

Purley Park Trust Limited

Duncan House

Inspection report

18 Huckleberry Close
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Reading
Berkshire
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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?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Duncan House on 17 and 18 May 2016. The inspection was carried out by an Adult Social Care inspector. There was a registered manager for the service. 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.

This inspection was unannounced. Duncan House is one of eight separate care homes within the Purley Park Trust Estate. Duncan House provides personal care and support for up to eight people who have learning disabilities. There were eight people living at the service when we visited.

The manager assessed and monitored the quality of care consistently with the help of staff and other members of staff in the company. However, the systems were not always effective as we found some inaccurate records. People received their prescribed medicine safely and on time. However, records of medicine stock were not always accurate.

Staff received a thorough induction when they started work at the service. They understood their roles and responsibilities, as well as the values and philosophy of the service which we saw were put into daily practice. Staff were up to date with their training which helped them to perform their roles and responsibilities and care for people effectively. People felt happy and supported by staff.

The managers and staff were knowledgeable about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). Staff were following the principles of the MCA when supporting people who lacked capacity to make a decision. They had taken appropriate action with the local authority to determine if anyone was being restricted of their rights and liberties. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

People felt safe at Duncan House and were protected from abuse. Staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected.

The registered manager ensured there were enough qualified and knowledgeable staff to meet people's needs at all times. The provider had employed good staff. Staff were focused on following the best practice at the service making sure people received appropriate care and support. The service took steps to make sure the care was based on local and national guidance.

There were robust recruitment processes in place. All necessary safety checks were completed to ensure prospective staff members were suitable before they were appointed to post.

People were able to have a nutritious and balanced diet. Hot and cold drinks and snacks were available

between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to acquire specialist professional help when required.

People and relatives told us good things about the service they or their family member received. Our observations and the records we looked at confirmed the positive descriptions people and relatives had given us. Staff understood the needs of the people and we saw care was provided with kindness and compassion. People told us they were happy with their care.

Throughout our inspection we saw examples of appropriate support that helped make the service a place where people felt included and consulted. People and their families were involved in the planning of their care and were treated with dignity, privacy and respect.

We have made a recommendation about keeping up to date and accurate records.

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 home was safe. People's medicines were administered safely. However, the storage of medicine had to be reviewed to remove expired stock.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

The provider had arrangements in place to ensure there were enough staff to care for people safely. The provider's recruitment process was robust.

Is the service effective?

Good ●

The home was effective. People liked the staff. Training was up to date.

Staff acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were protected and supported appropriately when they needed help with making decisions. People were always asked for their consent before staff supported them with any tasks.

People planned the menu with staff support and enjoyed the food. Staff worked with other professionals to ensure people's health was monitored and any issues responded to.

Is the service caring?

Good ●

The staff were caring. Staff were kind and compassionate and treated people with respect.

People and their families were supported to express their views and be involved as far as possible in making decisions about their care, treatment and support.

People's privacy and dignity was respected. Staff responded in a caring way when people needed help or support.

Is the service responsive?

Good ●

The home was responsive. People and their families told us they could raise their concerns in the home and it would be responded to appropriately. The management and staff were approachable and dealt with any concerns promptly.

Staff had established effective ways of communicating with people to enable them to express their views about their care and any wishes were included in their care records.

There was a choice of activities for people to participate in if they wished. People knew how to raise concerns and confirmed it was addressed appropriately.

Is the service well-led?

The home was not always well-led. The registered manager had monitored the quality of the service to ensure people received safe and appropriate care. However, records in respect of each person living at the service were not always accurate or up to date.

Staff felt confident to share any concerns about the care provided at the home. The management was available for guidance and support.

We observed some good and well managed practice taking place during our inspection that had a positive impact on people's lives.

Requires Improvement 

Duncan 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.

We inspected Duncan House on 17 and 18 May 2016. The inspection was carried out by an Adult Social Care inspector. It was unannounced.

Before the inspection the registered manager 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. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we looked at how people were supported during the day and how staff interacted with them. We also reviewed a range of care records for eight people, staff training and support records, three recruitment files, medicine management records and other documents about how the service was managed.

We received feedback from three people, four staff, the assistant manager, the registered manager and the assistant operations manager. We asked for feedback from four people's relatives. Additionally, we asked for feedback from the local authority and health and social care professionals.

Is the service safe?

