Hamilton Community Homes Limited

Hamilton House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 1 November 2018. We returned announced on the 8 November 2018 to complete our inspection.

At our previous inspection on 4 May 2017 we found that people's risk assessments and the provider's quality assurance system needed improvement. These were breaches of Regulation 12 Safe care and treatment and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Following this inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'Is the service safe?' and 'Is the service well-led' to at least 'Good'. At this inspection we found the provider had followed their action plan and was now compliant in these areas.

Hamilton House provides accommodation and personal care for up to 19 adults with mental health needs. There were 15 people living in the home at the time of the inspection.

Hamilton 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.

Hamilton House has a registered manager. This 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 at Hamilton House. Staff were trained in safeguarding and understood their responsibilities to protect people from harm. Records showed that If concerns arose about a person's safety staff worked with the local authority and other agencies, where appropriate, to protect the person from harm.

The home had enough staff to support people to stay safe and meet their needs. Staff were available in the home during the day and at night times. If people needed extra support, for example to attend appointments or if they were unwell, extra staff were put on duty.

The provider had acted to reduce the risk of scalding and accidents at the home. Some individual risk assessments still needed to be put in place.
Medicines were well-managed and staff were aware of people's healthcare needs and knew what to do in an emergency.

People received personalised care that was responsive to their needs. People who were moving towards

independent living were supported to acquire the skills they needed to do this. Care plans were regularly reviewed and records showed people making progress towards their goals.

People said the staff was well-trained and knowledgeable. Staff told us they received thorough and varied training. We observed staff supporting people in a skilful and effective manner, providing personal care, company and reassurance where necessary.

People said they were happy with the food served. They said staff encouraged them to eat and drink enough, maintain a healthy diet, and cook for themselves. The home catered for a range of diets. Staff supported people to make healthy food choices where possible.

People could take part in individual and/or group activities if they wanted to. Some of the people using the service had created an attractive garden feature with fish and plants. Other group activities included charity fundraising, exercise on the park, and film nights. Individual activities included health promotion courses, accessing community facilities, and taking part in cultural events.

The premises were spacious and had a choice of lounges and other communal areas. The home was clean and free of clutter. People with reduced mobility had bedrooms on the ground floor to make access easier for them. There was an outside covered smoking area which was popular with people who liked to smoke.

The staff team was established and people and staff had the opportunity to get to know each other and build up relationships of trust. The home had a calm and relaxed atmosphere and people appeared settled and happy. Staff supported people to be independent and, where appropriate, to move towards living independently.

People and staff said the home provided a good standard of care and they would recommend it. They were involved in how the home was run and regularly asked for their views. The provider and registered manager were improving the way they monitored and assessed the quality of the service. They were in the home nearly every day so people could talk with them whenever they wanted.

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

This service was mostly safe.

There were systems in place to protect people from the risk of harm and staff were knowledgeable about these.

Some people did not have all the risk assessments they needed in place.

There were enough staff on duty to keep people safe and staff were safely recruited.

People were supported to take their medicines safely and the provider was committed to reviewing and learning from accidents and incidents.

Is the service effective?

Good

The service was effective.

People's needs were assessed and met by staff who were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being, and, where required, with their meals and drinks.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good

The service was caring.

The staff were caring and kind and understood the importance of building good relationships with the people they supported.

People were encouraged to express their views and be actively involved in making decisions about their care and support

Staff supported people to be independent and to make choices.

People's privacy and dignity was respected.

Is the service responsive?

Good

This service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good

This service was well-led

There was clear leadership and management of the service which ensured staff received the support they needed to provide good care.

Feedback from people and staff used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted.

Audits were completed regularly at the service to review the quality of care provided.

Hamilton 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced comprehensive inspection, which took place on 1 November 2018. We returned announced on 8 November 2018 to complete our inspection. The inspection was undertaken by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience on this occasion had experience of mental health services.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We reviewed information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We sought feedback from commissioners who placed people and monitored the service.

During this inspection, we spoke with nine people using the service and one visitor. We also spoke with the registered manager, the provider, a senior support worker and two support workers.

We looked at the care records of four people to see whether they reflected the care given and two staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 4 May 2017 we found that arrangements to assess and mitigate potential risk and provide safe care and support to people were not adequate due to some safety issues with the premises.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Following the inspection, the provider sent us an action plan stating how they intended to meet this requirement. At this inspection we found that the provider had followed their action plan and the breach in regulation had been met.

Improvements has been made to reduce the risk of scalding and accidents at the home. All the people using the service had been risk assessed with regard to hot water and hot radiator surfaces. The provider used Health and Safety Executive guidance in carrying out these risk assessments. A digital thermometer was purchased and staff were trained to use this to check water temperatures.

