

FitzRoy Support

Lee Gordon House

Inspection report

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Ratings

Overall rating for this service	Good ●
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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

This inspection took place on 3 May 2018. The inspection was announced.

This was the first time Lee Gordon House had been inspected under its current registration. The home had previously been registered under a different provider.

Lee Gordon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides accommodation with personal care for up to six people with a learning disability or autistic spectrum disorder. It does not provide nursing care. At the time of our visit five people lived at the home. Accommodation is provided in one single storey adapted building. The home is located in Coventry in the West Midlands.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the home who had been in post for six years. 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.

Staffing within the home needed improvement. Staffing levels meant there were times when there was no staff presence in some areas of the home and staff were not always available to support people when they wanted to go out. Action was being taken to address this. Staff were recruited safely and received the guidance, support and training they needed to provide safe and effective care.

Relatives were confident their family members were safe at Lee Gordon House and we saw people were comfortable and relaxed in their surroundings. Staff understood how to protect people from the risk of abuse.

People received food and drink which met their needs and were supported to access health care professionals when needed. Risks to people's safety were identified and staff mostly provided good support to reduce identified risks. Information in care records ensured staff had the detail needed to ensure care and support was provided in line with the individual needs, choices and preferences of each person.

People were supported by staff they knew and who understood their needs, preferences and life style choices. People were supported to maintain relationships with people who were important to them. Family were welcomed to visit the home at any time. Relatives spoke highly of staff who they felt were dedicated, kind and friendly.

The registered manager understood their responsibility to comply with the relevant requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People and relatives were involved in making decisions about care and support. Care workers gained people's consent before they provided personal care and respected people's decisions and choices.

Care was delivered in a way which respect people's privacy and dignity and prompted their independence. People received their care and support from staff they knew, who understood their needs and with whom they had built relationships. Medicines were managed and administered safely.

Relatives spoke positively about the quality of care provided, staff and the way the home was managed. Staff enjoyed working at the home and felt supported and valued by the management team. Relatives felt able to raise any concerns with the registered manager and were confident these would be addressed.

The management team completed regular checks to monitor the quality and safety of service provided, and encouraged relatives and staff to share their views about the home to drive forward improvements.

Further information is in the detailed findings below.

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 consistently safe

Relatives were confident their family members were safe at Lee Gordon House. Staffing levels met people's physical needs but limited opportunities for people to engage in activities outside the home and meant staff did not consistently manage known risks. Action was being taken to address this. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. Medicines were managed and administered safely.

Is the service effective?

Good 

The service was effective.

Staff received induction and training that supported them to meet the needs of people effectively. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff supported people with their nutritional needs and to access health care when needed.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were friendly, dedicated and kind. Staff supported people to maintain their independence where possible, and ensured they respected people's life style choices and rights to dignity and privacy.

Is the service responsive?

Good 

The service was responsive.

People's care plans were personalised and included detailed information to enable staff to deliver person centred care and support. People were supported by staff they knew and who understood their individual needs. Relatives were involved in

planning and reviewing their family members care needs.
Complaints were managed in line with the provider's procedure

Is the service well-led?

Good ●

The service was well-led.

Relatives were very satisfied with the service provided and spoke positively about the way the service was managed. Staff felt valued and supported by the management team and enjoyed working at the home. Relatives and staff considered the registered manager to be approachable. The provider had effective systems to review the quality and safety of service provided and to make improvements where needed.

Lee Gordon 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.

The inspection visit took place on 3 May 2018 and was conducted by one inspector.

It was a comprehensive, announced inspection. The provider was given 48 hours' notice because the location is a small care home for adults with a learning disability or autism spectrum disorder who are often out during the day; we needed to be sure that someone would be in to talk to us. We also needed to discuss if our presence may cause anxiety to people and allow the provider time to reassure them.

This was the first time Lee Gordon House had been inspected under its current registration with the Care Quality Commission in March 2017. The home had previously been registered under a different provider.

Before our visit we reviewed the information we held about the home. We looked at statutory notifications the home had sent to us and spoke with local authority commissioners. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told us they had no feedback they needed to share with us about the home.

We reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require provider's to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our inspection visit we found the PIR was an accurate reflection of how the home operated.

All of the people at Lee Gordon House had limited verbal communication and were unable to tell us in any detail about the service they received, so we spent time observing how they were cared for and how staff interacted with them. This was so we could understand their experiences of the care they received. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to

help us understand the experience of people who could not talk to us.

We spoke with two care staff, the deputy manager and registered manager.

We looked at two people's care records and other records related to people's care, including daily logs, medicine and personal care records. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records. We reviewed two staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records of the checks the provider and registered manager made to assure themselves people received a good quality service.

Following our visit we spoke with three relatives on the telephone to get their views on the care given to their family members.

Is the service safe?

Our findings

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. We observed people did not hesitate to go to staff when they wanted support and assistance. This indicated they felt safe around staff members. Relatives told us they had no concerns about their family member's safety. One said, "The staff would never let anything happen. They look after and protect [person] like they are family."

Relatives felt there were enough staff to support people when needed. One told us, "There always seems to be enough staff when I visit." Another commented, "I'm not aware of any issues with the numbers of staff."

At the start of our visit there were three staff on duty to support five people who lived at the home. We saw staff were available to provide care and support when people needed them. Later in the morning one staff member left the home to go with a person to an appointment. This left two staff to support the four people who remained at home, one of whom required two staff to assist them to move safely. A second person was known to eat non-food items which could cause them harm. Staff were aware of this risk and records informed staff of the need to 'watch the person from a distance at all times'. However, we saw staffing levels meant this instruction was not always followed. For example, on two occasions we saw the person in the lounge while both staff were providing support in another area of the home. Despite there being no staff presence we did not see any risks to the person's safety during these times.

On another occasion we saw a person became upset because they wanted to go outside for a walk. Staff apologised to the person and explained there were not enough staff available to meet the person's request. Staff told us, "We would really like more staff so we can do more with them [People]. Staffing levels do restrict what we can do in terms of going out.", and "[Registered manager] will always help when they are here but it can be hard. If you are doing jobs, like laundry, it takes you away from them [people]." We were concerned staffing levels limited opportunities for people to engage in activities outside the home and meant staff did not consistently manage known risks.

We discussed our concerns with the registered manager, who acknowledged staffing needed to be increased. They told us they had made 'repeated requests' to commissioners to review people's needs because some had increased since their admission to the home. They added, "Because I still haven't heard anything I have passed it on to my manager and while we are waiting Fitzroy [provider] is funding extra staffing." The registered manager said, "Of course staffing is about keeping people safe but it's also about positive outcomes. I want them [people] to do lovely things and we need more staff for that." After our inspection we shared our concerns about staffing levels with the commissioners.

People were protected from the risks of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. Records showed staff had attended safeguarding training which included information about how to raise issues with the provider and other agencies. One member of staff said, "If we raised anything the manager would be on it straight away. I know that for a fact. But you can go higher if you're worried. We have a number to call."

There was a system in place to identify risks to people's individual health and wellbeing. We found risk assessments and risk management plans were up to date and clearly explained to staff what the risks were to people, and the actions they should take to minimise the risks. For example, one person was at risk of choking. The risk assessment detailed the person's food needed to be pureed and a staff member needed to stay with the person whilst they ate their meal. We saw staff followed these instructions. Discussion with staff demonstrated they had good knowledge of the risks associated with people's care and the actions they needed to take to keep people safe.

The provider also had systems to minimise risks related to the premises and equipment, such as periodic safety checks of water, fire equipment, and electrical equipment in line with safety guidance. This meant premises and equipment were safe for people to use.

Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. Staff demonstrated they understood the provider's emergency procedure and the actions they needed to take in the event of an emergency. We saw people had personal emergency evacuation plans in place (PEEPs). PEEPs provide staff and the emergency services with the information needed to support people safely in the event of a fire, or other emergency situation.

Accidents and incidents were logged and appropriate action taken at the time to support people safely and to check for trends or patterns in incidents which took place. The registered manager told us accidents and incidents from all the provider's services were reviewed by head office. They explained any themes identified by the head office analysis were shared at manager's meetings so any learning or action needed could be discussed and agreed.

