

Penberth House Ltd

# Penberth House

## 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 ●

# Summary of findings

## Overall summary

We carried out this unannounced comprehensive inspection on 10 October 2017. At our previous inspection of 4 and 8 August 2016, we found the provider and registered manager were in breach of regulations relating to fit and proper persons employed and good governance. At this inspection, we checked on these issues and found that the provider had made improvements and now met all the relevant requirements.

Penberth House is a residential care home for up to three people with mental health needs. At the time of the inspection, three people were receiving care at the service.

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 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 were happy living at the service. Staff knew how to identify abuse and the safeguarding reporting procedures to protect people from potential harm.

People had risk assessments carried out on their well-being including their health, financial and social needs. Support plans contained sufficient guidance for staff about how to support people safely and to minimise the risk of harm. Staff supported positive risk taking which enabled people to live independently.

Staff were aware of the triggers to people's behaviours and worked closely with healthcare professionals when required to support them safely.

People took their prescribed medicines and received the support they required to do so from competent staff. Staff managed people's medicines appropriately in line with the provider's policies and procedures.

The provider ensured the premises were safe and well-maintained. Staff knew how to minimise the risk of infection to people and followed good hygiene practices.

People received care from staff who had the knowledge and skills to meet their needs. Staff had attended the provider's mandatory training and refresher courses to keep their knowledge and skills up to date. People were supported by staff who received regular supervision and an appraisal of their performance.

People's care was provided in line with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent to care before they provided support.

People received sufficient food and drink at the service and were encouraged to eat healthily. People were supported to maintain their mental and physical health and to access healthcare services in a timely

manner.

The registered manager assessed people's needs and developed support plans that provided information to staff on how to deliver suitable care. People using the service, their relatives (where appropriate) and healthcare professionals were involved in planning their care. Staff met with people and regularly reviewed their needs and updated the support plans to reflect any changes.

People using the service and their relatives knew how to raise a complaint about the service. The provider sought people's views about the service and acted on the feedback.

People and staff were happy with the leadership provided by the registered manager and the person centred culture at the service. Staff were clear about their roles and responsibilities and felt supported in their work.

People's care and support was subject to regular checks and audits. The provider and registered manager ensured they carried out improvements when necessary. Maintenance, repairs and servicing of equipment and premises were carried out when required. There was coordinated working between the provider and external agencies to enable people to access high standards of care.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Staff knew how to protect people from abuse and understood the safeguarding policies and procedures. Risk assessments and management plans were in place to support people to maintain their safety and that of others.

People received care from a sufficient number of staff who were suitably recruited to meet their needs.

People took their prescribed medicines. Staff managed people's medicines in line with the provider's procedures.

### Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills to meet people's needs. People received care from staff who had the training, supervision and the support they required to undertake their roles.

Staff provided people's care in line with the requirements of the Mental Capacity Act (2005). People consented to care and treatment.

People enjoyed the meals provided at the service and were supported to maintain a healthy diet. People had access to healthcare services when needed.

### Is the service caring?

Good ●

The service was caring. People received care that was delivered in a compassionate and caring manner. Staff had developed good working relationships with people using the service.

People had their privacy and dignity respected. Staff supported people to maintain relationships that mattered to them.

People were involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive. People received care and support

that met their individual needs. People had an assessment and regular review of their needs. Staff had guidance about the support people required to progress towards independent living.

People received the support they required to take part in activities that promoted their well-being and reduced social isolation.

People were encouraged to share their views about the service and knew how to make a complaint.

### Is the service well-led?

Good 

The service was well-led. People using the service and staff commended the leadership and management of the service. People benefitted from a culture that was person centred. Staff were committed to providing high standards of care.

Staff understood their roles and responsibilities and shared information about people appropriately.

The quality of care underwent regular checks and audits and the provider made improvements when required.

The provider worked closely with external agencies to improve the quality of care provided at the service.

# Penberth 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 inspection took place on 10 October 2017 and was unannounced. One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. The provider submitted a Provider Information Return (PIR) to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection, we spoke with three people using the service, a relative visiting a person, the registered manager, three care staff and the deputy manager who was involved in the day-to-day management of the home. We also contacted by telephone and spoke with three relatives who were involved in the care of people using the service.

