

## Residential Care Providers Limited

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### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We undertook an unannounced inspection of Residential Care Providers Limited at 157 Harrow View on 19 and 20 March 2015.

This service is registered to provide accommodation and personal care for up to five people with learning disabilities. At the time of the inspection, five people were using the service. People had learning disabilities and

complex needs and could not always communicate with us and tell us what they thought about the service. They used specific key words and gestures which staff were able to understand and recognise.

At our last inspection on 10 February 2014 the service met the regulations inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 provider had taken steps to help ensure people were protected from avoidable harm and abuse. There were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applies to care homes and protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the supervisory body as being required to protect the person from harm. During the inspection, people using the service were not restricted from leaving the home. There was evidence that showed people went out and enjoyed various activities and community outings.

The registered manager was aware of the Supreme Court judgement in respect of DoLS and records showed the registered manager had applied for DoLS authorisations. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that there were areas of people's care in which people's liberties were being deprived.

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. Care workers told us "I enjoy working here," "The atmosphere is nice, there is good teamwork" and "It is very nice here. There is not one morning where I didn't want to come to work."

Positive caring relationships had developed between people who used the service and staff. People were treated with kindness and compassion. We observed people were relaxed and at ease. Care workers were patient when supporting people and communicated well with people in a way that was understood by them. Care workers were patient, waited for people to respond and treated people with a kind manner. Relationships between people and staff were caring and people appeared comfortable and at ease. We saw people being treated with respect and dignity.

Staff encouraged and prompted people's independence. Daily skills such as being involved with household chores were encouraged to enable people to do tasks by themselves. People were supported to follow their interests, take part in them and maintain links with the wider community.

People received personalised care that was responsive to their needs. Care plans were person-centred, detailed and specific to each person and their needs. People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

There was a clear management structure in place with a consistent team of care workers, senior care workers, deputy manager and the registered manager.

Systems were in place to monitor and improve the quality of the service. Checks were being carried out by the registered manager and any further action that needed to be taken to make improvements to the service were noted and actioned. There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Relatives told us they felt their family members were “Absolutely safe” at the home.

There were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people using the service.

Care workers had worked at the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people using the service.

Good



### Is the service effective?

The service was effective. People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. People were supported to make decisions in their best interests.

People were supported to maintain good health and have access to healthcare services and receive on going healthcare support.

Good



### Is the service caring?

The service was caring. Relatives told us “I am happy with the way things are going. They cater for [person’s] needs and give them the small comforts they can enjoy” and “It is great. They do have [person’s] best interests at heart. I feel it is their home and they know [person].”

Positive caring relationships had developed between people using the service and staff and people were treated with kindness and compassion.

People were being treated with respect and dignity.

Good



### Is the service responsive?

The service was responsive. People using the service received personalised care that was responsive to their needs.

There were arrangements in place for people’s needs to be regularly assessed, reviewed and monitored.

The home had clear procedures for receiving, handling and responding to comments and complaints.

Good



### Is the service well-led?

The service was well led. Relatives told us “It is excellent. I have nothing but praise” and “It is a home, not an institution.”

There was a clear management structure in place with a team of care workers, senior care workers, deputy manager and the registered manager.

Good



# Summary of findings

Systems were in place to monitor and improve the quality of the service.	
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# Residential Care Providers Limited

## 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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. The provider also completed a Provider Information Return

(PIR). The PIR 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. The PIR also provides data about the organisation and service.

There were five people using the service who had learning disabilities and complex needs and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day and meal times.

We spoke with three relatives and a local authority representative. We also spoke with the registered manager and three care workers. We reviewed three people's care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures.

# Is the service safe?

## Our findings

Relatives told us they felt their family members were “Absolutely safe” at the home.

The provider had taken steps to help ensure people were protected from avoidable harm and abuse. There were safeguarding and whistleblowing policies and procedures in place and training records showed and staff confirmed they undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager, social services, the police and CQC. One care worker told us “I would report it. All the numbers are there in the office.” Care workers were also able to explain certain characteristics the person they cared for would display which would enable them to know that something was wrong or the person was not happy. For example, one care worker told us “I can spot the difference in their behaviours” and another care worker told us “I can tell from their facial expressions if they are in pain.”

