Aspects Care Homes Ltd

Warwick House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection site visit took place on 12 July 2018 and was announced.

This was the first inspection of Warwick House since registering with the Care Quality Commission in August 2017.

Warwick 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 eight women with mental health needs. It does not provide nursing care. At the time of our visit five people lived at the home. The accommodation is provided in a large three story detached house in a residential area and has access to local shops and amenities. The home is located in Earlsdon, Coventry, in the West Midlands.

The home had a 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.

People felt safe living at the home. The provider's staff recruitment systems reduced the risk of recruiting unsuitable staff. There were enough staff available to provide the care and support people needed and to keep them safe.

The registered manager and staff understood how to protect people from abuse and their responsibilities to report any concerns. Staff received an induction into the organisation, and a programme of training to support them in meeting people's needs effectively. Staff were supported through individual and team meetings with the management team.

Risks to people's safety were identified and staff provided good support to reduce identified risks although actions to reduce some risks were not always taken in a timely manner. This was being addressed. Information in care records mostly ensured staff had the guidance needed to ensure care and support was provided in line with people's individual needs, life style choices, preferences and goals. People were involved in planning and reviewing their care.

People were encouraged to make day to day choices, including how they would like to spend their time. Management and staff worked with other professionals to support people to maintain their well-being, physical and mental health. Staff supported people to make healthy lifestyle choices and maintain a balanced diet.

The management team completed audit checks to monitor the quality and safety of the service provided. However, these were not always effective in identifying areas needing improvement. People, staff and relatives were invited to share their views about the home to drive forward improvements. An action plan was being developed to show how feedback was used to support continuous improvement.

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 were involved in making decisions about their care and support. Staff gained people's consent before they supported people and respected people's decisions and choices.

Care was delivered in a way which responded to people's needs and respected their privacy and dignity. Staff understood the importance of supporting people to maintain, develop and regain their independence.

People received their care and support from staff they knew, who understood their needs, and with whom they had built relationships. The management and administration of medicine required improvement.

People spoke positively about the quality of care provided and the way the home was managed. Staff enjoyed working at the home and felt supported and valued by the registered manager. People knew how to make a complaint and were confident any concerns raised would be addressed.

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.

People felt safe living at the home and staff were available, to support people when needed. Risks to people's safety were identified. However, actions to reduce some risks were not always taken in a timely manner. The environment was clean and homely. The management team and staff understood their responsibilities to safeguard people from harm. The provider's recruitment systems reduced the risk of recruiting unsafe staff.

Is the service effective?

Good

The service was effective.

The registered manager and staff 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. People were supported to eat a healthy diet and attend healthcare appointments when a need was identified. Staff received induction and training that supported them to meet the needs of people effectively.

Is the service caring?

Good

The service was caring.

People were supported by staff who had a friendly and caring attitude and who had taken time to understand people's needs and how they wanted their care and support to be provided. The atmosphere within the home was calm and relaxed and people were comfortable in the company of staff. Staff respected people as individuals, maintained their privacy and dignity and supported their independence.

Is the service responsive?

Good

The service was responsive.

Care plans mostly provided staff with the information they needed to respond to people's individual needs. People were

supported and encouraged to take part in activities of their choice. People were involved in planning and reviewing their care and support. People knew how to raise concerns and were confident any complaints would be addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

People were satisfied with the quality of service provided and the way the home was managed. The registered manager was developing their knowledge, skills and understanding of their role and regulatory responsibility. Staff felt valued and supported by the registered manager and enjoyed working at the home. People and staff considered the registered manager to be available and approachable. The provider's quality monitoring systems were not always effective.

Warwick 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 12 July 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 people with mental health needs who are often out during the day; we needed to be sure that someone would be in to talk with us.

This was the first time Warwick House had been inspected since registering with the Care Quality Commission in August 2017.

Before our visit we reviewed the information, we held about the home. We looked to see if the home had sent us any statutory notifications and we contacted health and 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 did not share any concerns about the service.

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 visit found the PIR was an accurate reflection of how the home operated.