The provider was part way through a programme of fitting temperature control valves to water outlets where people might be at risk. They had already been fitted in three people's rooms and on some communal sinks. Radiator covers been fitted in areas where people were at higher risk. In addition, protective coverings had been fitted to all windows with sill height of less than 800mm and window restrictors checked to ensure they were in place as necessary. These actions increased people's safety at the home.

If people were at risk this was highlighted in their records. This meant staff were aware if people were at risk because of any health or care needs they had. Where people were at risk, care plans and risk assessments were mostly in place so staff had the information they needed to support the person to manage the risk. These covered areas such as self-harm, substance abuse, and accessing the community.

We identified two people who needed additional risk assessments due to issues relating to their safety. It was agreed with the registered manager that risk assessments would ensure staff were fully aware of the risks to these people and knew what to do to minimise them. The registered manager said she would complete the outstanding risk assessments as a matter of priority.

Records showed that care plans and risk assessments were updated if people's needs changed and temporary care plans introduced where necessary. For example, if a person became unwell and needed extra support their temporary care plan included instructions to staff on how to keep the person and others around them safe. It also included information on other agencies who could be contacted for urgent support if it was needed.

All the people using the service had PEEPS (Personal Emergency Evacuation Plans) to make staff aware of

the support and assistance they might need if the home had to be evacuated in an emergency. People also had 'missing person profiles' so staff had key information about them to hand in case they went missing from the home. These measures further contributed to people's safety.

People told us they felt safe at Hamilton House. One person said, "I feel very safe here. The staff make me feel safe." Another person told us, "I feel safe here. The security of the building and the staff enable me to feel safe."

Staff were trained in safeguarding and understood their responsibilities to protect people from harm. Records showed that if concerns arose about a person's safety, staff worked with the local authority and other agencies, where appropriate, to protect the person from harm. The registered manager told us she had added 'safeguarding' to team meeting and staff supervision agendas to ensure staff kept up to date with safeguarding practice guidance

Systems were in place to protect people from abuse. For example, if people needed support to manage their finances the local authority became their appointees. Staff at the home had clear written instructions on how to assist people with their finances in line with local authority policies and procedures. This meant staff at the home protected people form financial abuse.

People told us the home was well-staffed. One person said. "There are plenty of staff on duty during the day and night." Another person told us, "There are enough staff on duty at all times."

The home had sufficient numbers of staff to support people to stay safe and meet their needs. Staff were available in the home during the day and at night times. If people needed extra support, for example to attend appointments or if they were unwell, extra staff were put on duty.

Staff recruitment files mostly contained the required documentation to show staff were suitable to work with people who use care services. This included proof of identity, a satisfactory DBS (criminal records check), a full employment history, and a health declaration. In one file there was no photo of the member of staff in question. The registered manager was aware of this and said it had been lost and the staff member was due to bring in a replacement. The registered manager had introduced a new DBS checking system to make it easier for staff to have regular online criminal records checks to ensure their continuing suitability to work at the home.

At our last inspection we found that improvements were needed to ensure medicines were stored at the correct temperatures as recommended by NICE (the National Institute of Clinical Excellence). Since then a system of temperature recording had been introduced in the medicines room. Records showed staff monitored temperatures to ensure medicines were stored safely This meant the efficacy of medicines would not be affected by temperatures being too high or too low.

People said medicines were well-managed at the home. One person told us, "Staff give me my medication at regular times each day." Another person told us, "Staff will ask every day if I've taken my medication." People said staff checked their medicines were working for them and arranged reviews with medical professionals if improvements were needed.

The medicines room was well-organised with people's medicines kept securely in separate plastic boxes along with their records. The senior carer in charge of medicines told us they were in the process of re-labelling medicines storage facilities to ensure they complied with the GDPR (General Data Protection Regulation) and as such protected people's privacy.

Staff who administered medicines were trained in-house by the senior carer in charge of medicines and signed off once they had achieved competency. They also had annual refresher training. The senior carer was knowledgeable about medicines but had not had recent or advanced medicines training to ensure they had the skills they needed to train others and to oversee medicines management in the home. We discussed this with the registered manager who said she would source suitable training for this staff member.

We checked people medicines records and found these were in order. One person who had just returned from hospital with a new PRN ('as required') medicine did not yet have a PRN protocol in place for this to assist staff in determining when the person should have this medicine. The senior carer in charge of medicines said they would put one in place.