We reviewed three people's care records, their medicines administration records and risk assessments. We looked at staff records including recruitment, training, supervision and duty rotas. We reviewed management records of the service that included quality monitoring reports, complaints, safeguarding reports and incident and accident records.

After the inspection, we received feedback from three health and social care professionals who were involved in the care of people using the service.

# Is the service safe?

## Our findings

At our previous inspection of 4 and 8 August 2016, we found that the provider had not followed appropriate recruitment procedures. Since our last inspection, the provider had carried out pre-employment checks in line with their procedures and best practice. This ensured staff who were deemed safe to provide care supported people. Staff records confirmed checks and explanations of employment history and gaps, satisfactory references, criminal record checks and confirmation of photographic identity and right to work in the UK checks were obtained before staff started to provide care.

People received care that made them feel safe at the service. One person told us, "They [staff] know how to keep me safe." Another person said, "Staff do know when I am unwell and what to do to help me stay safe." Staff said people knew that they could approach them and ask for support if they had any concerns about their welfare at the service. Staff told us they were confident that the registered manager would take action if they raised any concerns about people's safety at the service.

People were protected from the risk of abuse and harm. Staff knew the types of abuse that could happen to people using the service. They understood the safeguarding reporting procedures to follow to keep people safe. One member of staff told us, "We are taught to be alert to anything suspicious that could harm the residents. I would report any concerns to the manager without hesitation." The provider had clear safeguarding systems in place that staff were able to describe to us and how they used them to raise concerns at the service. Staff received safeguarding training and an annual refresher course to maintain an up to date knowledge about how to provide safe care. The registered manager worked closely with each person's care coordinator and the local authority safeguarding team when they had concerns about a person's safety. This enabled the registered manager to put suitable plans in place to minimise the risk of harm to people using the service.

People's care was provided in a manner that promoted their human rights. Staff provided care that did not discriminate against people because of their mental health conditions. For example, staff ensured people had access to services they required to maintain their health.

People were safe from the risk of avoidable harm and injury. The registered manager assessed risks to people's health and well-being. Risk assessments identified concerns around the use of kitchen equipment and utensils, behaviours that challenged the service and others, trips and falls in the home, substance misuse, accessing the community and financial and emotional abuse. Support plans were developed which were detailed and highlighted the support staff were to provide to help manage the known risks to people's health. For example, staff told us they locked away sharp objects and utensils when not in use and taught people how to use the cooker safely. Staff told us they monitored changes in people's behaviours which could indicate an increase in the person's vulnerability and potential for reoffending, for example if they did not have sufficient finances for their upkeep or social activities. People told us staff reminded them of the risks to their well-being and said they understood how to keep themselves safe, for example by not engaging in illegal activities. The registered manager ensured risk management plans included guidance to staff about managing risks people posed to each other at the service, for example, ensuring that people had

access to personal space when needed. Records showed risks to people's well-being were regularly reviewed and support plans were updated to ensure that people received care that appropriately met their needs.

People lived in a well-maintained environment. One person told us, "The home is always tidy and kept clean." Another person said, "We do our chores and staff help to maintain order in the house." Staff supported people to maintain good standards of hygiene and supported them to undertake tasks such as cleaning their rooms and doing their laundry. Audits of the environment were carried out weekly in line with the provider's procedures for health and safety checks. The checks included checking of the environment for trips and hazards, cleanliness of the premises, safe disposal of waste and the functioning of equipment. Regular maintenance and repairs were carried out when needed to ensure that the environment remained safe for people. People lived in premises that were kept clean. Staff followed good hygienic practices such as handwashing and the use of personal protective equipment.

People were kept safe in the event of an emergency. One person told us, "We practice fire drills and know what to do [to keep safe]." Staff told us and records confirmed they carried out regular fire drills and involved people to ensure they understood how to evacuate safely. Regular tests were carried out on the fire alarm system and there were no concerns noted in the checks of the past six months. At the time of our inspection, there were building works going on at the service. Some furniture and equipment were safely stored in the second lounge. The provider had contingency plans to deal with emergencies such as adverse weather, unplanned staff shortages and loss of utilities such as electricity, gas and water supplies.