People living at the home were able to tell us from their own experiences, what it was like living at Warwick House. During our visit we spoke with two people, two care staff and the registered manager. We also spoke, briefly, with the provider via the telephone.

We looked at two people's care records and other records related to people's care, including daily logs of

care provided and medicine 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 three 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.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Warwick House. One person explained this was because of the staff and the environment. They added, "I am perfectly safe here." Another person described how the home's front gates being locked prevented 'un-invited' visitors which made them feel safe.

Throughout our visit we found there was a relaxed and calm atmosphere in the home and the relationship between people and the staff who supported them was friendly. We observed people did not hesitate to go to staff to chat, or when they wanted assistance. This indicated they felt safe around staff.

The provider protected people from the risk of abuse and safeguarded people from harm. Staff had received training in how to protect people from abuse and confidently described the types of abuse people may experience and the signs which might indicate someone may be at risk. One commented, "You use your training about the possible signs, like a change in mood, or behaviour and combine that with your knowledge of the person." They added, "You have to be on the ball at all times because we have a duty to keep people safe."

Staff understood their responsibilities to report any witnessed abuse or allegations of abuse to the registered manager. One explained, "We cover reporting and whistleblowing in our training. We have a procedure to follow." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. Another staff member explained whilst confident the registered manager would deal with any safeguarding concerns, they would 'escalate' if they felt they had not been properly addressed. They said, "Without hesitation I would contact the police or CQC (The Care Quality Commission)."

There was a system in place to identify risks to people's individual health and wellbeing. We found risk assessments were up to date and informed staff of the actions they should take to minimise the risks. For example, one person was at risk when crossing the road. The risk assessment informed staff of the need to stay close to the person, to remind them of the importance of road safety and to encourage them to use the zebra crossing. 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.

However, we found timely action had not always been taken to address known risks. The provider's PIR dated 5.7.2018 read, 'Warwick House has a fire escape on the first floor, it has been identified that there is a potential risk of service users exiting this door without the staff being aware and the steps leading down from this fire escape are a falls hazard'. The PIR informed us action was planned to mitigate this risk.

On the day of our visit we found the planned action had not been completed and there was no risk management plan in place to show how this risk was being managed in the interim. The registered manager told us a 'domestic type' battery operated door alarm was due for delivery and fitting later that day. Whilst we were not aware of anyone leaving the home via the fire exit we were concerned about the delay in fitting an alarm. This was because some people would not be safe if they went outside the home alone and the

steps leading from the fire escape had been identified as a falls hazard. Furthermore, we were unsure if staff would be able to hear a 'domestic type' alarm in all areas of the home. We discussed this with the registered manager who immediately responded to our request to seek specialist advice from a fire officer and gave assurance a risk management plan would be devised.

People told us staff were available to provide care and support when needed. One person told us, "That's one of the good things, staff are here when we need them." Another person commented, "Staff are here day and night to help us."

We looked at the home's staffing rota and saw there were two staff on duty during the day and one member of staff at night. Staff told us they felt these staffing levels were sufficient to enable them to spend time with people and to keep them safe. One staff member said, "At the moment we have two staff but as more people move in, staffing will increase." Another told us, "We never work with less than two and the registered manager is always there to help if we need them." They added, "We are a really good team. We jump in and cover when needed. We don't use agency because the resident's need to know the staff."

We looked at the how the home managed and administered people's medicine. People told us they received their medicines when needed. One person said, "Not a problem. I have my medication every day. We saw medicines were securely stored in lockable cabinets in people's bedrooms and were disposed of safely when they were no longer required.

Most medicines were delivered to the home in pre-prepared blister packs. These were supported by medicines administration records (MAR) detailing when and how much medicine should be given. MARs showed medicines had been administered and signed for at the specified time.

Other medicines were provided in their original packaging. We saw one person had been prescribed pain relief medicine to be taken four times a day. The MAR showed the person had consistently refused this medicine during the month of June 2018. When we asked staff about this we were told, "It's a PRN (as and when required) medicine'. This conflicted with the prescribing instructions on the medicine container and MAR. We looked at the person's file and found there was no information about what the medicine had been prescribed for, or when it should be given. This meant we could not be sure the person's medicine was being administered as prescribed. We discussed this the registered manager who immediately contacted the person's GP to seek clarification.

