Community Homes of Intensive Care and Education Limited

Elliott House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 unannounced comprehensive inspection of Elliot House on 10 March 2016.

The service provides accommodation and support for up to nine people who have learning disabilities or autism. Elliott House aims to support people to lead a full and active life within their local community and continue with life-long learning and personal development. The service is a converted house, within a residential area, which has been furnished to meet individual needs. At the time of our inspection nine people were using the service.

The service had a registered manager in place. 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. The service is required by a condition of its registration to have a registered manager.

There were enough staff to keep people safe and support people to do the things they liked. The provider had recruitment process in place to identify applicants' who were suitable to work with people. However, the registered manager had not always followed this process through to completion to ensure a full employment history would be available for all staff. They took action following our inspection to rectify this and we will be looking at this again at our next inspection to ensure these improvements have been sustained.

Staff understood how to keep people safe from abuse. People's safety risks were identified, managed and reviewed and staff understood how to keep people safe at home and in the community. Systems were in place to protect people from the risks associated with medicines. We found three medicine recording errors. The service had identified this as an area of improvement prior to our inspection and was taking action to ensure medicine records would always be accurate.

People living at Elliott House received care and support from knowledgeable and experienced staff. Many of the staff had supported people living at the service for some years and demonstrated an in-depth knowledge of people's needs and aspirations. Staff were supported to undertake training to support them in their role, including nationally recognised qualifications. They received regular supervision and appraisal to support them to develop their understanding of good practice and to fulfil their roles effectively.

Staff sought people's consent before they provided their care and support. Where some people were unable to make certain decisions about their care the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. Where people had restrictions placed upon them to keep them safe, the staff continued to ensure people's care preferences were respected and met in the least restrictive way.

People were supported to have their health needs met by health and social care professionals including their GP and dentist. People were offered a healthy balanced diet and when people required support to eat and drink this was provided in line with professional's guidance. People received the support they needed to manage their epilepsy.

For those people who needed support to manage their behaviour, behaviour support plans had been drawn up by the provider's assistant psychologist. Staff had received training in positive behaviour support, understood the triggers for people's behaviours and ensured people were sufficiently occupied during the day. When restraint was used to keep people safe in line with their behaviour support plans, these incidents were recorded and reviewed by the registered manager to ensure they were appropriate and proportionate.

Staff supported people to identify their individual wishes and needs by using their individual methods of communication. People were encouraged to make their own decisions and to be as independent as they were able to be.

Relatives told us people were happy and content in the home. We observed people appeared relaxed and calm in the company of staff who they readily approached for support when required.

Relatives told us they had no reason to complain but knew how to do so if required and that the staff always took immediate action if they had any concerns. The registered manager listened to people's comments and implemented identified learning from incidents and accidents.

The senior staff provided clear and direct leadership and effectively operated systems to assure the quality of the home and drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The service was working at ensuring all information relating to staff's employment histories would always be available. This would ensure safe recruitment arrangement were in place. There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs.

People's medicines were stored safely and people received their medicines as prescribed. The service was working at ensuring medicine records would always be accurate.

People were protected from abuse and avoidable harm. Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who received regular supervision and appraisal to monitor their practice or identify areas where further training or guidance may be necessary.

People's mental capacity to make decisions about their lives had been considered and assessed. Applications had been submitted for people who may be deprived of their liberty in line with current legislation.

People were supported to eat well and stay healthy. Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

Relatives spoke positively about the care people received from

staff. Staff knew the people they cared for and what was important to them.

Staff took the time to build relationships with people and supported people to make day to day choices. Relatives were made to feel welcome in the service.

Staff respected people and ensured that their dignity was upheld during personal care.

Is the service responsive?

Good

The service was responsive to people and their needs.

People's needs were assessed and reviewed to ensure changes were identified and managed responsively.

Activities in the service reflected people's hobbies and interests and contributed to a stimulating environment for people.

People and their relatives had opportunities to provide feedback. Relatives were confident improvements would be made when they raised concerns.

Is the service well-led?

Good

The service was well-led.

The provider had a set of values in relation to the provision of people's care which staff put into practice in their work with people.

Leadership was visible at all levels of the service. The registered manager was approachable and supportive to people and staff.

There were systems in place to monitor the quality of care and to drive improvements in the service for people.