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people using the service which helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Each plan had an identified risk and measures to manage the risks and were individualised to people’s needs and requirements. For example, when people displayed signs of behaviour that presented a challenge, there were behaviour guidelines which showed the triggers and signs which would cause them discomfort and the support that was required by staff to help people to feel at ease. Records showed the home used proactive strategies to deal with behaviours that challenged such as diverting the person’s attention to something they liked and enjoyed such as tea or going into the garden. One care worker told us “We have learnt positive behaviour techniques to defuse and calm a person. We have to make sure the other residents in the home are okay too.”

During the inspection, we observed people were supported with their mobility by using equipment which included a wheelchair, zimmer frame and shower chair. There were appropriate risks assessments in place which detailed the

risks associated with using the equipment and steps staff needed to take to ensure people were safe in areas such as moving and handling, when people went outside the home, used the care and on public transport. In one person’s care plan, it showed that the person was able to bear weight and was able to pull themselves to a standing position with use of hand rails situated around the home which we saw were fitted during the inspection. Records showed and staff confirmed they had received training on safe moving and handling practices.

There were suitable arrangements in place to manage medicines safely and appropriately. We looked at a sample of the Medicines Administration Records (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person. Records detailed what the medicines were, the reasons why people were taking the medicines and any possible side effects. There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately. There were appropriate systems in place to ensure that people’s medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure. Records showed that medicines were checked by staff during staff handover and by the registered manager. During the inspection, we observed the administration of medicine to one person using the service. The care worker explained to the person that it was time to take their medicine and observed they were patient and waited until the person had swallowed their medicine and ensured that medicines were not left unattended. The person appeared to understand it was time to take their medicine and we observed they were comfortable and at complete ease when taking them.

Records showed there were rotas in place and we asked the care workers whether they felt there were enough staff in the home to provide care to people safely. Care workers told us “There is no pressure or problems here. There are stable rotas,” “Every couple of weeks we get the rota” and “The manager is very flexible and accommodating towards our personal lives and circumstances.” The registered manager told us the staff structure consisted of a registered manager, deputy manager, two senior care workers and six support workers and “There is always a deputy on call.”

Care workers had worked at the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people using the service.

## Is the service safe?

The registered manager told us the staffing levels were in response to people's needs. For example, at the weekends, the staffing levels were reduced as some people went home to see their families. We also observed when people needed one to one support; staff were able to respond promptly and were able to accommodate a person who needed two people to support them when going outside. The registered manager also told us they were currently in the process of recruiting more staff for the home. One relative told us "There is a good continuity of staff, same staff and keyworkers."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for five care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

# Is the service effective?

## Our findings

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. Care workers told us “I enjoy working here,” “The atmosphere is nice, there is good teamwork” and “It is very nice here. There is not one morning where I didn’t want to come to work.”

During our inspection we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Training records showed that care workers had completed training in areas that helped them when supporting people and these included safeguarding adults, challenging behaviour, diet and nutrition, epilepsy, fire safety, first aid, food hygiene, health and safety, infection control, medication, mental capacity, mental health and moving and handling.

We looked at five staff files and saw care workers received supervision and an annual appraisal to monitor their performance. Records also showed that staff had obtained National Vocational Qualifications (NVQs) in health and adult social care and the registered manager supported staff to develop their level of skills and knowledge. One care worker told us “The manager listens and we have regular supervision.”

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans contained a ‘seeking consent’ document which detailed information about people’s mental state and levels of comprehension and outlined where people were able to make their choices and decisions about their care. Areas in which a person was unable to give verbal consent, records showed the person’s next of kin and healthcare professionals were involved to ensure decisions were made in the person’s best interest.

Records showed appropriate arrangements were in place to manage the finances of people using the service as they did not have the capacity to do so themselves. Relatives told us “I have never had any concerns with the finances. [Registered manager] has always said if I need to look at the books, they are available” and “[Registered manager] is

very forthcoming with the records.” The registered manager showed us records and explained the care workers recorded all the transactions and keep the receipts which the registered manager would check on a weekly basis.

When speaking to the registered manager and care workers, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed and staff told us they had received MCA training. One care worker told us “Each person is different” and a care worker told us “With [person] you just need to prompt. [Person] does understand. For example, [person] had a red coat and a blue coat. When I asked [person] to bring their red coat, they did exactly that. [Person] knew which colour was red. [Person] may not be able to speak but they do understand.”