People received support from a sufficient number of staff. One person told us, "There is always someone around to help." Another person said, "There are enough staff to take you out when you want to go out." Staff were happy with the staffing levels and allocation of work. They told us the registered manager ensured they had sufficient time to support people. Records and duty rotas confirmed shifts and absences were covered.

Staff had access to out of hours support for additional support and guidance. The registered manager or a senior member of staff was on call and staff had direct telephone and mobile access to them. Staff told us they were easily accessible and returned their calls promptly. Staff knew they could contact the rapid response services or a person's care coordinator in case of an emergency such as a person experiencing a sudden decline of their mental health.

People took their prescribed medicines and received the support they required to do so when needed. The registered manager in consultation with health and social care professionals assessed each person's ability to manage their medicines. Staff followed appropriate arrangements that were in place to support people to manage their medicines for example, when they were away from the service or in the community to attend college. Staff received training and underwent a competency assessment to ensure they were fit to manage people's medicines.

Medicines management practices at the service were safe. Medicine administration charts (MARs) were labelled with each person's name, their prescribed medicines, dose, frequency and allergies. MARs for the six weeks prior to our inspection were accurately completed and staff signed and recorded whether each person had taken their medicines. The registered manager audited MARs to ensure staff administered people's medicines as required. Medicines were safely and securely stored and administered in line with best practice and the provider's procedures. We looked at the medicines cabinet and checked the stock kept of people's medicines. These tallied with the balances recorded on the MARs charts which indicated staff administered people's medicines as required.



People received regular reviews of their medicines. Staff told us and records confirmed that people were able to highlight to healthcare professionals the side effects of medicines they were taking and when they felt better. We saw some medicines that were discontinued and staff had ensured people stopped taking them as advised. Medicines were disposed of safely by returns to the local pharmacy that supplied them.

# Is the service effective?

## Our findings

At our previous inspection of 4 and 8 August 2016, we found that the provider did not maintain accurate staff training records. The lack of appropriate recording meant that the provider could not monitor the effectiveness of training provided and the learning and development needs of staff.

Since our last inspection, the provider had ensured people received care from skilled and trained staff. One member of staff told us, "The [registered] manager plans and reminds us of any training due. We get the time off to attend any courses." Staff received regular training and underwent annual courses to refresh their knowledge and skills. They attended training specific to people's needs such as mental health and dementia awareness. The registered manager maintained accurate records of training and ensured staff were up to date with their knowledge through discussions in team and one to one meetings and on the job observations. Training provided included, safeguarding, the Mental Capacity Act 2005, food hygiene, medicines management, fire safety and health and safety. Staff were enrolled for additional training to meet any learning and developmental needs identified when undertaking their duties.

People received care from staff who were competent in their roles. One person told us, "Yes they are good at what they do. They wouldn't work here if they weren't." Another person said, "[Staff] know their jobs." Health and social care professionals commented that staff understood people's needs and knew how to provide effective care to each person using the service.

People were supported by staff who knew how to provide their care. New staff underwent an induction process to enable them to understand the needs of people and the support they required. Staff told us they found the induction helpful because they were introduced to people using the service and read information about their needs and the support they required. Records confirmed that new staff completed the provider's mandatory training and read policies and procedures before they started to provide care on their own. Staff new to care completed the Care Certificate training which detailed the expected standards of support they had to provide to people using the service. The registered manager monitored new staff's performance and confirmed them in post on satisfactory completion of a probationary period.

People received care from staff who underwent a regular review of their practice. One member of staff told us, "All our one to one meetings are planned. We talk about what's working well and areas that are challenging." Records confirmed supervision discussions based on people's needs, the support they required and the quality of care delivered. The registered manager reminded staff to undertake tasks such as having one to one meetings with people they were responsible for and the reasons for maintaining good and accurate record keeping. They also followed up on issues identified in previous supervisions for example, attendance of additional training to undertake their roles effectively and care plan reviews to ensure they met people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People using the service were supported by staff who followed the requirements of the MCA when providing care. Staff supported people to comply with any other restrictions placed on them by health and social care professionals such as taking their medicines, attending clinics and reviews of their treatment and support plans. Best interests meetings were held when people were unable to make decisions about their care.