Records showed staff had completed infection control training and staff understood their responsibilities in relation to this. One told us, "We have disposable gloves and aprons to use when helping with personal care, doing medication and meals or anything where there could be a risk." Our observations confirmed these practices were followed which reduced the risk of cross infection.

The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the home, the provider checked their suitability by obtaining references from previous employers and checking whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at the home until all pre-employment checks had been received by the registered manager.

We saw medicines were stored securely and disposed of safely when they were no longer required. Medicine administration records (MARs) showed medicines had been administered and signed for at the specified time. MARs contained clear protocols and guidance for medicines that needed to be given on an 'as required' basis, for example for pain and the application of prescribed creams. Limited use of these medicines indicated the guidelines were being followed consistently by staff. Known risks associated with particular medicines were recorded, along with clear directions for staff on how best to administer them.

Records confirmed staff received medicine training, which was refreshed regularly and their practice observed to make sure they continued to be competent to administer people's medicine safely. One staff member told us, "The deputy watches us giving medication. This is to check we are doing it right."

There were up to date policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance. Staff had signed to say they had read and understood these. Records confirmed staff completed daily medicine checks and the management team

completed monthly audits. A staff member told us the close monitoring of medicines ensured any issues would be quickly identified and dealt with.

Is the service effective?

Our findings

Relatives were confident staff had the skills and knowledge needed to meet their family member's needs effectively. One relative told us, "I have no doubt in my mind that the staff have the right skills." They told us this was because they had seen how staff worked with their family member. They added, "Staff work with diligence and patience. They know how to look after [person] so well."

Staff told us they completed an induction when they started work at the home. This included working alongside experienced staff and completing training the provider considered essential to meet people's needs. One staff member told us they had worked at the home for a number of years but recalled how their induction enabled them to learn about their role and people's needs. They told us this made them feel 'more confident'.

The registered manager told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. Care workers have to demonstrate they have the skills, knowledge, values and behaviours to ensure they provide high quality care and support. Records showed in addition to completing the provider's induction programme; staff had a probationary period to check they had the right skills and attitudes to work with the people they supported.

Staff received ongoing training to enable them to keep their knowledge and skills up to date. One told us they felt the training provided ensured they 'did things properly and in the right way'. Staff said they were also supported to do training in other areas specifically related to people's individual needs, for example, positive behaviour support, epilepsy and autism awareness.

The registered manager maintained an up to date record of training staff had completed. This included equality and diversity, moving and handling people, management of infection control and dignity, respect and personal care. Records also showed the management team regularly checked staff practice to ensure they were putting their training into practice and were working in accordance with the provider's policy and procedures.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found the registered manager understood the relevant requirements and their responsibilities under the Act. They had made DoLS applications which had been authorised by the local authority (supervisory body) because people had restrictions placed on their liberty to ensure their safety.

Staff had received training to help them understand the MCA. One told us, "We learnt you must never assume people don't have capacity to make a decision. It has to be proven (assessed). If people don't have capacity they will need help with making decisions." They added, "Depending on how big the decision is will depend on who helps to make it." Another staff member told us about the importance of obtaining people's consent. Throughout our visit we saw staff seeking consent before providing care and support. This meant staff understood and worked within the principles of MCA.

Care records contained information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who had the legal authority to make decisions in the person's best interests. For example, one person's next of kin had been 'legally' appointed to make decisions about the person's finances.

People were supported to meet their nutritional needs to maintain their wellbeing. People had access to food and drink and were able to choose what they wanted to eat. Staff had a good understanding of people's nutritional needs, including specialist dietary and cultural requirements. For example, one staff member told us they added 'one scoop' of thickener to a person's drink because the person was at risk of choking. This reflected the recommendations made by a specialist health care professional. Another person did not eat beef. The registered manager had researched the content of food items, for example gravy granules to ensure the person did not eat anything which contained beef by-products. We saw staff supported people to eat and drink by giving gentle reminders and encouragement.