There is evidence that some people with mental health needs self-medicate using non-prescription medicines and substances. Staff at the home were aware of this and were trained to recognise the signs of 'substance abuse'. They knew what to do if a person was affected, when to seek medical attention, and how to refer people to other agencies if they needed extra help and support. They also acted to educate people on the risks of 'substance abuse'. This helped, as far as possible, to keep people safe.

People were protected by the prevention and control of infection. The home was clean and fresh and regular cleaning took place to maintain this. Some parts of the premises were cleaned two or three times a day to reduce the risk of infection, for example the downstairs toilets that were used frequently. The provider had installed soap, toilet tissue and gel hand cleaning dispensers to help ensure people had the products they needed to prevent infection. People said they were satisfied with the cleanliness of the home. One person said, "The house is very clean. They [the staff] seem to be cleaning all the time."

Staff were trained in infection control, followed the provider's infection control policy, and understood the importance of regular hand washing. They had used personal protective equipment, including gloves and aprons, when appropriate. The registered manager said she was updating the home's infection control policy so it included the contact details of the local authority's infection prevention and control service and Public Health England.

Lessons were learned and improvements made when things went wrong. Since we last inspected the registered manager had introduced new accident and incident forms for staff to completed to ensure a full record was in place when something went wrong. These included prompts to contact other agencies and to update care plans and risk assessments where necessary. Records showed that following accidents or incidents the registered manager and staff acted to reduce future risk.

Good

Is the service effective?

Our findings

People were assessed before they came to the home. Records showed assessments were done in conjunction with people themselves, and sometimes their families, and health and social care professionals who knew them. We sampled assessment records and saw they considered people's health and social care needs and any cultural needs they might have. For example, one person wanted contact with a specific place of worship and this was arranged as soon as they moved into the home. The assessment process helped to ensure people's care and support needs could be met at the home.

People told us the staff were well-trained and knowledgeable. One person said, "If I have a problem [with my mental health] the staff seem to know what to do about it." Staff told us they received thorough and varied training. One care worker said, "I have learnt so much about mental health and things like substance abuse since I've been here. This is because of the training and what I have learnt form the other staff." We observed staff supporting people in a knowledgeable and effective manner, providing personal care, company and reassurance where necessary.

Staff had an induction before they started work at the home and refresher inductions were being carried out for staff who had worked at the home for some time to check their skills and knowledge were up to date.

At our last inspection some staff had not been trained in first aid and/or the MCA (Mental Capacity Act) 2005. At this inspection this had been addressed and records showed staff had had the essential training they needed. This included first aid, the MCA, health and safety, mental health, food hygiene, equality and diversity, and personalised support. If staff needed specialist training to meet people's individual needs this was provided. For example, the registered manager trained staff in de-escalation techniques to help ensure they had the skills they needed to work effectively with specific clients.

People said they were happy with the food served. One person told us, "The food is good with enough choice on the menus." People said staff encouraged them to eat and drink enough, maintain a healthy diet, and cook for themselves. Another person told us, "We can do our own cooking and there's enough choice on the menu." A further person told us that is they didn't want any of the choices on the menu they could make their own hot snack with staff when others had finished eating. This showed people had alternatives to the food served.

Records showed staff consulted people about their food preferences and these were listed in their care records so staff were aware of them. The home catered for a range of diets. One person liked to prepare all their own food and staff facilitated this by giving them exclusive access to the kitchen at certain times. Staff also involved this person in ordering their own food items and encouraged them to try new recipes to help ensure they had a full and balanced diet.

People's nutritional and hydration needs were assessed and risk assessments put in place if needed. People were referred to dieticians and the SALT (speech and language therapy) team where necessary. Staff supported people to make healthy food choices where possible. If people were at risk of malnutrition they

were weighed regularly and their food intake documented. This meant staff had the information they needed to assist people with their nutrition and to refer them to external healthcare professionals where necessary.

People told us they were supported with their healthcare needs. One person said, "If I need them to, the staff make me an appointment to see my dentist or optician." Records showed each person had a medical profile providing key information about their physical and mental health needs and a hospital 'grab sheet' summarising their needs which they could take with them if admitted to hospital.

Some people needed intensive ongoing support with their healthcare needs and records showed staff provided this, accompanying them to appointments and helping to ensure they followed healthcare professionals' advice. For example, one person was advised to do light exercise to help with a physical condition they had and staff encouraged them to do this.

Staff had a good understanding of people's healthcare needs and what to do in an emergency. For example, records showed one person had displayed a symptom indicating they needed urgent healthcare. Staff acted promptly to ensure they got the urgent help they needed.

