Rehabilitation Education And Community Homes Limited

Reach Ivy Cottage

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

This inspection took place on 15 December 2016. It was an unannounced visit to the service. This meant the service did not know we were coming.

Ivy Cottage is a care home which provides accommodation and personal care for up to eight people with a learning disability. At the time of our inspection there were seven people living in the home.

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.

The home was previously inspected in December 2013. It was compliant in the areas assessed at that time.

At this inspection we found the service provided safe, effective, caring, responsive and well-led care to people. People and their relatives were happy with the care provided. They described staff as caring, welcoming and friendly. A relative felt very grateful that their family member had got a place at the home. They commented "This is the best place "X" has been in, we feel very fortunate "X" is there".

Systems were in place to safeguard people. Risks to people were identified and managed which promoted people's independence. People had care plans in place which provided clear guidance to staff on the support individuals required. Care plans were updated and reviewed as people's needs changed.

Medicines were safely managed and people's health and nutritional needs were met. People had access to community activities, college and work placements.

People's privacy and dignity was promoted. Staff were kind, caring and had a good knowledge of the people they were supporting. They knew how to communicate with people. Staff were aware of people's needs, risks and the support required to promote their safety.

Staff were suitably recruited, inducted, trained, supervised and supported. They were able to relate their training to their practice to support people effectively. People were supported by a mix of experienced and new staff who worked well together as a team to benefit people.

People and their relatives knew who to contact to raise a concern or complaint. Resident meetings took place. This provided another opportunity for people to discuss issues that impacted on the resident group.

The registered manager was experienced in their role. They had developed systems to audit the service to ensure the service was being effectively monitored. They were organised and this was reflected in the way records were managed and presented. They had developed a committed staff team who were clear of their

roles and responsibilities. Staff were motivated, enthusiastic and passionate about the work they did and were keen to promote people's independence and life skills.

People who used the service, relatives and professionals were happy with the way the home was managed and described the registered manager as experienced, professional, accessible and approachable.

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.

People were safeguarded and risks were managed.

People's medicines were appropriately managed.

People were provided with sufficient staff who were suitably recruited to meet their needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who were suitably inducted, trained and supervised. Staff were regularly observed to ensure they put their learning into practice to provide effective care.

People were supported and enabled to make decisions about their day to day care within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) was complied with.

People had access to a range of health professionals to promote their health and well-being. People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring, motivated and committed to their role.

People's privacy, dignity, independence and respect was promoted.

Is the service responsive?

Good

The service was responsive.

People were assessed prior to being admitted to the home. Care plans were in place which outlined the care required to promote consistent care.

People were supported to pursue their hobbies, interests and attend college and work placements.

People were provided with the information on how to raise a concern or complaint.

Is the service well-led?

Good

The service was well led.

People were supported by a service which was well managed.

People were given the opportunity to feedback on the service. Systems were in place to monitor practices to safeguard people and make improvements to the service.

People's records and other records required for the running of the service were organised and well maintained.

Reach Ivy Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At our previous inspection in December 2013 the service was meeting the regulations inspected.
This inspection took place on 15 December 2016. It was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was undertaken by one inspector.

Prior to the inspection we requested a Provider Information Record (PIR) on the service. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. The registered manager was unable to submit the PIR within the required timescales due to technical issues on the Care Quality Commissions website. We reviewed other information we held about the service such as notifications and safeguarding alerts. We contacted health care professionals and colleges involved with the service to obtain their views about the care provided. We have included their written feedback within the report.

During the inspection we walked around the home to review the environment people lived in. We spoke with the registered manager, five care staff and three people who used the service. We spoke with two relatives by telephone after the inspection. We got written feedback from a friend of a person who used the service. We looked at a number of records relating to individuals care and the running of the home. These included three care plans, medicine records for seven people, shift planners, three staff recruitment files, staff training and three staff supervision records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person commented "Of course I feel safe". People confirmed they knew what to do if they had any worries or concerns about the care they received. Safeguarding was discussed in residents meetings. This provided people with the information they needed to raise concerns.

Relatives told us they believed their family members received safe care. One relative told us "Staff manage challenging behaviours very well in an attempt to keep everyone safe".

A friend of a person who used the service commented "I have never had any concerns about the safety of "X" while in Ivy Cottage's care. The site is safe and "X" is appropriately supervised. I ask "X" frequently if he's happy at Ivy Cottage and he is always positive in his response".

A professional involved with the home commented "I found the service to be clean and tidy when I visited. There is a mix of clients and the number in a relatively small space does lead to incidents between clients, all of which have been appropriately reported to my knowledge".

Another professional commented "X took a little time to settle but on all my visits "X" says that he is happy living there".