The provider worked in partnership with other health and social care professionals to support people. The registered manager explained they felt developing positive working relationships was important for the health and well-being of the people they supported. They said, "If we are all on the same page we can do our best for the people we support." They went on to describe how working with a range of health care professionals had meant one person received the specialist care they needed at the end of their life whilst remaining at home. Care records showed people were visited, or attended visits, with healthcare professionals regularly, and as people's needs changed.

The provider had taken steps to ensure the design and adaptation of the premises met people's assessed needs. For example, all rooms were on one level so people could move around their home freely and the shower room was being refurbished to make it easily accessible. The registered manager told us further improvements were planned as part of the home's refurbishment programme. This included redecoration and replacing flooring which was showing signs of wear and tear.

Is the service caring?

Our findings

People were very comfortable with staff and enjoyed spending time and engaging in activities with them. Relatives described staff as friendly, caring, kind and dedicated. One relative told us, "I think all the staff are brilliant. It's like a big family." Another relative commented they felt staff had a 'very positive attitude'.

We saw staff were attentive and showed people patience and respect. For example, one staff member was heard asking if they could put a person's glasses on so the person could see clearly. The person did not respond. The staff member sat by the person holding their hand and gave the person time to process the question. After a short time the person responded by smiling, the staff member gently secured their glasses in place and checked the person was comfortable.

Staff told us they 'loved' working at Lee Gordon House and took pleasure in their roles because they felt they made a difference to people's lives. One staff member said, "I would do anything to make them happy. I love to see them smile." They added, "They [people] are each very different and unique. I just want them to have a nice fulfilling life."

People were supported to maintain relationships important to them. Relatives told us they were welcome at the home at any time and there were no visiting restrictions. One said they felt the fact they could visit without 'pre-warning' the home was a clear indication that people were always well cared for.

Staff understood family and friends were an important part of the lives of people who lived at Lee Gordon House. One said, "We love to have visitors. They can rock up at any time and will always be made very welcome." The registered manager said they knew people's relatives well and had 'really good relationships' which was an important factor in maintaining people's everyday 'family life'.

Staff understood the importance of respecting and ensuring people's privacy and dignity was maintained. One staff member explained they did this by closing doors and curtains before assisting people with personal care. Another staff member described how staff always assisted a person who had a 'habit' of undressing in the communal lounge to the privacy of their bedroom. They added, "[Person] does not understand what it means to strip in public so we protect them." We saw staff knocked on people's bedroom doors before announcing themselves and waited to be invited in. The provider ensured people's care records, which contained personal information, were securely stored and kept confidential.

Relatives told us staff supported their family member to be as independent as possible. One relative said, "The staff work with [person] so they can do things, like making a drink. It's very positive for [person]." Care records contained a section called 'My independence and living skills' which detailed what the person wanted to achieve independently and provided staff with a step by step guide about how to support the person to achieve this. A staff member told us, "One of our aims is to help them [people] do as much as possible. Like picking their clothes up and keeping their rooms tidy." They added, "This is important for their self-esteem."

We saw people were able to spend their time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, we saw some people were up when we arrived, and other people were still in bed. Some people were eating breakfast in the dining room, and other people were eating breakfast in the lounge, which was their preference. Relatives told us people had chosen the colour of paint and carpet in their bedrooms which were personalised with pictures, photographs and soft furnishing. A staff member told us, "We are led by what they [people] want to do. Not the other way round."

Is the service responsive?

Our findings

Relatives were positive about how staff supported their family members. One told us, "It's like a big family home where everybody knows what makes the other happy." Another relative explained they had confidence the service provided met their family members needs because staff knew and understood [person's] 'little ways' and how to provide their care and support to meet these.

People received support from staff they knew and with whom they had developed positive relationships. A relative commented, "[Person] is very settled and contented' because some staff at Lee Gordon House had worked with them for 'many years." People were allocated 'keyworkers' (named staff member) who were responsible for overseeing people's care. One staff member explained the role of the keyworker was to, "Make sure they [person] has everything they need to have a good, happy life and that families are kept involved and updated."

