by looking at the staff roster and records, we concluded that people had their individual needs met. There were sufficient skilled and experienced staff available and we found staff were competent and knowledgeable about people's individual needs.

We checked four staff recruitment files. Prior to starting employment, staff were required to undergo a number of background checks including a full employment history, reference requests from previous employers and a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people. This helped to ensure that only suitable staff, of good character were employed to support people. The provider had used their disciplinary procedure where a concern had been identified about the care practice of staff.

People received their medicines safely and as prescribed by their GP. A relative told us, "I have no concerns about when and how [name of family member] receives their medicines."

Staff told us about the training they had received that meant they were competent to administer and



manage people's medicines. One staff member told us, "I've had medicines training we check medicines every day to ensure people have had their medicines and there are no problems."

We found the management of medicines, including storage, monitoring, ordering and disposal followed good practice guidance. We reviewed people's medicines administration records and medicine support plans. These provided staff with the required information to ensure people received their medicines safely. We found PRN protocols were in place for the medicines which were to be given only as required. They provided information about the reason for administration of these medicines and any cautions in their use. A staff member told us, "PRN Medicines required for behaviours have to be approved by a manager, we can't just administer these."

A medicines policy was in place and staff training and competency assessments for medicines administration and management had been completed appropriately. There were effective systems in place that monitored medicines including daily and weekly audits and checks.

## Is the service effective?

### Our findings

Feedback from relatives and visiting healthcare professionals was positive about staff's competency, knowledge and skills in providing people with effective support. A relative told us, "The staff are very competent and I don't say that lightly. The manager is fantastic."

Staff spoke positively about the induction they received when they commenced employment, ongoing training and support they received. One staff member told us, "I found the induction tells you what you need to know and prepares you for your role. I did shadow shifts where I observed experienced staff and found this helpful." Records showed that all staff had been provided with a thorough induction at the start of their employment. The provider had an induction programme for new staff that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

The providers training matrix showed staff had received a variety of training opportunities appropriate for the needs of people they supported. One staff member told us, "We receive good training; it's really interesting and makes our job easier." Another staff member said, "A person's health needs changed recently and straight away we had training on what this meant and how to support the person." Training staff had received included, autism awareness, mental health awareness, personality disorder, epilepsy and first aid.

Staff told us that they received regular opportunities to meet with their line manager to review their work, training and development. One staff member told us, "The support is really good, I had three meetings with the manager during my probation and we have monthly one to one meetings." Another staff member said, "Supervision and appraisal meetings are helpful to talk about how you are getting on and any concerns and training needs you have."

Staff personnel files showed that staff received ongoing support and guidance from the manager in the form of supervisions and appraisals. These give staff the opportunity to reflect on the care they provided, highlight areas that required improvement, and any training requirements they may have. This told us that the provider was supportive to the staff team and ensured an effective service was provided for people.

There was good verbal and written communication between the staff. The provider used a handover book to outline relevant information to the next shift. In addition, staff had a handover meeting at the beginning of each shift to pass relevant information to the next team. There was also a diary of people's appointments such as dental and GP visits, this ensured all staff remembered when people's appointments were due.

We observed staff giving people choices throughout the inspection, this included; where they would like their meals to be served to them, whether they would like to take part in activity or whether they would like to join people in communal areas or prefer time alone in their room. Staff always respected people's wishes.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

A relative told us, "[Name of family member] does not have the capacity to consent to all their care. I'm always asked my opinion; I feel I can make suggestions and that I'm consulted and involved in best interest decisions."

Staff understood how best interest decisions were made using the MCA. They said that they had received training and knew what action to take if they had concerns about a person's ability to consent. One staff member said, "We involve people as fully as possible in choices and decisions so they have control and can consent to their support." Another staff member told us, "Some people don't have capacity to consent to specific things so we make best interest decisions with the involvement of relatives and professionals if needed."

We found people's human rights had been protected. People's care records showed that where they lacked the mental capacity to make specific decisions about their care, correct action had been taken. This included an assessment of their needs and decisions made in the person's best interest. We spoke with the manager about ensuring that any best interest decisions they made that they involved at all times others, such as relatives and professionals involved in people's care.