People told us they liked the premises which was spacious and had a choice of lounges and other communal areas. One person said, "It's comfortable living here." The home was clean and free of clutter. People with reduced mobility had bedrooms on the ground floor to make access easier for them. There was an outside covered smoking area which was popular with people who liked to smoke.

People told us the provider installed a ground floor wet room with a shower so people with mobility issues did not have to use the bath. People said they were pleased with the wet room. One person said, "I love it. It's so easy to have a shower in there – I couldn't manage with the bath – and it looks really nice with all the decorated tiles."

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

At the time of our inspection records showed all the people using the service had been assessed as having mental capacity. The registered manager said that people's mental capacity could fluctuate, due to their mental health, and if staff felt a person was temporarily lacking in capacity their needs would be re-assessed to ensure they continued to receive safe and effective care and support.

Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and support. Further training was planned and the staff were on the waiting list for a local authority MCA course. The registered manager had obtained user-friendly leaflets on the MCA for people and relatives and this was displayed on a noticeboard in the home.

Good

Is the service caring?

Our findings

All the people we spoke with said the staff were caring and kind and went out of their way to talk with them. People's comments included: "Staff will always make themselves available for a chat."; "The staff will always listen to me if I want to talk."; and "Staff will always find the time to speak with me."

The staff team was established and people and staff had the opportunity to get to know each other and build up relationships of trust. One person told us, "Staff know me very well and know my likes and dislikes." Another person said, "I'm quite happy with the staff. They tell me things and I share things with them."

People had 'life story books' in their care records which included information about their life history, beliefs, hobbies and interests, and what they liked to talk about for example music, films, and sport. This helped staff to get to know the people they supported and have conversations and discussions with them.

The home had a calm and relaxed atmosphere and people appeared settled and happy. Staff spent time with people on a one-to-one basis. For example, between our inspection visits the registered manager took one person shopping and to see the Diwali lights on display in Leicester. The person said they had enjoyed this trip.

People told us they were always made to feel valued at the home. One person said, "There is never any rudeness or bullying here. Everyone is very kind to me. They make me feel like I matter."

A visitor said staff encouraged them to feel at home when they came to visit. They told us, "The staff make me welcome." One person told us, "When my family visit they are made welcome by staff." This was evidence of the home's caring and welcoming atmosphere.

Staff monitored people's well-being and intervened if a person needed support. For example, when one person became anxious a staff member stopped what they were doing and spent time talking with and reassuring them. People told us staff were good at recognising if a person was having difficulties with their mental health. One person said, "Staff ask daily if I'm OK and if I'm having a good day." Records showed staff were quick to intervene and provide support when it was needed.

People were involved in decisions about their own support and records showed they played an active role when their care was planned and reviewed. One person said, "I have daily conversations with staff about my care." Another person told us, "I know my care plan and have regular discussions with staff about it."

People told us staff supported them to be independent and, where appropriate, to move towards living independently. One person said staff were working with them and another support agency with a view to them moving into their own flat. Another person said staff encouraged them to learn how to shop and cook independently so they would have the skills they needed to live independently when they were ready to do this.

People said staff were respectful and preserved their dignity. One person told us, "The staff always treat me in a dignified way and understand about my privacy when I am bathing." A care worker told us they were assisting one person, at the person's request, with their appearance and helping them to choose the right products to look after their hair. This was also in keeping with the person's cultural needs.

Good

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. One person said, "The staff do very well in looking after me." Another person told us, "If we want anything or need help with anything the staff are happy to help."

A visitor who had previously lived at the home told us the provider, registered manager, and staff had been a 'major influence' in their recovery., The told us, "If it wasn't for them I would probably still be in hospital. But now I have my own flat in the community. Hamilton House has really been the best place. All the support and care that I received whilst living here is responsible for my recovery."

At the time of the inspection staff were reviewing and improving people's care and support plans to ensure they included the information staff needed to provide responsive care. Those they had completed were more personalised and included information on how staff could support people with their daily routines and with any cultural needs they had.

Some care plans focused on the steps people needed to take if they wanted to be more independent, for example cooking, using public transport, and laundering their own clothes. This was in keeping with the wish some people had to eventually move into their own homes.

Care plans were regularly reviewed and records showed people making progress towards their goals. For example, one person had changed their diet, had a flu jab, and was managing their personal care successfully. This showed positive outcomes for the person who wanted to improve their health and well-being.

People told us they could take part in individual and/or group activities if they wanted to. One person told us, "When I came here staff asked me what my interests were so they could see what I wanted to do." Another person showed us some craft work they had done at classes in the community. A further person said they were attending a drop-in centre.

During the summer some of the people using the service created a fish pool in the garden. The provider supplied the resources and staff supported the people. The outcome was an attractive garden feature with fish and plants. This was enjoyed by all the people using the service and those who took part in the project were proud of what they had achieved.