People were asked for their consent to care and treatment. One person told us, "Staff will always ask if I want anything done. They do not impose themselves." Staff were able to describe how they supported people to give consent to care. Staff respected people's decisions about receiving care and informed the registered manager and health and social care professionals involved in their care if they showed a pattern of declining support. The registered manager maintained a schedule of people who were subject to a DoLS authorisation and when these were due for renewal. At the time of the inspection, one person had a DoLS authorisation in place and their support plan reflected the care they required. Care records showed the person received support to manage their medicines, personal care and to access the community safely in line with the DoLS authorisation.

People enjoyed the meals provided at the service. One person told us, "Staff do ask what we like to eat. I have the option of preparing my meals and eating out." Another person said, "I cook my favourite meal, spaghetti bolognese but on a Sunday [staff] do cook roasts like lamb chops, chicken and we love that." Staff involved people in the planning and preparing of meals of their choice. People told us staff encouraged them to adopt healthy eating patterns and to include vegetables and fruit in their diet. Staff supported a person to monitor their blood sugar levels because of a health condition they had and liaised with healthcare professionals when they had concerns. They worked closely with the person to manage their health through a controlled diet plan. We observed people had access to the kitchen and were able to prepare refreshments when they wished.

People received the support they required to maintain their health and to access healthcare services when needed. One person told us, "Staff always check if I am ok. They remind me of my medical appointments, meetings with my care coordinator and health checks." Another person said, "If it's an emergency staff contact the GP, but if not I do it myself." People attended hospital appointments and visited their GP on their own unless they wanted staff to accompany them. Staff worked closely with people to diarise follow up visits and to ensure they received any prescribed medicines. Records confirmed people accessed healthcare services provided by dietitians, physiotherapists, occupational therapists, dentists, opticians and accessed specialist services for mental health and clinics for men checks.

Staff monitored people's mental health and liaised with their care coordinator if they had any concerns. Healthcare professionals commented that staff informed them in a timely manner when a person showed signs of a decline in their mental health. Staff knew the signs and symptoms of people's health conditions and ensured they followed guidance provided by healthcare professionals to provide them with appropriate support.

## Is the service caring?

### Our findings

People were happy with the care they received at the service. Comments they made included, "You have people who love you here." "Yes, we sit together on the settee and watch TV. This place is like a family home." "The staff are very kind." One relative told us, "Everyone here is kind and generous with their time." People told us staff were kind and compassionate and understood the support they required. We observed interactions between staff and people were polite and respectful. Staff spent time with people and engaged them in conversations about things that interested them and explained things patiently if they required support or additional information.

People were supported by staff who knew them well. One person told us, "We have talked about things that make me happy. Staff know everything about me." Another person said, "[Staff] understand the reason why I live here. They do not judge me." Staff respected people's choices and provided the support they required. Staff told us and records confirmed they had information about people's hobbies, interests, likes and dislikes, preferences and understood their needs. One member of staff told us, "We know what makes each person tick." Another member of staff said, "We spend time talking to people and you get to know what they like and dislike." Staff worked closely with family members who were involved in people's care to understand the needs of each person. This enabled staff to provide care that was inclusive of the person's needs and aspirations. Staff had developed strong working relationships with people and were able to describe the needs of people and their interests. We observed people were happy and confident to approach staff and to discuss their plans for the day.

People were involved in making decisions about their care. One person told us, "I decide how I spend my time at the service and how I live my life." Another person said, "Yes I am involved in my care." Health and social care professionals told us and records confirmed people were involved in the decision to reside at the service and to receive support with their day-to-day care. Each person had a member of staff who worked with them to coordinate their care through planning their support, identifying their aspirations and what action they needed to take to achieve their goals. Staff told us they held monthly meetings with people and records confirmed the discussions about the progress each person had made towards attaining their goals. People made plans and set goals in line with any conditions placed on them by health and social care professionals about their care and treatment.