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, "Observations ensure we keep to the expected standards, we follow procedures and do it correctly all the time.

However, we found staff did not always follow the provider's medicine procedure, for example staff had not ensured people's medicine records contained a photograph of the person or that repeated refusals of medicine had been reported to the medicine prescriber. We discuss this with the registered manager who began to address these shortfalls during our visit.

Staff were recruited safely. The provider's procedures 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.

The environment was clean and homely. Records showed staff had completed infection control training and understood their responsibilities in relation to this, including the use of, and safe disposable of, single use gloves and aprons.

Staff demonstrated they understood the provider's fire procedure and the actions they needed to take in the event of an emergency to support people to leave the home safely. We saw people had up to date personal emergency evacuation plans (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. However, we found PEEPs were not easily accessible to staff or the emergency services. We discussed this with the registered manager who gave assurance they would be moved to an accessible location.

Accidents and incidents were logged and records showed appropriate action had been taken at the time to support people safely. However, at the time of our visit there was no information available to show accidents and incidents reports were monitored and analysed to identify any patterns or trends. The registered manager acknowledged this, but gave assurance regular monitoring took place to ensure any learning was shared with staff and actions agreed to mitigate future risk. Staff confirmed this. One said, "We [Registered manager and staff] always discuss what happened and consider if we can do anything differently to make things better." The registered manager told us they would ensure a system was devised to record future monitoring and analysis.

Good

Is the service effective?

Our findings

People were confident staff had the skills and knowledge needed to meet their care and support needs. One person commented," They are very good they know how to help me." Another person told us, "All our staff are trained."

The provider ensured new staff received the support and training they needed when they started working at the home. One staff member, who had not previously worked in a care setting, described their induction as "really, really helpful". They explained this was because they had worked alongside an experienced member of staff which gave them the opportunity to ask questions, to observe and to spend time getting to know people.

Records confirmed new staff also completed the Care Certificate as part of their induction. 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. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us they also had a probationary period to check they had the right skills and attitudes to work with the people they supported.

Staff were supported to keep their knowledge and skills up to date through on-going training. One described the training provided as 'very good and informative'. They said, "Training covers things I would never have thought of, like duty of candour, being open and honest when things go wrong and saying sorry." The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

Training records showed staff also completed training in other areas specifically related to people's individual needs, for example, epilepsy and autism awareness. One staff member told us completing this training had given them the confidence they needed to support people to manage specific physical and mental health conditions.

The registered manager maintained a record of training staff had completed, such as equality and diversity and safeguarding. This showed training was up to date. Training records also showed the management team regularly checked staff practice to ensure they were putting their learning into practice and were working in accordance with the provider's policy and procedures.

Prior to people living at Warwick House, the management team completed an initial assessment of people's needs. The registered manager told us this was to ensure staff had the skills and knowledge required to ensure these could be met. They said, "We spend a lot of time interacting with them [People] and getting to know them." The registered manager explained the assessment process also included opportunities for visits to the home and overnight stays to support people in making a decision about living at the home.

We saw assessments contained information about people's background, needs, life style choices, beliefs and preferences. One staff member described this information as 'important'. They explained this was because it was a 'starting point' for delivering care and support which reflected people's diverse needs including those related to disability, gender, ethnicity, faith and sexual orientation. Records showed people and their families, were appropriate, had been involved in the assessment process.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 requirements of the MCA. We found the registered manager understood their responsibilities under the Act. They had submitted two new applications to the local authority (supervisory body) in line with the legislation. We saw one was for a person whose DoLS was due to expire. This application had been made because the person continued to have restrictions placed on their liberty to ensure their safety.

People's care plans did not contain information about restrictions on people's liberty that had been authorised by the local authority and what safeguards had been approved that staff needed to work within. Despite the omission in records staff demonstrated they understood and followed these safeguards. The registered manager told us they were ensure people's care plans were reviewed and updated.