Elliott House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10 March 2016 and was unannounced. The inspection team consisted of one adult social care inspector. We previously inspected the service on 20 February 2014 and found no concerns.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We did not request a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information on the day of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with two people using the service, the registered manager and seven care staff. We reviewed care records and risk assessments for five people using the service and the medicine administration (MAR) records of all nine people. We also reviewed training records for all staff and personnel files for four staff, and other records relevant to the management of the service such as health and safety checks and quality audits. After our visit we spoke with three relatives, the chiropodist, a social worker and a nurse assessor who worked with the service.

Requires Improvement

Is the service safe?

Our findings

The provider had completed and documented staff recruitment checks to help them employ staff who were suitable to work at the service. These checks included proof of each applicant's identity, investigation of any criminal record, and declaration of fitness to work. However, two of the recruitment files we reviewed did not include the applicants' full employment history which meant periods of possible employment may be unaccounted for. The provider had a system in place for checking this information was provided at interview but had not always followed this process through to completion. For example, the registered manager had identified there were gaps in the two applicants' employment history at interview. They had asked them to provide a complete employment history with an explanation of employment gaps but had not followed this up and ensured the information was received. The registered manager had ensured this information was available for all staff the day after our inspection. Improvements were needed to ensure the registered manager would consistently check that all the necessary information was available to help them to protect people from the employment of unsuitable staff.

People received their medicines from appropriately trained staff to ensure their safety. People's medicines were stored appropriately and securely including controlled drugs. Controlled drugs (CDs) are prescribed medicines that are usually used to treat severe pain and they have additional safety precautions and requirements. There were processes for the safe ordering and disposal of medicines and to ensure medicines were kept within a safe temperature range. People had medicine care plans in place which provided staff with details about what medicines people took. We observed a staff member administering people's medicines in accordance with the provider's policy. Staff offered the person their PRN medication in case the person needed it, these are medicines which people take 'As required.'

Staff signed the person's medicine administration record (MAR) after they had taken the medicine to document what medicine the person had received. Although daily checks were in place to ensure people's MAR's were completed correctly, we found three unexplained errors in the MAR's, which the registered manager rectified during our visit. We were assured people had received their medicine as prescribed. The registered manager told us they had identified that some improvements were needed to ensure new staff would consistently complete medicine records accurately. Records showed they had discussed this with staff at the team meeting on 25 February 2016 and an action plan had been drawn up to support new staff to develop good medicine recording practices.

We observed people were relaxed with staff, joked with them and freely approached them during our visit. They seemed comfortable in the company of the staff. Staff had completed safeguarding training and knew how to recognise signs of abuse. Information on safeguarding procedures including contact numbers for relevant authorities was available in the office in the event they were needed. People benefited from a service where staff understood their safeguarding responsibilities and how to respond to potential abuse to keep people safe.

Staff felt confident any concerns they raised would be dealt with appropriately by the registered manager. Where safeguarding concerns had been raised, these had been handled appropriately and reported to the

relevant agencies. One staff member told us ''The whistleblowing procedure is very effective. I raised concerns about another worker and these were taken seriously and investigated as a safeguarding concern''. Learning from safeguarding incidents were evident and the registered manager had, for example, undertook regular night visits to check night staff remained awake throughout the night to ensure people's safety.

Where people found it difficult to manage their money independently, the registered manager had systems in place to support people appropriately and to protect them from financial abuse. This included systems for documenting money which was held, and spent, by people. Staff were familiar with the service's money management systems and these were checked during each shift to ensure all monies were correct.

Relatives and professionals told us staff kept people safe at Elliott House and in the community. One relative said ''We have no concerns about his safety'' and a social worker told us that staff understood how to keep people safe when their behaviour put themselves or others at risk. Staff we spoke with understood people's risks and the care they required to stay safe. People had risk management plans in place for specific health conditions, access to activities at home and in the community and to support them to safely manage their behaviour. For example, there were emergency plans in place for people who experienced epileptic seizures. Staff were clear about the action they needed to take when three people experienced prolonged seizures to keep them safe. Information was available in people's medicine packs to inform staff when this medicine was to be used. Staff had received training in administering emergency epilepsy medication. New staff told us they worked with experienced staff till they knew how to keep people safe if they were to experience a seizure in the community. People were kept safe because staff understood people's individual risks.