Our findings

People were receiving their medicine on time. However, the service did not consistently follow safe practice around storing and recording of medicine. There was a risk people may receive medicine that was out of date. We reviewed medicine stock in two cabinets and records kept for it. Most of the medicines were in date. However, we identified two medicines that had expired. One of them was the services paracetamol, given to people who use the service if they did not have their own. This was noted to the staff and immediately removed to return to the pharmacy following the provider's returns procedure. We reviewed all the stock and records to check they tallied. House paracetamol stock was recorded incorrectly as 30 when it was 32 tablets in the cabinet. Staff had given one person their paracetamol. They have signed for it on the person's stock count sheet and also on the house paracetamol stock count sheet by mistake. Staff rectified the error and signed for it.

We observed one round of the administration of medicine. People told us they took their medicine and staff helped them. People were informed of the reason for taking medicine and what it was. People understood the reason and purpose of the medicines they were given. Medication administration sheet was signed afterwards.

People felt safe living at the service and liked the staff. They told us they would go to staff or the manager if they felt unsafe or had any concerns. People were protected against the risks of potential abuse including financial, physical, emotional, and psychological. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff could explain how they would recognise and report abuse.

Staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. The service had a safeguarding policy and procedure for staff to follow if there were any allegations of abuse or concerns raised. During our inspection a safeguarding alert was raised with the local authority and the funding authority was notified. We were informed about the actions the registered manager has taken to ensure the person was safe. We observed the whole staff team worked together and supported each other to help the person feel comfortable and happy.

Staff said they were aware of the whistle blowing policy and knew who to go to in order to raise a concern. Staff were encouraged to raise any concerns so things could be put right. Senior management were approachable which also helped staff to feel confident to raise concerns or issues if any arose. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. For example, some people had behaviour that may challenge others. There was clear guidance for staff to follow so they could prevent incidents and ensure the person stayed safe. The registered manager kept records of accidents, incidents or near misses to evaluate and look for trends and triggers.

Occasionally people became upset, anxious or emotional. Some people had been identified as being at risk of displaying behaviours that may challenge others. They received support from staff who monitored their

behaviour throughout the day. We observed staff supported people appropriately when they needed reassurance. The people's support plans included guidance information for staff on how to support the person to feel better and monitor for identified triggers that may cause distress.

Risks to people's safety were assessed, managed and reviewed. We looked at the care records for people who use the service. Each person had a risk analysis carried out considering risk factors and if a risk assessment was required. People were protected against risks and action had been taken to reduce the risk of harm. Care plans included risk assessments about particular risks people may face. These included keeping safe in the community, vulnerability, changing mental health needs, and falls. The plans in place were clear and easy to follow.

People were kept safe in the service because the provider had emergency procedures to follow to ensure emergencies were dealt with as quickly as possible. Guidelines were available for staff to follow in an emergency. They could also call the registered manager for advice and support, the company's on-call person, the maintenance team and/or emergency services, if people needed medical assistance.

People were supported by staff with the right skills and knowledge to meet their individual needs. The staff numbers were based on people's needs, support and staff skills. The registered manager reviewed the rotas regularly to ensure there were enough staff to support people depending on what was going on in the service. Any staff absences were covered by agency staff, bank staff or staff from other houses on the estate. The service had a calm and relaxed atmosphere and no one was being rushed. People could go out of the service whenever they chose to. Staff were aware where each person was and used the company's transport if someone needed to go out. People told us staff had time to support and help them when needed. Staff felt there were enough staff on the shifts. They were deployed in a way that kept people safe and ensured they could do their activities. Due to a recent safeguarding incident the night shift had to be changed from a sleep-in to a waking night. Staff organised the staff cover swiftly between each other to ensure people were safe during the night. One relative felt staff were skilled to provide their family member with the care and support they needed and they responded to any queries.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience, good character and were suitable for their role. Staff files included application forms, records of interview, health checks and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff were available when needed and knew what they were doing. One person said, "They give me advice and support me." People were supported to live their life the way they chose and maintain a good quality of life. For example, people chose the activities they wanted to participate in and staff respected their choices. Staff had meetings with people and communicated daily about what their wishes and preferences were. This way staff could help them find and choose things to do each person enjoyed. Health and social care professionals felt the service provided effective care and supported people to maintain good health. One professional commented, "The staff I have worked with are very knowledgeable about the people in their care. The staff are always confident to ask for support from others if they feel they need support to provide better care for an individual in their care." Another told us: "I believe the service is very well managed and staff have a good knowledge and skill base."