Staff demonstrated during discussions with us they had a good understanding of how to keep people safe. They were aware of their responsibilities for reporting accidents, incidents, poor practice or concerns. People were protected against the risks of potential abuse. Staff were trained in safeguarding. Policies and guidance on safeguarding were prominent on the notice board in the office. This supported staff's training and reinforced the steps to take in the event of a safeguarding incident. Appropriate safeguarding alerts were made. Records of accidents, incidents and safeguarding alerts were well maintained. The registered manager audited accidents, incidents and safeguarding alerts to ensure trends were picked up and action taken.

A friend of a person who used the service commented "I have faith in Ivy Cottage that they would manage any accident or incident well, and that if there was something significant they would let me know".

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. People's support plans included a series of individual risk assessments. These were in relation to risks associated with their behaviours, mobility, personal care, finances, communication, activities, community access, physical and mental health, pressure sores and nutrition. Pictures were used to provide clear guidance to staff on how to move and handle people to promote their safety. Risk assessments were kept under review and updated as new risks were identified or the level of risk changed. Staff had a good knowledge of the risks people presented with. Staff confirmed they knew how to support people to manage the risks. During the inspection we saw staff manage behaviours that challenged in a calm, caring but firm way and in line with the risk management plan for those individuals.

A professional involved with the home commented "The client I have placed has behaviour that challenges and this has been managed by the staff team, and I have been impressed with all the risk assessments in place".

Environmental risk assessments were in place. These were up to date and reviewed. They outlined risks to people, staff and visitors such as risks associated with driving the company vehicle, moving and handling, medication administration, cooking and cleaning. A lone working checklist was being developed with staff and from that a lone working risk assessment would be completed. A fire risk assessment was in place and people's files included a Personal Emergency Evacuation Plan (PEEP) which provided guidance on how individuals were to be evacuated in the event of a fire.

Health and safety checks took place which promoted a safe environment for people. Staff carried out regular checks of the fire equipment, hoists and wheelchairs. Fire drills took place quarterly and at different times of the day to ensure all staff knew how to respond in the event of a fire. Alongside this the fire equipment and hoists were serviced and servicing was kept up to date. Water temperature, legionella, vehicle, extractor fan and first aid boxes were checked and records maintained. Any issues arising from the check were reported and acted on. Gas safety, portable appliances and the fixed lighting were serviced and deemed safe. A contingency plan was in place which provided guidance for staff on what to do in the event of an emergency such as a fire, flood, gas leak or power cut. It provided details of places of safety for people to be taken to if the home was inhabitable such as a community centre and local hotels.

The home had a part time cleaner. They were responsible for cleaning the communal areas of the home. They had a daily cleaning schedule which they signed off when completed. Staff supported people to clean their bedrooms. A record was maintained to indicate when bedrooms were cleaned and guidance was provided on what a room clean should entail. The home was homely, bright, clean and welcoming. Areas of the home had been decorated and a refurbishment plan was in place which outlined planned refurbishment of the home. Maintenance issues were reported and acted on. The cleaning schedule did not include cleaning of equipment such as wheelchairs and hoists. The registered manager agreed to add that to the check of the equipment schedule.

People told us staff were available when they needed them. Staff felt the staffing levels were sufficient. Four staff were provided on each day time shift. One person required one to one support so this meant three staff were available to support the other six people. A sleep in staff member and a waking night staff member were provided at night. The registered manager and deputy manager provided on call support. Staff were aware of how to access on call support and told us the on call managers were always responsive and available. The home had three full time care staff vacancies. They used bank staff, their own staff and agency staff to cover the vacancies. The provider continued to try and recruit into the vacancies.

A professional involved with the home commented "Agency staff were used regularly. Some of these staff lacked insight into the needs of my client". The registered manager told us there was a period where there was a higher use of agency than now to support an individual. However they used regular agency staff to provide continuity and regularly monitored their performance. Any issues were fed back to the supplying agency to address.

Another professional commented "A few years ago they had difficulties in staffing and relied on Agency staff, the staffing situation has improved recently".

A friend of a person who used the service commented "There are sufficient staff that ensures "X's needs are met, and to also allow "X" to have the personal space that he craves. "X" has the independence and isn't

constantly 'watched over' which he doesn't like".

There was a shift leader on each shift. They took responsibility for the shift and ensured tasks were allocated. This meant staff members were aware of who they were supporting, who was cooking, responsible for medicines and driving people to college, day centres or out on activities. The shifts were well organised with support provided to people in a timely manner. This created a relaxed atmosphere in a home with people who at times demonstrated behaviours that challenged.