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. During the inspection, we saw people using the service were not restricted from leaving the home. There was evidence that showed people went out and enjoyed various activities and community outings. In areas where the person was identified at being at risk when going out in the community, risk assessments were in place and we saw that if required, they were supported by staff when they went out.

The registered manager was aware of the Supreme Court judgement in respect of DoLS and records showed the registered manager had applied for DoLS authorisations. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that there were areas of people’s care in which their liberties were being deprived. People’s care plans also detailed areas in which there were possible infringements of people’s rights and how they could be deprived of their liberties. When speaking to care workers, they showed a good understanding of the difference between lawful and unlawful practices. We noted for one person using the service, it was recommended an independent advocate was appointed. We asked the registered manager about this and he told us that he had made the initial enquiries and was in the process of getting an advocate for this person.



## Is the service effective?

People were supported to maintain good health and had access to healthcare services and received on going healthcare support. Care plans detailed records of appointments and medicine prescribed by healthcare professionals including GPs, chiropodist, physiotherapists, and opticians. Information showed the date and type of appointment, reason for the visit, the outcome and any medicine prescribed or change in medicines. One person's care plan showed guidelines on physical exercises recommended for them by an occupational therapist and the requirement to wear an adapted ankle brace for a certain amount of time on a daily basis. During the inspection, we saw this put into practice and when speaking to the care worker about this, they showed a good understanding of what they needed to do and the reasons why the person needed to wear the ankle brace. Relatives told us "If [person] is not well, we get feedback. They do monitor them", "They let me know if there is any problem or any health issue" and "Every hospital appointment is followed up."

People were supported to get involved in decisions about their nutrition and hydration needs. People's eating and drinking needs and preferences were recorded and their weight monitored on a monthly basis. For example in one person's care plan, it stated that the person "Enjoys fruit but does not like bananas" and liked to drink "Natural fruit juice, ribena and diet coke." In another person's care plan, it stated they liked to eat in the kitchen by themselves and we observed this being adhered to during the inspection. We found the home accommodated people's religious and cultural needs. For one person using the service, there was information in their care plan not to give them pork or any food that contained gelatine due to their religious beliefs. The home had also identified risks to people with particular needs with their eating and drinking such as the risk of choking due to a tendency to rush food and not chewing properly and guidelines for staff to ensure the food was moist, soft and cut into smaller pieces if needed.

During the inspection, we observed people using the service were given drinks and snacks throughout the day and care workers respected and adhered to people's choices and wishes. People were asked what they wanted for dinner and one person went with the care worker to do some food shopping for the evening meal. One care worker told us "We have found it really helps if we take them food

shopping every other day to know what they like to eat and they choose by themselves." We also observed a care worker support and encourage a person using the service to be involved in the preparation of dinner with them in the kitchen. During the evening meal, we observed food was freshly cooked. People were not rushed and care workers let people eat at their own pace and provided support when the person requested it.

When speaking to care workers, they showed a good understanding and awareness of people's individual likes and dislikes. We asked the care workers how they monitored what people ate to ensure they had a healthy and balanced diet. Care workers told us they had a weekly menu but it would change if people using the service wanted to eat something else and this would be accommodated for them. Records also showed that each person had a menu sheet which was completed by staff on a daily basis outlining what people had eaten and drank throughout each day and evening.

During the inspection, we observed the premises had been adapted according to people's needs and preferences. We saw the environment had been designed and arranged to promote and support people's freedom, independence and well being. One person was supported with their mobility by the use of a wheelchair. The person's bedroom was on the ground floor, and doorways and hall ways were wide to ensure the person could access other parts of the home. There were doors leading out to the garden and a ramp to enable the person to go into the garden safely and with ease. There was a garden path leading towards the back of the garden which had enough space for the cars used for taking people out in the community to be parked away from the main road and enable people using the service to get in the cars safely.

The premises also had a self contained flat on the upstairs floor for one person using the service. The registered manager told us this had worked very well according to the person's needs as the person liked a quiet and structured setting. We observed the flat was clean, well-furnished and personalised. The flat contained a lounge area, bedroom, bathroom and a utility room for the person to do their own laundry which supported the person's freedom and promoted their independence.

# Is the service caring?

## Our findings

When speaking to relatives about the home, they told us “I am happy with the way things are going. They cater for [person’s] needs and give him the small comforts they can enjoy” and “It is great. They do have his best interests at heart. I feel it is their home and they know him.”