The induction programme and training included the Skills for Care, care certificate framework. New staff were supported to complete an induction programme before working on their own. Ongoing staff training was overseen by the registered manager and the training manager. We reviewed the training records for staff which confirmed they were offered training on a range of mandatory subjects including safeguarding, fire safety, moving and handling and medicine awareness. Additional training was provided relating to the specific needs of the people living at the service. For example training in epilepsy, diabetes and dementia. The training records showed staff were up to date with their training and a reminder was included to show when updates were due. Practical competencies were assessed for topics such as administering medicines and moving and handling before staff were judged to be competent and allowed to carry out those tasks unsupervised. Staff felt they had the training they needed to deliver quality care and support to the people living at the service.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Records showed staff received regular supervision sessions. Staff felt supported and enjoyed their work. Staff were confident they would receive support from the registered manager when needed. Staff felt supervisions were carried out regularly and whenever they needed. The registered manager explained they would carry out an appraisal as an end of the year supervision. However, they said they were looking to change it slightly to ensure staff could discuss their goals and any other matters at every supervision. Staff felt the team worked together and communicated with each other well within the service.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us they were able to make most of their own choices and decisions about their care and daily life. People's wishes and preferences had been followed in respect of their care and treatment. Staff understood the need to assess people's capacity to help them make decisions. They told us, "Everyone has capacity until proven otherwise" and "Assume that people have capacity unless proven otherwise, [we

use] the five principles". People's rights were protected because the staff acted in accordance with the MCA. The registered manager and staff encouraged people to make their own decisions ensuring those important to the individual were involved in this decision making, if appropriate. The registered manager ensured, where someone lacked capacity to make a specific decision, best interest principles were followed and appropriate professional support would be sought.

People can only be deprived of their liberty in order 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 Deprivation of Liberty Safeguards (DoLS). The service was meeting the requirements of DoLS. The registered manager reviewed and assessed people with the local authorities to determine whether people were deprived of their liberty. Three DoLS authorisations were in place at the service and three applications were awaiting outcomes.

Staff used shift handovers to inform the staff team about any tasks to complete or events going on. Staff used a communication book to record anything that had been going on in the house, important information and any actions to take that would help manage risks associated with people's care and support. This ensured important events and actions were not missed and there would not have a negative effect on people's care and support.

People and staff told us about meal options. Every week the staff and people made a menu for the next week putting people's meal preferences together. People told us they liked the food and were able to make choices about what they had to eat, "We do menus here, oh yes, I like my food, and we have big parties and dinners here" and "We do menus together and sometimes I help cooking." People told us their wishes were respected and they could make their own choices about their food. The staff were aware of people's dietary needs and preferences. People were supported to have a meal of their choice. Snacks and drinks were available whenever they wanted.

Staff involved people, their families and other professionals to ensure people received effective health care support. The service communicated with and involved social workers, the GP, dietitians, psychologists, psychiatrists and speech and language therapists to make sure people's health needs were met. People told us their health needs were supported and staff helped them when needed. Records confirmed people had access to health and social care professionals, for example, GP, dentist, psychologist, chiropodist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy and the professionals involved.

Is the service caring?

Our findings

People told us they were happy with the care they received. They said staff were caring and knew how they liked things done. People's dignity was respected by staff. They understood the importance of treating people with dignity and of respecting their privacy. For example, knocking on their doors and keeping information private. During our inspection we saw people were happy and contented, singing along with staff. We observed people were able to do things they wished. People were treated with kindness and compassion in their day-to-day care. People spoke positively about staff and told us they were skilled to meet their needs. Comments included, "They are a good bunch of staff" and "They are good and helpful."

The provider placed a strong emphasis on the ongoing relationship between people, families and the service. People's families were welcomed to visit the service whenever they wanted to. People received care and support from staff who knew them well. People who use the service and staff had friendly and respectful relationships. We observed staff addressed people by their preferred names. Staff were allocated as dedicated key workers to people to ensure individuals were helped to express their views. This also ensured staff could offer continuous support in the service and keep up to date with people's changing needs, support or wishes. Each person had a session once a month to meet with their key worker and discuss any issues or matters they had. People told us they could and would go to staff if they had any problems.

Staff knew people's individual communication skills, abilities and preferences. People's views were sought through daily communications, care reviews and annual surveys. Staff were knowledgeable of people's communication ways and ensured people received information in an appropriate way. People's care was not rushed enabling staff to spend quality time with them. People were also able to spend time on their own if they wished. Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. For example, one person did not feel very well. Staff spent a lot of time with the person talking to them or just sitting together. Later we saw the person enjoying some music and laughing with staff.