Staff were also aware of the Deprivation of Liberty Safeguards (DoLS) and what this meant for people. Where people had been granted an authorisation by a supervisory body to restrict them of their liberty, this was recorded in the person's care record to inform staff.

Some people who used the service had anxieties, and behaviours associated to their mental health and learning disability that meant they could present with behaviours that challenged the service. Staff had been specially trained to ensure they used restraint in a controlled way and only as a last resort. This training was a well-recognised accredited method of restraint. A staff member told us, "People have clear behavioural management strategies in place to support us of the action required to manage behaviours. We use talking techniques, change of worker and distraction before physical intervention is used."

We found people's care records included behavioural support plans that clearly advised staff of the strategies to be used to support a person when their anxiety was heightened. Visiting healthcare professionals such as psychiatrists and community nurses, had also been involved in the development and review of these support plans.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. A relative told us how their family member had been supported by staff to lose weight. This included supporting them to attend slimming world classes and providing nutritious balanced meals. Comments included, "They [staff] provide appropriate meals and this includes culturally appropriate if [family member name] wants this, however, they will change their mind and that's their choice."

Staff told us that they were aware of the importance of supporting people with healthy eating options. One person had diabetes and staff said they had received training on diabetes and were aware of what considerations were required to support the person to remain well.

We observed people given choices of drinks and meals during our inspection. We saw a four week menu was in place that provided people with a balanced diet. This was based on needs and preferences. Staff told us that people supported them to shop daily and there was a good supply of fresh food, including fresh fruit. Food was stored safely and correctly, for example with all items labelled to show when they had been opened,

People's dietary and nutritional needs had been assessed and planned for. People's support plans showed us that consideration of people's cultural and religious needs was also given in menu planning. The service regularly monitored people's weight, and the staff understood what actions to take if a person's weight unexpectedly changed.

People's healthcare needs were assessed and monitored. A relative said, "I'm confident all health needs are met. There are some longstanding needs but it's a difficult area as [family member name] can be uncooperative but staff never give up."

A staff member told us, "We have regular contact with healthcare professionals. People will say if they are ill and want to see the doctor. If they do we call the GP the same day. Otherwise we monitor people's physical and mental health."

People were supported to attend health appointments with community mental health and learning disability specialists such as psychiatrists and community nurses. People were also supported to visit the dentist, opticians and the GP for health checks. A relative said that they were confident that staff supported their family member to maintain their health.

People's health needs and appointments were recorded on each person's 'Health Action Plan' (HAP). We also saw people had 'Hospital Passports' and emergency 'grab sheets' within their care plan files. These documents provide hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This demonstrated the provider used best practice guidance.

## Is the service caring?

### Our findings

Feedback from relatives and visiting professionals were positive about the approach of staff. A relative told us, "I feel staff really know [family member name]. They go out their way and sometimes in their own time to do things. That's beyond and above what I expect."

People had a keyworker; this is a member of staff that has an additional role and responsibility for a named person. A relative said, "[Name of family member] keyworker is brilliant. They get on great together, lots of banter and they can pick up very quickly if there is a problem." A relative gave an example of how their family member was supported with a family bereavement. They told us, "They [keyworker] were fantastic how they supported [name of family member]. They showed so much compassion and went above and beyond, I can't praise them enough."

We observed staff were kind and compassionate when supporting people. It was apparent that people had developed positive relationships with the staff that supported them. People looked relaxed within the company of staff and positive interaction that included laughter and fun was observed. The manager told us that some people could get fixed on particular staff that potentially could be problematic to manage. They told us how staff responded to this, and we saw in practice how well staff managed these situations.

Staff were seen to use effective communication that was based on people's individual communication needs. A staff member said, "Most people here have verbal communication so can easily express themselves. One person uses pictures and gestures such as pointing, taking your hand and showing you and we pick up on different body language." We observed staff responded well to people's communication needs and picked up on any non-verbal cues.

Staff showed a good understanding of people's individual needs, preferences and what was important to them and this reflected what was included in people's care files. Staff had time to spend with people engaging in activities of their choice. The atmosphere was calm and relaxed. This told us that staff knew and understood the people they were supporting well.