Following safety incidents staff documented what had happened, this included any intervention to support people with their behaviour to ensure there was a written record. The registered manager reviewed the incident records and assessed if any further action was required. Following incidents people's care plans had been updated if needed and they had been referred to professionals for review if required. For example, staff had identified one person was increasingly tripping and bumping into things. They referred this person for an eye test. They were diagnosed with cataracts and were awaiting surgery to improve their eyesight. Incident records had been reviewed to ensure any necessary actions were taken to promote people's safety.

People would continue to receive appropriate care in the event of a service emergency. There was information for staff in relation to contingency planning and each individual had their own personal evacuation plan (PEEP). Staff had written in each person's PEEP specific information related to how the person may react in an emergency which would help staff respond appropriately. Staff were up to date with fire training which meant they would know what to do should the need arise.

There were a sufficient number of staff on duty each day to meet people's needs. At times people required one to one care from staff for example, during lunch time and we saw that this was provided. We observed staff responded quickly to meet people's needs and took time when supporting people with chosen activities. Staff told us there was enough staff to meet people's needs and to ensure people who had external activities were enabled to attend these and those choosing to remain indoors received the attention they needed. There was an established staff team employed by the provider that included a registered manager. Staffing shortfalls due to three staff vacancies and leave were covered by existing staff and bank staff while the provider recruited to the staffing vacancies. Staffing levels varied from day to day depending on people's activities and the registered manager monitored staffing to check they were at a safe level.

Good

Is the service effective?

Our findings

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

The service was working within the principles of the Mental Capacity Act 2005 (MCA) when making decisions about people's care and treatment. People's capacity to consent to care or treatment had been assessed and recorded, where appropriate, in relation to specific decisions. For example, for one person who lacked the capacity to decide their medical treatment a best interest agreement had been reached with their relatives and health professionals acting on the person's behalf. The person's relative told us 'They always include me in any best interest decisions about his care. The outcome is always good, because everyone that works with him and knows him gets involved and they listen to what we think he would want''.

Staff we spoke with had understood the importance of gaining consent and what to do if people could not consent. They confirmed they had received training on MCA. One staff member said "I always assume people can consent and we get to know how people indicate that they are happy to have their bath or take their medicine''. Staff were observed seeking consent before carrying out tasks and explaining the procedures they were about to carry out, for example when asking a person if they wanted their medicines.

The registered manager understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). Eight DoLS applications were correctly completed and granted by the local authority. Where people were deemed to required constant supervision to keep them safe the service considered how this could be done with the least restriction and invasion for each person. For example, for one person it was agreed at a best interest meeting that a security camera would be less intrusive that having a staff member observing them while they were in their room. This constant supervision had also been agreed by the local authority's DOLS assessor.

Records showed that the provider had improved the process for assessing and recording people's capacity and best interest decisions as they developed their understanding of the requirements of the MCA. The registered manager told us ''We did not complete all the steps when we initially applied for people's DoLS, but now when we are adding to the authorisation or we are completing the renewals we are making sure we record all the steps appropriately''.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. Training records showed there was a programme of on-going training for all staff covering health and safety related topics and also topics relevant to the support needs of the people living in the home. Staff training included epilepsy training and positive behaviour support training. Training was provided by a variety of methods including on-line computer based training, face to face training, staff meetings and shadowing. The manager checked staff competency and knowledge through the completion of workbooks and knowledge checks Records showed these checks were being carried out. About 50% of the staff team held a relevant qualification such as National Vocational Qualifications (NVQs) or diplomas and new staff told us they were planning to enrol on suitable courses in the near future.

Staff told us they felt supported in their role and there were a variety of methods of keeping staff informed and updated of changes in practice. These included monthly staff meetings, regular supervision sessions and an annual appraisal. Staff told us their supervision gave them the opportunity to reflect on their practice and identify areas for improvement. One staff member told us ''I discuss my medicine administration skills with the manager during my supervision and they gave me the support I needed to build my confidence''. People were cared for by staff who were supported in their role and professional development.

People were supported to have a varied diet. We looked at the menus and saw that people were provided with a good range of food which included healthy options. People were offered a choice of drinks throughout the day and when people indicated they wanted a drink we saw staff made this for them immediately.