People were encouraged to be as independent as possible. Staff understood little things or tasks were important to people and their independence. They were encouraged to carry out tasks themselves, for example, washing and dressing, preparing dinner or tidying their rooms. Staff were there to help if someone needed assistance. People felt they were involved in the service. They told us, "Yes, I am independent and I feel so much happier at Purley" and "Yes, I am happy here." One relative felt the service was a good place for people to live because they were respected and encouraged to do things.

The support plans were drawn up with people, using input from their relatives or representatives and from the staff members' knowledge from working with them in the service. The registered manager and staff reviewed people's care and support needs to ensure they were supported in the way they preferred and which met their needs. The registered manager said they have changed the way they have carried out people's reviews. It was more person-centred and they discussed things to do, any plans for the future, what went well and not so well. People involved felt really happy about this new type of review. Staff provided care that was individual and centred on each person to ensure people felt they mattered.

The service kept any private and confidential information relating to the care and treatment of people securely locked away. Staff were aware of the importance of confidential information and talking to people in privacy. People told us staff respected their privacy, choices and the right to be independent. Comments included, "I can do whatever I want" and "Oh no, I am not restricted in any way, and yes staff respect me quite a lot".

Health and social care professionals felt staff were successful in developing positive, caring relationships with people using the service. They commented that the service promoted and respected people's privacy and dignity with one professional adding, "I have been really impressed with the level of empathy and compassion shown." Another professional commented, "The service have a very respectful and appropriate approach to people, they consider that it is the people's home and that it should be treated accordingly as they would treat and expect to be treated in their own homes."

Is the service responsive?

Our findings

People confirmed they were involved in the assessment and care planning process. This enabled staff to identify people's support needs and preferences. People had their needs assessed before they moved to the home. Care records contained support plans and risk assessments personalised to each person's needs. These plans outlined the likes, dislikes and preferences of each person. The service used a risk assessment analysis system to ensure they were able to identify and manage risks effectively so it did not affect people's daily routine. Support plans clearly explained how people would like to receive their care, treatment and support. This information enabled the staff to monitor the well-being of the person.

There was a lot of detailed information about the person written in the first person. When we read it, we saw this helped staff to get to know the person and their character, their likes and dislikes, support needed and things they could do themselves. Staff were able to explain how people liked to be cared for, the importance of putting people first and listening to their wishes. Important information was recorded daily about people including activities attended, how they had spent their day, food eaten, things they enjoyed and if anything upset them. This was used to understand people's behaviours, moods and wellbeing in order to respond to any changes and make prompt referrals to appropriate professionals. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

There was a range of activities available at the service. People were supported to follow their interests and take part in social activities like exercises, gardening, drumming and music sessions. Some people helped with daily chores like helping cook meals or setting the table. Their choices were respected. Other people decided to take part in activities taking place on the estate and were out most of the day. Staff were able to accommodate people's wishes if they wanted to do something outside the service, for example, go on holidays or have a job. Some people who use the service found it difficult at times to control their behaviour which may have affected them and others around them. The registered manager praised the staff for all the hard work they had put in to ensure people were able to live their lives without getting distressed or upset. For example, a few people with mental health needs and behaviour that may challenge wanted to have as normal life as possible. Staff listened to and supported them to achieve some of their goals in life. These included having a paid job, attending college and day centre, and joining two social clubs to be part of the community. With staff's consistent and caring support they were able to do things they wished to. It gave them a great sense of independence and achievement which had a positive impact on their behaviours and feelings.

Other examples included, another person being involved in the recruitment process. They went to job fair with the registered manager. They enjoyed talking to potential staff and answering the questions. The person really enjoyed it and felt very proud of it. They told us they would definitely do it again when the opportunity came. One of the people who use the service expressed their wish to have a mobility aid to help them move easier so that they could go to visit a friend and access local community. Staff helped them test one of these aids and will support them to purchase it. This would enable the person to maintain relationships important to them and remain independent. Outside activities included going to the seaside,

local museums and fun day activities. Many people were also part of a sailing club attending it during April and September. The registered manager told us last year the service raised funds for a charity by doing a sponsored walk around Hyde Park in London. One of the people who use the service was supporting their family member to do a sky dive. Service users were working together to get sponsorship from Purley Park Trust. The registered manager told us they recently started a mobile shop. People who use the service and staff would visit the services on the estate and give an opportunity to those who may not be able to access local shops easily. This made people really happy and sense of achievement to those running it.

The provider sought feedback from people, their families and professionals about the care and support. This was achieved through reviews of each person, sending quality assurance questionnaires out and speaking to the people and their families. The registered manager told us the responses for this year's survey for people, families and professionals had not all been received as yet. We asked to see the survey and action plan from last year. The registered manager said they actioned every issue identified in the questionnaires however they have not recorded this. They said this would be certainly completed for this year. The provider received feedback on the quality of support during staff supervisions and meetings, and communicating with other professionals regularly.