Positive caring relationships had developed between people who used the service and staff. People were treated with kindness and compassion. We observed people were relaxed and at ease. Care workers were patient when supporting people and communicated well with them in a way they understood. We observed care workers waited for people to respond and treated people with a kind manner. One care worker told us “We are here for the people.”

We observed the relationships between people and staff were caring and people appeared comfortable and at ease. We saw people being treated with respect and dignity. Care workers knocked on people’s doors before they entered and ensured doors were shut when providing people with personal care. Staff had a good understanding of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. When speaking about one person and providing their personal care, one care worker told us “To make [person] feel at ease, I talk with them during personal care, give [person] space and [person] will shout out when they need you.” Care workers also told us that one person using the service only wanted female care workers to provide personal care and they ensured that this was adhered to. During the inspection, we observed this person’s choice and wishes had been respected and adhered to.

Care plans set out how people should be supported to promote their independence. During the inspection, we observed care workers provided prompt assistance but also encouraged and prompted people to build and retain their independence. When speaking to care workers they had good knowledge of what people liked to do and how they encouraged people to be independent. One care worker told us “[Person] loves baking so we always make sure we bake together.”

People’s care plans showed how they were able to communicate and detailed specific body language,

gestures and key words a person used to communicate. For example, in one person’s care plan it stated they used key words and the word “zum” meant grapes. In another person’s care plan, it provided clear guidelines on how a person liked to be spoken to and stated staff should “Speak to me in simple terms and short sentences. I am able to answer closed questions. If I appear tense, give me time and space.” Their care plan also detailed ways the person was comfortable with for staff to encourage and support the person to express themselves and ensure they felt they were being listened to. The care plan stated “[Person] needs the opportunity to communicate their frustrations. [Person] finds it easier to write down on paper and read them out aloud.” When speaking with care workers, they were very knowledgeable about people’s personal and individual needs, one care worker told us “[Person] needs their space. We always respect that and make sure we give it to [person].”

People using the service were supported to express their views and be involved in making decisions about their care, treatment and support where possible. Records showed there were one to one meetings between people using the service and their keyworkers. We found that different methods of communication were being used to engage people including pictures, facial expressions, sign language and key words. People were encouraged to say what they liked and didn’t like and were asked if they had any issues or concerns they had. The way people had responded was recorded. For example, in one record, it stated the person “Nodded head to acknowledge satisfaction.”

Meetings were also taking place between the person using the service, their keyworker, registered manager, family and local authority representatives where all aspects of people’s care were discussed and any changes actioned if required. Relatives told us “We are kept well informed. [Person] is happy there”; “They work with the family. We often sit down and discuss what can be done and let’s try things this way or that way. They do the most they can to accommodate what’s needed” and “We exchange regular emails.” Positive feedback was also received by one local authority who commented on a person having a good staff team who worked proactively and understood their needs well.

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. We looked at three care plans of people using the service each contained an introductory section providing the person's life and medical background and detailed support plans outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, communication, eating and drinking, mental health and mental well-being and community participation.

Care plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences were reflected and information such as the person's habits, daily routine, what they liked for breakfast and preferred times they liked to wake up and go to sleep. The care plans showed how people communicated and encouraged people's independence and provided prompts for staff to enable people to do tasks by themselves. We saw people also had a night care plan which provided guidelines for night staff to follow. Information was personalised and included details such as "Likes to have a cup of water" in their bedroom, the frequency of checks needed to ensure people were and safe and personal care they may need. This demonstrated that the provider and manager were aware of people's specific needs and provided appropriate information for all care workers supporting them. When speaking with care workers, they were able to tell us about each person's personal and individual needs. One care worker told us "The residents come first. We do everything for the residents."

Although the information contained in the care plans was detailed and up to date, the care plans contained a lot of information which we found was difficult to follow and in some cases information was duplicated and contradictory. For example, in one care plan, it stated the person did not have capacity and then in another part of the person's plan, it outlined areas in which the person did have capacity. There were numerous sections including a personal profile, care plans for each area of the person's care and then additional guidelines which sometimes duplicated the information already in the care plans. We discussed this with the registered manager and he stated he would address this issue and ensure people's care plans were easier to follow.