People seemed to enjoy their lunch and they were offered a choice by staff in what they wished to eat. Staff knew people's food preferences and these were noted in their care plans and included in the menu plans. We saw staff followed people's known methods of communication to determine their food choices when discussing what meal they would like to have on their trip to town.

People's dietary requirements and dietary risks had been identified by staff. Guidance had been sought in order to keep people safe from the risk of choking. One person who was at risk of choking had been assessed by the community Speech and Language Therapist (SALT). We observed them being supported with pureed meals in line with their SALT recommendations.

Relatives told us people were supported to stay healthy. One relative told us ''They always let me know when he is unwell and they always make sure he sees the doctor''. People's health needs were assessed and planned for to make sure they received the care they needed. For example, staff recorded people's seizure activity to be shared with the person's GP and consultant to support them in making effective treatment decisions. People had access to health care professionals, such as physiotherapists, dieticians, speech and language therapists (SALT), dentists, chiropodists and specialist consultants. The provider's assistant psychologist visited the service weekly to ensure people's behaviour support plans remained effective. A nurse assessor that worked closely with the service told us staff knew people's health needs well and contributed to people's health assessments. People's care records demonstrated support workers had liaised with healthcare professionals when needed.

Each person had a health plan and record that included important information about them if they went into hospital. These had been kept up to date and included when people had seen specialists or had their annual health checks. Care plans also told staff how they would know if a person was in pain. The chiropodist told us staff were good at identifying when people experienced discomfort and contacted her in a timely manner. Staff we spoke with understood people's health needs and knew how to support them to

stay healthy.

Good

Is the service caring?

Our findings

Relatives told us that they liked the staff at Elliott House. Relatives' comments included; Staff are lovely. When he went to hospital they stayed with him '', ''Staff always have his interests at heart'' and ''Staff are always very patient with him''. Two people who could express their preferences told us ''Yes'' and gave us a thumbs up when we asked them if they liked their staff.

Interactions between people and staff were good humoured and caring. Staff spoke with kindness and affection when speaking about people. Staff were able to describe people to us in a very detailed way and knew people well. Their descriptions included details about people's care needs, as well their personal histories, why they were living at Elliott House and specific details about their likes and dislikes.

Staff told us they enjoyed their job and were enthusiastic about providing good quality care and celebrated people's achievements. Staff were passionate about supporting people to maximise their abilities. Staff comments included "It is very exciting when people achieve something they have been working at for a long time, like saying a new word'' and ''The night staff were so happy when someone had a good night last night''.

We saw a staff member supporting one person to eat with sensitivity and tenderness, ensuring they supported the person to eat at their pace. Staff sat with people while they were eating to make it a more social occasion and encouraged people with consideration and patience to use their spoons and cups independently.

People's individuality was recognised by staff and people were supported to make day to day decisions that reflected their preferences. We heard a staff member offering a person an activity and respecting their choice when they declined and indicated they would rather watch a movie. When people chose to be alone in their room staff respected the way they chose to spend their time. People's weekly activity plans reflected the activities they chose to do. Staff told us it was important to support people to enjoy their activities and we observed staff supporting people to take part in the afternoon music session, making sure the visiting musician played the songs people liked.

Staff told us how they were given time to build relationships with people and get to know their preferences. One staff member told us ''We have a lot of one to one time with people so we get to know them well''. We observed staff sitting with people, chatting and laughing with them. We saw staff did not rush people and took time to understand what they wanted to say and how they wanted things done. One relative told us ''Staff really know him well and spend a lot of time with him. He likes them and it is very reassuring that he is always happy to go back home after he has visited us''.

Staff understood people's communication needs and used specialist communication methods to support people to make their wishes known. For example, the service used pictures to illustrate which staff would be working on each shift and to let people know who will be providing their one to one support. Some people used Makaton, which is a sign and symbol language designed to provide a means of communication to

people who cannot communicate effectively by speaking. We saw staff were confident when using Makaton and used this sign language with one person to support them to communicate with us. This person had a weekly session with staff to practice their Makaton and staff told us they had been supported to add several more words to their vocabulary. Staff also used video technology to support people to communicate with their relatives. Staff understood how to communicate with each individual person to support people to express their views.