Other recent group activities included an event to raise money for a cancer charity, exercise on the park, walks, quizzes, and film nights. Individual activities depended on what people wanted to do. For example, some people had competed certificated courses in health promotion and life skills to prepare them for living independently. People regularly went out with staff to do individual activities, for example shopping, accessing community facilities, and taking part in cultural events.

Staff looked at ways to make sure people had access to the information they needed in a way they could

understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information at the home was presented in an easy-read format and staff explained information to people verbally if they wanted them to.

People said they would have no hesitation in making a complaint if they felt they needed to. One person told us, "I know how to make a formal complaint. It's [complaints information] posted on the notice board with some information about advocacy." Another person said, "There is a complaint base in the hallway and the staff respond well to complaints."

People said they would tell staff if they had any issues with the home. One person told us, "I've had no complaints so far but I'd speak to staff if I needed to." Records showed that if people did complain they were listened to and action taken to address their concerns. The home's complaints procedure included contact details for the local authority and the ombudsman so people knew how to take their complaint out of the home if they wanted to.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. The home had introduced an end of life care plan to ensure people's needs were met if they needed this type of support. Records showed that when a person had received end of life care at the home staff worked closely with a local cancer charity to support the person. The cancer charity trained the staff supporting the person and provided their own 24 hours care so this person's nursing needs were met. This meant the person could remain at the home which was in keeping with their wishes.

Good

Is the service well-led?

Our findings

At our previous inspection on 4 May 2017 we found that systems and processes did not effectively assess, monitor and improve the services provided. Systems had not been established to monitor and mitigate risks related to people's health and safety.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Following the inspection, the provider sent us an action plan stating how they intended to meet this requirement. At this inspection we found that the provider had followed their action plan and was not longer in breach of this Regulation.

The provider and registered manager had improved the way they monitored and assessed the quality of the service. Audits had been carried out covering medicines, staff competency, infection control, health and safety, the premises, and fire safety. Records showed action was taken to bring about changes and improvements if audits identified any shortfalls in the service. The provider's quality assurance policy was being re-written with a target date for completion of December 2018. The registered manager said the new policy would ensure staff files, care records, and accidents/incidents were including in the formal schedule of audit.

People said the home was well-run and provided a good standard of care. One person told us, "There's nothing here to improve on. The food's good and the staff look after me well." Another person said, "Hamilton House is a really good place to be if you've got mental health needs. The staff are excellent and give you all the support you need to get better." A staff member told us, "I would recommend this home as I know people are well-cared for here."

The registered manager and provider were 'hands-on' and in the home nearly every day. People and staff said they were approachable and available to talk with them whenever they wanted. One person said, "I am familiar with the owner and manager and see them every day. They keep an eye on everything here and are very good to us all." Another person said, "I know the manager very well, she is a brilliant lady."

To get a sense of the how people experienced the service the registered manager spent a day as a person using the service. She told us gave her valuable insights into how the home was running. For example, she said staff vacuumed when she was watching TV which she felt was inconsiderate. She also said staff buttered her toast for her when she would rather have done it herself, and she was bored at times. The registered manager said she used her learning from this experience to contribute to staff training and to identify areas of the service that needed improvement. This was a good example of the registered manager using an innovative approach to quality assure the service.

People were involved the how the home was run. One person told us, "Staff ask me regularly if I'm happy with the support I receive." People had the opportunity to attend regular meetings. To meet people's

communication needs the home held two versions of each meeting, a 'quiet one' and a 'noisy one', so people could choose the one most suitable for them. Records showed meetings discussed holidays, menus, health and safety, and other issues. People and their relatives also had the opportunity to complete surveys to share their views on the home.

Staff told us the registered manager was supportive. One staff member said, "[The registered manager] is firm and fair and looks after us all, staff and service users." Another staff member told us the registered manager was a good listener and if people or staff came up with any ideas the registered manager wanted to hear them and implement them where possible. Records showed staff had regular meetings where a variety of areas were discussed including health and safety, nutrition, and the role of a support worker. Staff said the meeting were effective as a means of learning and for management and team support.

At the time of our inspection the provider, registered manager and staff were working with local authority commissioners to improve some aspects of the service. They also liaised with other health and social care agencies to ensure people had access to the full range of services available to them at the home and in the wider community.

The provider was aware of their legal responsibility to notify the Care Quality Commission (CQC) of significant events and incidents within the service and had systems in place to support this. They ensure they displayed their current ratings at the registered location and signposted people to relevant information, including the latest CQC report.