Staff understood and were responsive to people's needs. For example, one staff member told us they had liaised with a person's GP because the person had been observed pulling their hair which was an indication they were not well. Records showed the GP had confirmed the person had an infection and had prescribed a course of antibiotics.

Care plans were personalised and provided detailed information about people's needs, life style choices and histories, preferences and daily routines. For example, one person's plan said they liked their meal to be served from a crockery plate but preferred to drink from a plastic beaker because they liked to walk around whilst drinking. Another person's records showed celebrating religious festivals was an important aspect of their life. Staff told us they checked for 'important calendar dates' so they could assist the person to celebrate. One staff member commented, "We celebrate Diwali, Christmas, Eid... any special time that is important to the guys [people] and their families. We all join in."

Relatives were involved in reviewing their family member's care. One told us they regularly attended meetings and felt included in discussions and decision making. Another relative commented, "We are always encouraged to share our views and any ideas we have about what [person] may like to do. Any changes are put in the care plan so everybody knows what [name] needs or wants to do."

Staff told us care plans included the information they needed to ensure they provided individualised care. One commented, "We read plans, they really do give us lots of information." During our visit we heard the deputy manager speaking with staff about a person because their care plan was being updated. The deputy manager told us, "Staff know [person] really well, they are with her every day so it's important they are included in reviewing plans."

Staff had the information they needed to support people and respond to any changes in people's needs. Any changes were shared with staff during a verbal handover at the start of each shift. For example, we heard staff being told new medicine had been delivered for one person and that another person had been to the hairdressers. The handover was also recorded in the 'handover' file so staff could refer back if they

needed to check something.

The 'Accessible Information Standard' [AIS] aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The provider had recognised people's different levels of communication. Communication care plans described people's individual needs and how staff should engage with people to ensure they provided responsive care. For example, some people communicated their needs and choices using 'picture cards'. Other people communicated through facial expression or body language. We saw one person take a staff member's hand and lead them to the kitchen. The staff member explained this meant the person wanted a drink. We saw the drink was provided.

Relatives spoke positively about the support their family member's received to take part in activities inside and outside the home, which reflected their personal interests and hobbies. One relative said, "I generally ring before I visit. Not because I have to but because [person] is always out and about." Another relative told us they were often invited to planned events at the home, including external entertainers and parties which they and their family member enjoyed.

During our visit some people chose to spend their time listening to music and engaging with sensory objects specifically designed to promote well-being for people with learning disabilities. We saw one person enjoying a head massage. We heard the staff member say, 'You love this don't you?' The person responded with a big smile. The staff member told us hand and head massages helped the person to relax. Another person chose to go to the local hairdressers and then to the shops to buy new clothes in preparation for their forthcoming holiday to Blackpool.

Staff told us activities and events were arranged according to people's personal interests and preferences. For example, one person had been rock climbing and horse riding which had been a long term goal. We saw people's activity diaries contained photographs of individual and group activities and holidays. It was clear that holidays were important to the people who lived at the home and staff ensured they were supported to enjoy holidays of their choice.

However, staff told us opportunities for people to engage in activities outside of the home were currently limited. One said, "We can't do as much at the moment because there aren't enough staff." The registered manager acknowledged this. They explained they no-longer had a dedicated activity co-ordinator because the hours for this post needed to be used to increase daily staffing levels. They told us this would be addressed once people's needs had been reviewed by commissioners which they had requested.

We looked at how complaints were managed by the provider. Relatives told us they had no complaints, knew how to complain and would be confident to raise any concerns with the registered manager if they needed to. One said, "I would go straight to [Registered manager] without hesitation. It would be sorted." Records showed the home had received one complaint in the previous twelve months which had been managed in line with the provider's policy and procedure.

Care workers knew how to support people if they wanted to complain, we were told, "Our priority is their [people's] happiness so I would try to sort out whatever it was that was making them unhappy." The staff member added, "If I couldn't I would pass it to the manager." We saw the provider's complaint procedure was displayed in the home in different formats, including pictorially, to reflect people's communication needs.