Complaints and concerns were taken seriously and would be used as an opportunity to improve the service. There had been one complaint this year. People's concerns and complaints were encouraged, investigated and responded to in good time. Staff knew how to respond to complaints and understood the complaints procedure. People and one relative told us they were aware of who to go to if they had any concerns or issues. These were addressed accordingly and in a timely manner. We saw there were a number of compliments thanking the staff for the care and support provided to the people.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage Duncan House. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

We reviewed records kept in the service like care plans and risk assessments, and other home management records. However, not all records were always up to date or completed accurately. We saw people who use the service had malnutrition universal screening tool used to screen and monitor their weight. However, the records were not always accurate. For example, one person did not have an initial MUST assessment. They were weight monthly and recorded as 'obese'. Action taken was recorded as 'ongoing'. We looked at the notes for the dietician but nothing was recorded. We pointed out to the staff it was not clear what the action taken was and they agreed this should be recorded clearly. Another person's weight was also recorded as 'obese' and action taken as 'ongoing'. However, this person had seen a dietician to help manage their weight and it was recorded on the MUST form accordingly. Later we were informed the MUST screening was removed. It would only be used if there was a risk of people not managing their weight well affecting their health and wellbeing. We saw the service used a hospital traffic light system to record important information for when the person needed to be admitted to hospital. The information was recorded in detail except one form was empty. Some hospital traffic light forms were not recently reviewed. For example, the dates were 30 January 2013, 5 December 2014 and one form had no date. It was not clear this was the most current information. There was a risk staff would not be following the most up to date information when supporting service users.

We recommend that the service seeks guidance to ensure they have appropriate systems to monitor and keep accurate and up-to-date records.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. However, they were not always effective as we have identified some discrepancies with care and medicine records. We have asked to see the last two or three reports of quality of service provision visits. We have received two reports of visits carried out in January and February 2016. The provider did not review the service recently thus did not pick up the discrepancies found during our inspection to ensure staff had the current information to provide appropriate care and support. The service used a system which monitored the quality of service according to required standards identifying any problems or shortages. We noted to the registered manager the system was based on the old regulations and outcomes. They said this was being reviewed to find an alternative and appropriate system to put in place to monitor and assess the quality of the service.

The service's aim and objectives were to provide people with excellent support. The service made sure people and what was important to them was at the centre of staff attention. There was a pleasant environment at the service where people were respected and involved. We saw people and staff had built good and kind relationships and communication between each other was also good. They were relaxed,

happy and liked living in the home. We observed friendly and fun interactions and respectful support provided to people.

People and staff felt there was an opportunity to talk to each other, bring up any issues and these would be addressed accordingly. People who use the service also had monthly house meetings to get together and discuss any matters or issues like house decorations, weekly menus, staffing, activities and holidays. The registered manager promoted open and transparent culture in the service. There was access to the senior management which were approachable and focused to achieve the best outcomes in regards to care and support for people. Staff understood the importance of respect, dignity, kindness and compassion which we saw was put into practice. They worked together as a team and motivated each other to provide people with the support and care they wanted.

Staff felt the management was good, supportive, and helpful, and acted on any concerns staff would report. They were encouraged to bring any issues up to make improvements to help ensure people received the best care and support in a safe environment. The registered manager sought feedback from the staff through regular meetings and day to day communications. The team discussed various topics in the meetings including the support and care of people who use the service, policies and procedure, tasks and actions to complete, any issues and ideas. The registered manager said there were also managers meetings quarterly to discuss any issues affecting the site or the service. The managers met once a month and discussed any issues or information. These events were important and helpful to share experience and ideas. The registered manager gave us positive comments about senior management and felt they were supported to carry out their role. They felt the senior management listened to their suggestions and acted on it. The registered manager said they could ask for support at any time and it would be provided.

The staff carried out daily checks including for cleaning, service management and people's care to make sure tasks were completed, actions had been taken and the service was left in good order. People were also involved in house management to help staff maintain it. This meant the service worked together with people and promoted their independence. We observed good and well managed practice taking place that had a positive impact on people's lives. The service had clear visions and values put into practice like kindness, compassion, dignity and respect which we saw in staff practice. They worked hard to make sure people received support tailored to individual needs and important aspects of their lives. The registered manager felt happy and supported to work in the service, "I'm very supported, if I have a challenge I know I can overcome it. I have a great team behind me and they don't need me to run the house. They are a supportive team."