There was evidence throughout the support plans we looked at that the support given to people was person-centred and caring. People's needs and preferences were clearly stated. We also noted that support plans focussed on people's strengths and independence was consistently promoted. People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

Staff showed concern for people's wellbeing in a caring and meaningful way and responded to their needs. We observed how a person became very anxious that potentially could have affected the person, and others well-being. Staff responded immediately and efficiently to calm the person and protect others.

People were involved as fully as possible in making decisions about how they received their support. A relative told us, "Staff involve [name of family member] very much and as fully as possible and keep me in

the loop."

Staff told us and records confirmed that people were supported to be involved in the service they received. People had regular meetings with staff where they were asked their opinions on a variety of subjects including, activities, food, staff, holidays, well-being issues and complaints. We saw that people had made choices of where they would like to go on holiday and staff said plans were being made to accommodate these requests. Some people had requested specific activities which staff said had either started or enquiries with community service had been made and they were waiting for a response. One person had recently had their room painted and had commented in the meeting by saying, "I love it now it's been painted."

We saw people had access to information on how to access independent advocacy services. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. The manager told us how they had supported people to access this support.

People's personal and confidential information was managed appropriately. A staff member said, "We are all aware of the importance of confidentiality, we only discuss what staff need to know and this depends on staff's role and responsibility." We saw information was stored securely.

People were treated with dignity and respect. A relative told us, "I'm confident staff treat [name of family member] good at all times, I have no concerns. When I see staff they are always polite and respectful towards them."

Staff gave examples of how they respected people's privacy and dignity. One staff member said, "We've had training in dignity and it's discussed in supervision and staff meetings." Another staff member told us, "We show dignity by knocking on people's doors before entering, using dignity blankets to protect people's privacy and recognise when people need their own space." Staff told us about the ten dignity pledges and that staff adhered to these. These pledges describe values and actions that staff should follow that respect people's dignity. Staff had received training on equality and diversity including dignity.

We observed staff to be courteous and respectful towards the people they supported. They were seen to respect people's personal space, knocked on people's doors and waited for a reply before entering.

People's support plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. This included a record of whether the person had a preference for a male or female member of staff to support them with their personal care needs.

A relative told us there were no restrictions on them visiting their family member and said that they found staff to be welcoming and approachable.

## Is the service responsive?

### Our findings

The service was responsive to individual interests and preferences. A relative told us, "I feel [family member name] has support with their interests and hobbies, but they need to keep busy all the time. In the past they have attended college and voluntary work but there doesn't seem to be the same opportunities where they live now."

Feedback from a visiting professional told us of the action taken by the provider to meet a person's specific needs that was having a positive outcome. Comments included, "To date this has been the longest placement. The manager is swift to engage the support from the community learning disability team. I was invited to a planning meeting which enabled information exchange, to assist the psychologist with their treatment plan."

People had their needs assessed before they moved to the service. This was to ensure the service could meet people's individual needs and that staff had the required information for them to provide a responsive service. A relative told us, "I was involved in the assessment and the development of support and risk plans. [Name of family member] was also involved as fully as possible."

Following an assessment care and support plans were then developed with the person as fully as possible, their relative, advocate or external health or social care professional. Support plans advised staff of people's needs, routines, preferences and what was important to them. They also included and promoted life skills and independence. Such as people being involved with daily living tasks of laundry and cleaning.

People's care records contained information regarding their diverse needs and provided support for how staff could meet those needs. We saw how a person had been supported to develop a memorial area in the garden. Staff told us it was the person's idea but showed they were aware of the significance of this and supported the person with their wish.

People had been supported to develop person centred plans that identified people's goals and aspirations. Records confirmed that people were then supported by having small achievable steps put into place that showed what support and actions were required to enable their dream to come true. For some people this was going on a day trip for example to a safari park, for others it was joining a gym, having a pet rabbit or going on holiday.

Staff demonstrated that they knew what interested people by telling us about the specific activities, interests and hobbies people had and how they supported them with these activities. One staff member said, "We ask people every shift what they want to do. People have activity plans that provide some structure and one person has this information on a white board in their room as it's important they know what's happening. An example was given about how a person had said they would like to do a music course. A staff member told us of the action taken to support this. Contact with the local college had been made.

On the day of our inspection two people remained at home and were supported with activities of their

choice. For one person this was watching a choice of DVD films. Another person either chose to spend time in their room or engaged in a ball game with staff. One person had gone to Alton Towers with staff, another person was being supported to visit their family and another person had also gone out for the day.