The provider's PIR informed us the home was focusing on developing end of life care plans with people and

families to ensure people were able to 'remain at home surrounded by a staff team who show love and care'. We found end of life care plans had been developed which provided staff with the information they need to ensure people's end of life wishes, including people's religious and cultural traditions and rituals, were respected and met.

The registered manager told us the home had recently supported a person at the end stage of their life. The registered manager spoke proudly of the way staff had enabled the person to have a dignified death in their own home. One staff member told us, "We [staff] and the manager rang two or three times a day when we were off shift just to check how [name] was." They added, "It was really hard and sad but I know [person] was surrounded by love right to the end."

Is the service well-led?

Our findings

Relatives told us they were very happy with the service provided and felt the home was well-managed. One relative described the registered manager as 'first class'. They added, "She is always there if you need to talk and she genuinely cares about the residents [people] always putting them first." Another relative told us, "We are very pleased with the home. We couldn't ask for more."

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

The registered manager was supported by a deputy manager who spent part of their working week at Lee Gordon House and deputised in the registered manager's absence. The registered manager described their relationship with the deputy manager as 'very good'. They added, "We work well together." They told us they also received support from one of the provider's regional managers who visited the home and was available at other times, if needed, via the telephone.

All staff spoke highly of the registered manager. Comments included, "[Registered manager] makes you feel really valued. She is a really good listener... has a positive attitude which makes it a happy place.", and "If you have any ideas which are good for the guys [people] she says 'yes, let's do it'.", and "Our manager is very pro-active. If you have a problem she deals with it straight away."

In addition to daily contact staff told us they received support through regular individual and team meetings with the management team, which they said were positive and helped them be more confident and more effective in carrying out their role. One staff member described team meetings as 'open' and honest'. They told us this was because, "We all have the same priority which is making sure they [people] are getting the best."

Records showed team meetings were themed. The registered manager explained this was so they could use team meetings as an opportunity to check and further develop staff knowledge and understanding. For example, an officer from the Fire Service had been invited to speak about fire safety. Meeting minutes showed the fire officer had given positive feedback about the provider's emergency evacuation and fire safety procedures. We saw a speech and language therapist had been invited to attend the next staff meeting to speak about supporting people who have difficulties with communication, or with eating, drinking and swallowing.

The registered manager encouraged open communication. Relatives described communication with the registered manager as 'very good'. One told us they felt able to speak with the registered manager by telephone or when they visited their family member. Another explained they were invited to coffee mornings at the home and other planned events where the registered manager was available if they wanted a 'chat'. They said, "The good thing about [registered manager] is she wants to hear your thoughts and views."

The registered manager told us, "I have an open door policy. You need to be available when the guys [people], relatives or staff need you. That is really important." During our visit we saw people chose to spend time sitting with the registered manager in their office which they enjoyed.

The registered manager kept their knowledge of current social care issues updated. They explained they did this through regular attendance at forums and meetings with other manager's from within the provider group. The registered manager told us attendance at these meetings enabled them to, "See what others are doing and to share what has worked well." They added, "Fitzroy [the provider] are very good at sending out information about changes or updates to keep us informed."

The provider planned to invite people to share their views about the quality of the service and any areas where improvement could be made through an annual 'Family and Friends Survey'. The registered manager told us this year's surveys were being prepared for distribution in the next two weeks. They explained that once returned, each survey would be analysed to identify any areas where improvement was required or suggestions for further developing the service provided.

The management team used a range of audits and checks to monitor the quality and safety of the service and to drive forward improvement. These included checks to ensure care records were up to date, recruitment was safe and medicines were being managed and administered safely. The provider's quality monitoring team also carried out regular checks which identified what the home did well and where improvement was needed.

We saw the registered manager maintained an action plan where a need for improvement had been identified. The action plan was regularly reviewed and updated to show when actions had been completed and those which still needed to be addressed. For example, the registered manager had completed a staffing analysis at the request of commissioners, quotes had been obtained to replace the dining room floor and three people's bedrooms had been refurbished. This showed continuous improvement was being made.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had notified us about important events and incidents that had occurred and had completed the Provider Information Return (PIR) as required by Regulations. We found the information in the PIR was an accurate assessment of how the home operated. The registered manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations into concerns.