Relatives and professionals told us people were treated with dignity and respect by staff. Comments included; ''Whenever I visit staff are kind and respectful towards people'', ''They treat him like an adult, with respect'' and ''Staff will always treat him kindly even when he is angry''. Staff explained to us that an important part of their job was to treat people with dignity and respect. One staff member told us "When people have cameras to observe them, we make sure these are switched off when we support the person with their personal care so they can have some privacy''. Our observations confirmed that staff respected people's privacy and dignity. Staff used people's preferred names and spoke with them in a kind and patient manner. If people required support with personal care tasks this was done discreetly and we saw people's medicines were administered in private.

People were supported to remain in contact with people close to them. People's family and friends were encouraged to visit whenever they wanted. One relative told us; ''We can visit any time and staff make us feel very welcome'' and another relative said ''Staff makes sure he stays in contact with our elderly mother''. Staff supported one person to receive a call from their relative during our visit and knew sufficient details of their family life to support the person to ask after the welfare of each family member. People were encouraged to maintain personal relationships and protected from the risk of social isolation.

Good

Is the service responsive?

Our findings

People's relatives and professionals were positive about the care people received and told us it met their needs and preferences. People benefited from a stable staff team and some staff had been working at the service for some years. Relatives told us staff knew people well, understood their needs and they received care in line with their individual wishes. They told us they were given the opportunity to be involved in planning people's care and attended an annual care review. We saw for one person an Independent Mental Capacity Advocate (IMCA) had been instructed to support one person to plan their care. IMCAs are mainly instructed to represent people who lack capacity to make important decisions where there is no one independent of services, such as a family member, who is able to represent the person.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related, for example, to disability, gender, ethnicity, or faith. For example, one person was supported not to eat specific foods in line with their faith requirements. Another person had difficulty seeing and we saw they were supported to move around the home and staff spoke with them continuously so that they would know where staff were. The service had also made temporary adjustments to this person's accommodation to ensure they had a room without stairs to keep them safe and support them to remain independent till their cataract operation had been performed.

People's needs were assessed before they moved into the home. This assessment was used to form the basis of the person's care plan. People had a written plan of their care which reflected their needs and choices, and that these needs were met. One relative told us, "I know there is a plan written down and staff talk to me about it to check that it is correct." We saw that care plans recorded people's history and their diverse needs, for example personal care needs, eating, drinking and the behaviour support they might need. This information gave guidance to staff on how their needs could be best met.

People were supported to participate in a range of structured social and leisure activities in line with their personal interests. These included activities to stay healthy like walking, visits to the local gym, swimming and trampolining. Social activities included trips out, attending community disability resource centres and social events. People were supported to visit their relatives. One relative told us ''Staff provide him with transport home, they bring him and pick him up again at the end of the weekend''. The staff team worked flexibly and supported people with activities in the service when they could not go out. The service ensured staff were employed that could drive so that people could attend their chosen activities. Relatives told us they received an update from the service every two weeks about the activities people had been doing so that they could share in people's lives and speak to them about the things they enjoyed.

People's care plans documented what triggers could impact upon their mood. Staff understood who could present with behaviours which could challenge staff and how to intervene to ensure the person's safety and that of others. Staff understood the triggers for people's behaviours and were mindful of the need to closely observe people and to intervene before an incident occurred where possible. For example, one person could become agitated. At times staff diverted the person's attention and re-focused them on something different. On other occasions staff were able to give them clear and simple information about what was going to

happen when they were getting anxious about waiting to go out. Professionals told us staff understood people's behaviour and supported them appropriately. One relative told us ''They have supported him really well with his behaviour over the past years, so much so that he can now move on to more independent living''. Staff were responsive and flexible when supporting people with their behaviour and took account of each individual's situation and the level of risk to people.

People and relatives were given the opportunity to give their feedback about the service and this was acted on to make improvements. An annual satisfaction survey was completed in September 2015. The responses reflected the positive feedback people gave about the service during our visit. The registered manager had drawn up an improvement plan following the survey and had taken action to address the areas relatives indicated could improve. This included recruiting more permanent staff, creating a newsletter and introducing a two weekly email to keep relatives up to date with what people were doing and service developments. People had the opportunity to influence improvements in the service.