The home encouraged and prompted people's independence. Daily skills such as being involved with household chores were encouraged to enable people to do tasks they were able to do by themselves. We saw in one person's care plan, there were pictures which showed the person making their bed, cooking, ironing and washing up. During the inspection, we observed a care worker encouraging a person to tidy their room and put their clothes in the washing machine and another care worker supported a person to do their ironing. One care worker asked a person whether they wanted to go out and do some shopping. The care worker also asked whether the person would like to help them draw up a shopping list. We observed the person acknowledged that they would and gestured to have something to write with. The care worker accommodated this and they went to the kitchen and looked at items which needed to be purchased and the care worker also asked whether the person wanted anything in particular for themselves. Throughout the inspection, we observed care workers were patient used gentle prompting and only provided support when the person requested it. Care workers also acknowledged the person's efforts and praised them when the task was completed.

During the inspection, we did observe an instance where there was a lack of interaction towards people in the home. When a person was brought into the living room, the person was not spoken to as other care workers were busy with other people in the home and no effort was made to engage with the person or enquire whether there was anything they needed. The people using the service have complex needs and some require one to one support. We observed there was slight pressure on care workers to support the person they were with and also ensure other people in the home were engaged and involved in a conversation or activities/chores within the home. Feedback from staff also mentioned that it would be helpful if all the care workers in the home worked together within the team. We raised this with the registered manager and informed him of our observations. The registered manager told us he would look into the issues raised and take action where necessary.

People were supported to follow their interests, take part in them and maintain links with the wider community. Each person had a weekly activity time table in place including activities such as swimming, lunch, going to the park or a drive, pub visits, bus rides, day centre and shopping. The

## Is the service responsive?

home also had a summerhouse in the garden which was used for people to relax in or engage in activities. Due to the complex needs of some of the people using the service, they were unable to attend places such as a day centre however the home ensured there were alternative activity plans in place for people so they were supported to follow their interests and take part in social activities where possible. During the inspection, people were accompanied taken to do shopping, swimming, a drive in the home's car and one person was at the day centre. Relatives told us "[Registered manager] works very hard to make sure they are engaged and involved" and "It is good. [Person] does something every day."

People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. Some people visited their relatives at the weekend. One relative told us "We are happy. They bring [person] here and collect them to take them back home", another relative told us "We are very happy with the home. [Person] seems very comfortable here and always runs into the home when we bring them back. Care workers are extremely helpful and very good with [person]." On the day of the inspection, one person had attended a hospital appointment with their family members. When they returned to the home, the family members spent time with the person and had tea with them in the lounge area. We observed staff welcomed the family members and their time spent in the home was not rushed or interrupted.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted monthly, six monthly and yearly reviews. This included reviewing areas such as weight, diet and nutrition, healthcare appointments and accidents and incidents and what was working well for people or needed improving. Records showed when a person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required. One relative told us "Hats off to them. If they say they are going to do something, they do it, they do respond. It is a good place." Care workers also told us there was a handover after each of their shifts. We saw daily files and handover files were in place for each person which had been completed by care workers detailing the care which had been provided, people's health and wellbeing, medication, appointments attended, activities and community outings.

The home had clear procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. One relative told us they had "No complaints" about the service. Care workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. There were no recorded complaints received about the service.

# Is the service well-led?

## Our findings

When speaking about the service, relatives told us “It is excellent. I have nothing but praise” and “It is a home, not an institution.”

There was a clear management structure in place with a team of care workers, senior care workers, deputy manager and the registered manager. Care workers spoke positively about the registered manager and told us “The manager is very easy going”, “He is very hands on, gets involved and covers shifts if he needs to” and “The manager is very approachable and pro-active.” A care worker also spoke positively about the culture within the home and told us “It is very open and transparent here.”

Relatives told us “We can say things to [registered manager], he is very approachable and receptive”, “I have [registered manager’s] number. I can ring him anytime. Very approachable”, “I trust them and have complete confidence in [registered manager]” and “[Person] likes [registered manager] very much. They are very helpful and friendly and lets you know about things.”

Monthly staff meetings were held and minutes of these meetings showed aspects of care were discussed and that the staff had the opportunity to share good practice and any concerns they had. One care worker told us “He is a very good manager and always pushes your forward.”

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed checks and audits of the service were being carried out by the registered manager. Records showed any further action that needed to be taken to make improvements to the service were noted and actioned. Checks were extensive and covered all aspects of the home and care being provided was reviewed such as premises, health and safety, medication, care plans, risk assessments, finances, staff records and training.

There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks. Accidents and incidents were recorded and fire drills and testing of the fire alarm completed.