Staff told us how people's independence was promoted. This included supporting people with daily living tasks around the home and accessing the local community. One staff member said, "People use the local shops and pub, it's important for them to have these opportunities and to be part of their local community." Another staff member told us, "The weather can have an impact on what people can do but we have a variety of activities such as arts and crafts and games we can do. There is a disco people go to, a college they can attend and we support people on holidays."

A complaints procedure was provided for people in an appropriate format that supported people that had communication needs. A relative told us, "I have not made a complaint and if I have raised a concern, it has been responded to immediately and addressed well so an issue doesn't escalate."

Staff were aware of the complaints procedure. One staff member said, "I'm aware of the complaints procedure and what the process is. I would try to respond to any minor concerns but other than that would tell the manager or area manager."

We viewed the complaints register and saw the manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner.



## Is the service well-led?

### Our findings

We received positive feedback from relatives, visiting professionals and staff about how the service provided a positive, person centred approach that was open and transparent. A relative told us, "The staff put me at ease so much that I know [name family member] is in the right place." Additionally they said, "I have no issues or concerns, there has been some staff changes which [name of family member] doesn't cope well with relationship changes, but it's been managed."

A visiting professional said, "The manager has needed to work with neighbours and the Police to pursue good community relationships and they have done this effectively."

Whilst a comment was made about the service experiencing three different managers over the past eighteen months, there was no evidence to suggest that this had had a negative impact. The manager we spoke with had submitted their application to become the registered manager and had been a team leader at the service for many years. We found them to be very knowledgeable about people's needs, organised and competent. They were well respected by both relatives and staff. A relative told us, "The manager is fantastic, we have good communication and the home is well run."

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any restrictions placed on people's liberty, allegations and concerns of a safeguarding nature and any significant accidents or incidents.

We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people whilst promoting their independence. Staff also demonstrated they understood the provider's vision and values. One staff member said, "The provider's statement says we are a stepping stone to the future and independent living. We support people to move on if that's what they want."

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns. One staff member said, "I'm aware of the whistleblowing procedure. We have names of managers internally we can go to but know we can go to CQC." Another staff member told us, "I'm aware of the procedure and wouldn't hesitate to use it if needed. We have a responsibility towards people in our care."

Staff spoke positively about the leadership of the service. A staff member said, "The manager is really good, helps out when needed, is visible and interacts with people." This represented similar positive comments received about the leadership of the service, where staff said that the manager led by example. This told us that the leadership of the service was strong.

Staff said that there was good communication systems in place and what was expected of them was made clear. They said that the management team feedback in supervision meetings any issues in a positive and supportive manner. There were systems in place to update policies in place that were available to all staff.

All staff were required to read and sign to confirm they had read and understood the policies. The same system was in also in place for people's support plans; staff had to sign to confirm these had been read.

Staff told us that the manager arranged regular staff meetings. They said they were encouraged to raise any issues, concerns or make any suggestions. We reviewed a sample of staff meeting records; these showed discussions and decisions were had about any required improvements. Any action required identified who was responsible and within what timescales this would be completed.

As part of the provider's internal quality monitoring, annual feedback surveys were sent to people that used the service, relatives, staff and visiting professionals. This enabled the provider to gain feedback that supported them to review the service provided, and drive forward any required improvements.

The registered manager's had a variety of auditing processes in place that were used to assess the quality and safety of the service that people received. These audits were carried out daily, weekly and monthly and were effective to ensure if any areas of improvement were identified they could be addressed quickly. Audits in areas such as the environment, staff training and development and support plans were regularly carried out. In addition the provider had an internal auditing team and a regional manager that regularly visited the service to conduct audits and checks. This told us that the provider had good systems and processes in place that constantly reviewed the service for any required improvements.

Accidents and incidents were recorded and action was taken to reduce further risks. Some people had high anxiety that resulted in behaviours that were challenging. These incidents were recorded to show how the person was before the incident, what occurred and what the outcome was. This was to monitor for any triggers and the action taken by staff. These incidents were reported to the clinical team within the organisation for further review to identify any patterns or trends. This was supportive to the staff team and provided an additional check to ensure appropriate action had been taken.