The registered manager said they operated an ''Open door policy''. This was confirmed by relatives who told us they were actively encouraged to feed back any issues or concerns to the registered manager or to any member of staff. Relatives told us they were confident that action would be taken if they had any concerns. One relative said ''I have so much contact with the service that it is easy to just talk about anything that concerns me. They always put it right and I have never felt the need to complain''. People were encouraged to raise issues or concerns through their key worker. We were told of examples when action had been taken when people had let them know they were unhappy or worried. The service had a complaints policy and procedure. This was made available to people in a format they would easily understand. The service had received several compliments and no formal complaints in the past year.

Good

Is the service well-led?

Our findings

Relatives and professionals told us the service was well managed. Comments included ''The manager is always available", "The manager and senior staff always take action if I have any concerns'' and ''The service always keeps me informed of any issues or changes''. The registered manager was very visible within the service to people and staff. Their office door was open and people and staff were seen to drop in and speak with them at will about anything they wished to discuss. This provided an opportunity for social interaction and to talk with people about how their day was going and any issues that they had. The registered manager encouraged an open culture where people and staff could speak with them as required.

The registered manager and staff had promoted a culture that put people at the centre of the work they did. The service's values centred on people's needs and wishes. Staff understood the provider's objectives of maximising people's life choices, promoting dignity and supporting people to develop life skills. Throughout our inspection, the registered manager and staff demonstrated they worked in a manner consistent with these values. Staff were committed to the service and were positive about the quality of care provided to people and their involvement in the service. Staff comments included; "People get good care, we always make sure people have had a good day and are able to take control of their lives'', ''We make sure people develop their skills'' and ''We want people to be happy to have a full life and we work hard to make this happen'' .

Staff told us the registered manager was approachable and showed a good level of care and understanding for the people within the service. We found the Senior Support Workers provided effective leadership when the registered manager was not at the service. They had a good understanding of the monitoring arrangements and the risk management in the service. The registered manager told us the Senior Support Workers were completing the provider's leadership training to support them in their management roles. Staff told us they felt valued and that they were being actively consulted and involved in developing people's care plans. We found, from staff records and from speaking with them, they understood their roles and responsibilities and there was a clear structure of accountability. The provider had an ethos of developing staff's skills and promoting them within the organisation wherever possible. People benefited as the provider had taken action to attract and keep their staff, which in turn provided continuity for people in the delivery of their care.

The registered manager told us that they checked the quality of the service regularly as they were in day to day control of the service. Effective governance systems, such as regular audits, had been undertaken and had enabled the registered manager and staff to continuously improve the service. For example, daily checks were done to ensure night staff had completed their hourly reports, daily, weekly and monthly health and safety checks were completed to ensure the environment remained safe for people and staff. Daily and weekly medicine record checks were completed and we saw action was taken when concerns were identified. The registered manager submitted a monthly report of all medicine errors, complaints, accidents, incidents and safeguarding investigations to the provider. This report included the action taken as well as any lessons learned that could improve the service. The registered manager told us the analysis of incidents had indicated that the service had experienced a decrease in behavioural incidents over the past six months.

They told us this was the result of supporting staff to work consistently when supporting people and ensuring staff engaged people in activities.

The Regional Area Director visited the home every month and undertook night checks as well as a compliance audit every nine months. This audit covers all aspects of the service to ensure the service would meet the regulatory requirements. The last compliance audit was completed on 29 February 2016 and the service had scored 100% compliance. Staff and people shared the quality monitoring responsibility and people were involved in for example, checking the water temperatures and helping keep their rooms clean. An expert auditor had visited the home on 23 July 2015 and had found no concerns. An expert auditor was a person who used one of the provider's services and had been trained by the provider to assess the quality of a service in relation to cleanliness, activities and staff approach.

The registered manager had developed a culture of learning, development and problem-solving. The service has had to adjust to supporting people with changing and more complex health needs in the past year. The staff team had embraced this change and had developed their skills in end of life care, supporting people with sight difficulty and behaviour support. The provider had ensured the service had the resources and training available to respond effectively to people's needs. The registered manager told us ''We have learnt so much through the involvement of the palliative nurses and the consultant in how to support people to remain living at home for as long as they want''. The service continued to learn and develop support workers' skills in line with current best practice.

The registered manager followed the requirements of their registration to notify CQC of specific incidents relating to the service. We found relevant notifications had been sent to us appropriately. For example, in the event of safeguarding incidents, the notifications showed the registered manager had taken appropriate action to notify the relevant agencies and keep people safe.