Staff had received training to help them understand the MCA, including the principles of the Act. They provided examples of applying these principles to protect people's rights, which including asking people for their consent and respecting people's decisions to decline care and support where they had the capacity to do so. One staff member said, "They [people] have the right to be asked what support they would like and to refuse. We respect that." They told us if a person declined care and support which they thought could be detrimental to their health, they would speak with the registered manager.

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, an external agency had been appointed to make decisions about one person's finances.

People were supported to meet their nutritional needs to maintain their wellbeing. People had access to food and drink and could choose what they wanted to eat. One person told us, "The portion sizes have been adjusted to my needs and the meals are catered to my taste." Another person said they attended 'weekly planning' meetings during which they made suggestions about what foods they would like to see on the following weeks menu.

Staff had a good understanding of people's nutritional needs, including specialist dietary requirements. For example, one person had high cholesterol and staff understood the importance of using low calorie spread, as opposed to butter, to assist the person to reduce their cholesterol level. Records showed staff spent time with another person discussing 'healthy food options' because the person had been advised by their doctor to reduce their weight.

The registered manager and staff worked in partnership with other health and social care professionals to support people. The registered manager explained they felt maintaining positive working relationships was important for people's physical and mental health as well as their well-being. They said, "There are many different aspects to people's needs. Each professional has a part to play to keep them [people] well so working together is really important." Care records confirmed people were regularly visited by, or attended visits with, healthcare and social care professionals. This included community psychiatric nurses, consultants, social workers doctors and dentists.

The environment in the home was supportive of people. It was homely and gave people space to spend time alone or socialise with others in communal areas. The provider had taken steps to ensure the design and adaptation of the premises met people's assessed needs. This included a laundry room and communal kitchen to enable staff to support people to develop or maintain independent living skills. This showed the provider had considered how important the environment was in supporting people to move on to live independently.

Good

Is the service caring?

Our findings

People told us they were 'contented' living at Warwick House. One person said, "I am very, very happy in my home. It's perfect." They added, "The staff are perfect, amazing." Another person told us they knew all the staff who worked at the home and found them to be, "Very friendly with a caring attitude."

Staff were patient, attentive and showed people kindness. For example, one staff member was heard asking a person how they were feeling because they had not been well. We saw the staff member gently place their arm around the person and gave them a hug. The person smiled and said they were feeling better, but tired. The staff member suggested the person might like to have a lie down and offered to make them a hot drink which the person accepted.

Staff told us they 'loved' working at Warwick House and took pleasure in their roles because they felt they made a difference to people's lives. One commented, "It's a really rewarding job to see the progress they [people] make and it's helped me to develop my own skills." Another staff member told us, "My role is to help make their lives as good and fulfilling as they can possibly be… coming to work here is the best thing I have ever done. This is the first time in my working life that I get up and want to come to work."

People's privacy and dignity was respected. One person said, "We have the space we need for our privacy." Another person explained they could 'entertain' their visitors in private which was important to them. They added, "My family can come at any time. You can have any visitors as long as they are safe visitors." We saw staff knocked on people's bedroom doors and waited to be invited in.

We saw the registered manager ensured people's care records, which contained personal information, were securely stored and kept confidential.

Staff understood family and friends were an important part of the lives of people who lived at Warwick House. One told us," It's the same as anywhere else. Seeing your family and knowing they care is important. Visitors are always welcomed here. It helps keep residents well." The registered manager explained having an 'open door policy' and keeping relatives informed had assisted in developing positive relationships with people's families. They added, "We are looking at developing a relatives meeting because this is something family members have said they would find valuable."

Promoting people's independence was central to the services aim of supporting people to move on to live independently. One person told us they were supported to achieve their independence through setting 'objectives and goals'. This included developing budgeting and cookery skills so they could plan and prepare their own meals. They said, "Staff do encourage and help me to do things myself."

Care files contained a section called 'life skills and move on accomplishment file'. This detailed the person's aims and goals and the support they needed from staff to achieve this. One staff member told us, "It would be easy to do things for them [people] but that wouldn't be helpful. You need to give them the time they need and lots of encouragement." We saw people's goals were regularly reviewed and 'positive outcome

forms' completed to show when a target or goal had been met. For example, records showed one person had baked a cake to share with everyone at the home. The person told us, "I did good. I can do it on my own."