People's dignity and privacy was respected. One person told us, "The staff treat us with respect. They [staff] don't come in my room unless they knock and I invite them in." People told us they had keys to their bedroom doors and locked them for privacy. They told us staff respected their space and asked for their permission when they wanted to check that their bedrooms were well-maintained. Staff encouraged people to maintain their personal hygiene and ensured they had sufficient and appropriate clothing. People were supported to visit their hairdressers regularly for haircuts. People told us they had established relationships with them and were happy with the service they received. We observed people were well groomed and dressed appropriately.

People told us they were free to go out into the community for entertainment, outings and visits to family

and friends. People said they were supposed to be in the home by a certain time. One person told us, "I get to go out with my friends until 10 o'clock curfew time. We get to go on trips with the staff and managers such as going to the cinema, bowling, zoo, driving around in the car and going to college." We spoke with the registered manager about "the curfew" as another person mentioned a similar time as a requirement to come back to the service. The registered manager explained that people were asked to inform the staff if they intended to stay out late. This was to ensure their safety and for staff to know their whereabouts. Staff told us there was open communication with people and that they trusted them to tell them who their friends were and respected their choices.

People were supported to maintain relationships with people who were important to them. Staff had information about family, friends and health and social care professionals that mattered to people and the support they required to maintain these relationships. For example, one person using the service received regular visits from a family member and staff supported them when they wanted to eat out or access the community. People using the service and their relatives told us visitors to the service were welcome. We observed staff welcomed a visitor and ensured they were comfortable and offered them a drink. Staff gave people the opportunity to spend time alone with their visitors and monitored the person discreetly when needed.

## Is the service responsive?

### Our findings

People using the service were happy that they received care that met their individual needs. One person told us, "I have a care plan and agree with my care package. Everything seems to be working well." Another person said, "This placement has made me be out more longer (in the community) and helped with my recovery." Healthcare professionals commended staff for providing care as arranged between them and people using the service and their families. The registered manager carried out assessments of each person after receiving a referral from health and social care professionals. This helped to determine whether the service had the right facilities and skilled staff to meet each person's needs and to ensure the compatibility of the person with other people already living at the service.

People received care as planned. One relative told us, "[Family member] is alright here. Staff provide the right care. [Family member] is happy." Detailed care plans in place showed that staff took into account the information that was gathered at assessments. This included people's background, physical, mental, medical and social needs, interests, employment history, educational prospects and the skills they required for daily living. The registered manager developed support plans in consultation with people, their families (where appropriate) and health and social care professionals to help people progress with their identified needs as indicated in their care plans. For example, staff had guidance about what actions and support the person required to maintain their routine and to attend college regularly for vocational skills training. We spoke with the person who was motivated about their college attendance and was very conscientious about their studies.

People were supported in line with their changing needs. Staff held monthly one to one meetings with each person where they reviewed their care and support needs. Support plans were up to date and reflected people's needs. For example, one person had undergone an assessment because of a decline in their mobility. A hoist was put in place and staff received additional training on how to use the equipment to support the person transfer from bed to chair.

People received care that supported them with recovery from mental illness. One person told us, "It's the little reminders and encouragement from staff that's helping to make a difference in my life." Another person said, "Staff help with my medicines. They are there to listen when I need to talk." People were encouraged to undertake vocational and educational courses to equip themselves with the knowledge for independent living. Staff had supported a person to identify a potential employer in line with their skills and education. They were helping [him/her] prepare for a job application and possible interview. People had received training in managing their finances, planning for day-to-day living, cooking, and laundry and maintaining relationships. One person did volunteer work which they said helped them to build their confidence and self-esteem. People undertook studies that supported them to develop their literacy and numeracy skills. People told us and records confirmed they managed their finances and were happy with that arrangement. People budgeted for their clothing, mobile bills and food. Staff supported people to access their benefit entitlements and to secure bus passes for travel.