People told us they made daily choices and were able to spend their time as they wished. One person said, "Sometimes I stay at home, other days I go to the shops, the library, or go and visit family. I can do as I like, as long as I let the staff know I am going out." Another person said, "The staff tell me it's my choice."

Staff respected the decisions people made. For example, we saw some people were up when we arrived, and other people were still in bed. One staff member told us, "We help people plan their weekly activities and if they change their mind we fit in with that." They added, "It's down to the resident to decide what they would like to do, not us."

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person described how staff were supporting them to stop smoking. They told us, "I am getting positive verbal influence in a comfortable setting so I can continue to quit." Another person told us staff were assisting them to access a college course because they wanted to develop their photography skills.

People received support from staff they knew and with whom they had developed positive relationships. People were allocated 'keyworkers' and these staff members were responsible for overseeing people's care. This provided people with a consistent named worker. Staff told us keyworkers had specific 'one to one' time to support the person and were responsible for ensuring people's wishes and needs were met. One person told us, "If I had needed anything I would go to my keyworker. She is lovely."

Staff knew the people they supported well which enabled them to be responsive to people's needs. For example, one staff member described how they had completed daily records and supported people with meal preparation to enable another staff member to support a person who was experiencing a 'low mood'. They said, "[Staff member] spent three hours sitting in the dining room with [person] chatting and drawing whilst I did the other tasks." They added, "[Name] came out a different person. We knew it was what [person] needed at that time."

People were involved in planning and reviewing their care and support. One person described how they regularly spent time with staff discussing their achievements and future aims. They said, "I agree my plan and it gets updated when anything changes."

We saw people's care plans were written in a personalised way and provided information about their support needs and preferences from their perspective. For example, one person's plan informed staff they were frightened of an electrical appliance and needed support from staff to overcome this fear. The registered manager told us care plans were working documents which would be continually improved and updated.

Care plans mainly provided staff with the information they needed to provide individualised care. One staff member told us, "The care plans are very useful in terms of understanding likes and dislikes and how to approach and support people." They added, "It is important to follow the care plan to ensure a consistent approach. Consistency is really important for our residents." Another said, "We read the care plans because they give us lots of information but that has to go hand-in hand with spending time with the residents [people] and really getting to know them."

Staff attended daily handover meetings to ensure they were updated about any changes to people's needs that had occurred between shifts. One staff member described these meetings as "very important" because knowing about changes meant staff could provide the 'right' care and support for people. They added, "It could be a medication change or someone being in a low mood." We saw the daily handover was also recorded so staff could refer to it if they needed to check something. This meant staff had the information

they needed to respond to any changes in people's needs.

The Accessible Information Standard (AIS) places a legal requirement on providers to ensure people who have a disability, impairment or sensory loss can access information in a way they can understand. We saw the provider had looked at ways to make sure people had access to the information they needed in their chosen format. For example, care plans contained information about people's communication needs and the provider's complaint procedure included written and pictorial information. The provider told us other information about the home was also available in other formats, including audio. This demonstrated the provider was complying with the AIS.

People were supported to follow their interests and hobbies and take part in social activities that were meaningful to them. One person said, "We do things we enjoy. We are making happy memories, having fun." Another person explained 'community meetings' were held within the home which gave people the opportunity to discuss future activities and outings. The registered manager told us people had expressed an interest in going on a group holiday and this was one of the homes future goals.

Staff told us activities and events were arranged according to people's personal interests and choices. One said, "We plan our day around what the residents want to do." On the day of our visit two people had chosen to go swimming with a staff member. However, they later told us they had decided not to go and wanted to 'play games' instead. We saw staff respected people's choices.

We looked at how complaints were managed by the provider. People 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 person said they would have no hesitation complaining if they were not happy. They added, "I have a strong personality. I would speak out." The person went on to explain they felt confident their concern would be listened to. They added, "They would attend to my needs and find a solution."