People using the service and their relatives were happy to share their views about the care provided. One

person told us, "Staff do listen to me every day." Relatives told us they spoke to the registered manager and staff when they needed and that they felt that their views were considered. The registered manager and staff held regular one to one meetings with people where they gave them the opportunity to talk about what was working well and improvements they would like to see at the service. Minutes of the meetings confirmed people were able to share their views and discussed the activities at the service and in the community, the quality of meals provided and relationships between people and staff. The registered manager acted on the feedback from people to make changes to their care provision.

People knew how to make a complaint and were aware of the procedure to follow. One person told us, "The complaints procedure is there on the noticeboard for everyone to see." Another person said, "Staff do listen and no issues ever get too serious." One family member told us the registered manager acted quickly when they raised any concerns about the service. The registered manager maintained records of concerns, complaints and compliments received at the service. Staff were aware of the need to inform the registered manager of both informal and formal complaints made about the care provided at the service. This enabled the registered manager to look at concerns and complaints and to carry out investigations where appropriate. No complaints had been made in the 12 months prior to our inspection.

## Is the service well-led?

### Our findings

People received person centred care at the service. One person told us, "Staff want what's best of us." The registered manager and staff put people at the centre of the decisions about their care. One member of staff told us, "The support has to be right for the [person] receiving it. Otherwise what's the point if it doesn't improve their quality of life?" Healthcare professionals commented that the registered manager and staff focussed on the needs of people using the service and ensured they provided care suitable to each person.

People using the service, their relatives and staff were happy with the management of the service. One person told us, "The [registered] manager is very good." Another person said, "The [registered] manager is lovely, she's my mama and is always there for us no matter what." People told us the registered manager was visible at the service and took a "hands on" approach to their care delivery. Staff told us the registered manager was approachable and encouraged them to be open and honest about the support they provided to people. The registered manager ensured staff learnt from mistakes and concerns raised about the service. Staff received guidance from the registered manager about how to deliver good standards of care and could contact them out of hours for advice and support.

People received care of a consistently good standard. Communication within the team was good. Staff told us and records showed they shared information about people's needs. They held daily handover meetings at the start of each shift and read a communication book. Staff knew of each person's daily activity schedule, changes to their health and the support they required. This enabled them to provide care suitable to each person's individual needs such as managing changes in the person's behaviours or medicines. The registered manager provided staff with regular updates about developments at the service and changes to people's needs to ensure they followed appropriate procedures to provide effective care. We observed the registered manager discussing plans about an outing for the day so that staff could ensure the person had received their medicines and were suitably dressed before they went out.

People were supported by staff who were clear about their roles and responsibilities. Staff explained to us how they provided care in line with the provider's vision and values of, "maximising people's potential for normal risk taking and to lead fulfilling lives." There were clear lines of communication and reporting channels and staff knew how to raise issues including whistleblowing to alert the registered manager and external agencies about poor practice. Staff told us they were supported and felt empowered to deliver good standards of care.

People received support that was provided in line with the legal requirements of care provision. The registered manager and provider understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager submitted notifications to CQC in a timely manner and notified the local authority safeguarding team any concerns about people's safety.

People received care and support that the provider and registered manager monitored. There were regular quality monitoring checks of care plans and reviews, medicines management, record keeping of people's notes and health and safety audits. The registered manager ensured records were accurate, complete and



that they reflected people's needs and the support they required. Staff undertook monthly key working sessions and updated the family, health and social care professionals and the registered manager about changes in people's needs. Records showed staff followed guidance provided by health and social care professionals which enhanced the quality of people's lives.

The registered manager audited staff skills through regular one to one meetings, supervisions, appraisals and ongoing discussions with them which ensured they were skilled to provide people's care. Staff attended monthly meetings where they discussed people's needs, changes in support plans, concerns around the service and complaints and compliments received. They also discussed how they were working as a team, any shortcomings in their practice and the action they were required to take to improve people's care. We read minutes where staff had indicated that some tasks were not always performed to a high standard. The registered manager reminded staff about the need to complete tasks diligently and carried out spot checks to confirm they did their work to acceptable standards.

The registered manager worked in close partnership with external agencies and other healthcare professionals to discuss people's needs and any changes required to their support plans. This ensured people received appropriate care to meet their needs and the support they required to progress towards more independent living.