The registered manager told us they had not received any complaints since the home opened. They explained any complaints that were received would be managed in line with the provider's policy and procedure. We saw the provider's complaint procedure was displayed in the home.

Requires Improvement

Is the service well-led?

Our findings

People told us they were very satisfied with the service provided and felt the home was well-managed. One person commented, "[Registered manager] is amazing. This is the best place I have ever lived." Another person told us they felt the registered manager was doing a 'good job' because they made sure 'the residents were happy'. They added, "I can talk to [registered manager] about anything and I feel very comfortable to do so."

The home had a 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 had been in post since late 2017 and told us whilst they had worked in a range of social care roles this was their first position as a home manager. The registered manager demonstrated they had a good understanding of providing 'care' and how this should be delivered. They told us, "I am really enjoying being able to positively change people's lives and seeing positive outcomes."

However, they acknowledged they had limited experience of managing a home and explained how with support from the provider they were developing their knowledge and understanding of policies and procedures, relevant legislation and their regulatory responsibilities. They told us, "I am still learning. But I am really enjoying the challenge."

We found audits and checks to assess and monitor the quality of the service provided had been completed but were not always effective. For example, medicine audits had not identified staff were not consistently following the provider's medicine policy and procedures and care plan audit had not highlighted omissions relating to restrictions on people's liberty. We raised this with the registered manager who began to take immediate action to address this.

Other audits identified areas for improvement and the action needed. For example, items stored under the Control of Substances Hazardous to Health had been relocated whilst arrangement were made for the original storage area to be damp proofed.

The home did not have an emergency contingency plan. This meant staff and the emergency services did not have all the information they needed to support people safely if they were unable to return to the home in the event of a fire, or other emergency. We discussed this with the registered manager who gave assurance a plan would be written. Since our inspection visit we have received confirmation a contingency plan is now in place.

The provider invited people, relatives and staff to share their views about the quality of the service and any improvements the home could make through an annual quality survey. A summary of the latest survey for 2018 showed overall people were 'satisfied' with the service provided and staff were 'very satisfied' working

for the provider. The 2018 summary also included a section which detailed suggested improvements in response to the feedback received.

However, there was no information available at the time of our inspection to show if, or when, improvements would be completed by. This meant we could not be sure feedback had been acted upon. We discussed this with the registered manager. They told us they would speak with the provider and devise a service development plan so they could monitor and show how feedback received had been used to improve the service.

Staff spoke highly of the registered manager who they said was supportive and made them feel valued. One staff member explained they felt this way because the registered manager spent time, each day, with people and staff and had a 'genuine' interest in their experiences and views. Another staff member commented they found the registered manager easy to talk and approachable. They said, "This is really important because I feel comfortable asking questions or for advice."

Records showed in addition to daily contact, staff were supported by the registered manager through regular individual and team meetings. Staff told us these meetings were positive and helped them be more confident and effective in carrying out their role. One said," We can talk openly. We bounce ideas of each other and you are listened too." The staff member went on to describe how the registered manager had felt their suggestion to introduce 'protected meeting time' would benefit people and was in the process of being introduced.

The provider operated an 'on-call' system to support staff outside of normal office hours. One staff member said, "I have contacted the on-call and they were really helpful." They added, "It's a big relief to know they are there if you need advice or help." We saw details of the manager on call arrangements and their contact numbers were displayed in the staff office.

We asked the registered manager about their responsibilities for submitting notifications to us. This was because we had not received any notifications since the home registered with us. A notification informs us of events that affect the service which the provider is required by law to tell us about. The registered manager demonstrated they understood their legal responsibility for submitting statutory notifications and informed us they had submitted a notification to us the day before our visit. Our records confirmed this.

During our inspection we asked the registered manager what they were proud of about the home. They responded, "That the residents are happy and are being supported to achieve their goal to live more independently and of the staff who are very committed and caring."

The registered manager continued, "I am proud of what we have achieved so far given the service is so new. I know there are some elements to improve but other elements are good. We have worked really hard as a team to support people to meet their aim and we are constantly learning and improving and this will continue."