Peoples' medicines were managed and administered safely. None of the people who used the service were self-medicating. Peoples' care plans included detailed guidance on the support they required to take their medicine. They contained information on side effects of their medicines and risks associated with medicine administration. Care plans and medicine administration records highlighted allergies. Medicines were stored appropriately, ordered monthly and records maintained of medicines received into the home and returned to the pharmacy. Guidance was in place for the use of as required medicines and signed by the persons GP. We looked at people's medicine administration records. Medicine administration records were generally well completed. There was one gap in administration of one person's medicine. We checked and saw the medicine had been given. The registered manager immediately addressed it with the staff member involved who was on duty.

The home had systems in place to promote safe administrations of medicines. Staff were trained, assessed and deemed competent to administer medicines. In house medicine management and administration guidance was in place to support staff. Two staff were involved in medicine administration. Stock checks of medicines took place and a monthly audit of medicines was carried out to promote safe practice.

The service followed safe recruitment practices. Staff confirmed they had completed an application form and had attended for interview. Staff files contained a photo, application form, medical questionnaire and evidence of an interview and written assessment. Records showed checks had been made with the Disclosure and Barring Service (criminal records check) and appropriate references were obtained to make sure staff were suitable to work with the people they supported.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff. One person commented "Staff are good at what they do". A relative told us "Staff seem to have the skills to care for people".

A professional involved with the home commented "Since "X" was placed at Ivy Cottage I have been extremely impressed. "X" has a good relationship with the manager who knows and understands "X"'s needs very well, his moods his behaviours and seems to take these in her stride".

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff we spoke to told us they had been inducted into their role. This included a formal induction into the home, policies and in getting to know the people they supported. Staff told us they worked in a shadowing capacity alongside other more experienced staff in supporting people. One staff member commented "Shadowing the experienced staff gave me the confidence I needed to work with people". Staff had completed an induction checklist and all new staff were registered on the care certificate training. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. Two of the staff we spoke with confirmed they had completed their care certificate training and two staff were still working through it.

Staff told us they were aware of their roles and responsibilities. They felt suitably skilled and trained to do their job. They were able to relate their training to their working practice. During discussion with us they demonstrated a good understanding of the training they had received.

All staff had access to training the provider considered mandatory such as fire safety, food hygiene, first aid, health and safety, safeguarding of vulnerable adults, moving and handling, infection control and fire. Alongside this staff had specialist training in autism, learning disability, mental health and management of actual or potential aggression (MAPA) training. A training matrix was in place which showed the training that had taken place. The provider had a training plan which outlined the expectations of what training staff would receive during their induction and the frequency of training for all staff. The registered manager confirmed the human resources department updated the training monthly. They sent details to the home to enable the registered manager to prompt staff to update their training.

People were supported by staff who had one to one supervision meetings with their line manager. Staff told us supervisions were carried out four to six weekly. They felt able to discuss any training needs or concerns they had. A staff member commented "I feel very well supported and I don't have to wait for my supervision session if I have any issues that need addressing". We looked at a sample of supervision records. We saw staff had regular recorded supervision sessions. New staff completed probationary reviews and existing staff had annual appraisals and review of their performance. Alongside this the registered manager and deputy manager carried out regular observations of staff practice. Records were maintained of the observations and any issues arising were addressed and acted on. This ensured staff were adequately supervised and supported in their role.

Systems were in place to promote good communication within the team. A communication book was in use to inform staff of important issues. Daily handovers and monthly team meetings took place. Staff signed to say they had read and understood people's care plans, risk assessments, policies, procedures, team meeting minutes and communication book. This practice promoted effective communication. Staff felt they worked well as a team. We observed staff worked well together and were aware of their roles and responsibilities for the shift.

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. Staff were trained in the Mental Capacity Act 2005 (MCA) and demonstrated they had a good understanding of the act. People were supported to make decisions on their day to day care. Best interest meetings took place when decisions on treatment were required such as blood tests.

People can only be deprived of their liberty so that they can 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. Staff had been trained in DoLS. They had a good understanding of how it related to the people they supported. They told us how having the door locked and one to one supervision restricted people. DoLS applications had been made to the Local Authority for people who required it. A record was maintained of applications that had been made and approved.

People told us staff took them to see a doctor if they were unwell. People's care plans outlined the support they required with their health needs. Each person had a health action plan and hospital passport in place. This outlined people's medical needs, medications, allergies, communication needs and key people involved with individuals. People had access to a GP, dentists and opticians. Relevant health professionals such as a psychiatrist, community psychiatric nurse and care managers were accessed for people who required them. Alongside this people had an annual health check with the GP. Records were maintained of appointments, action required and follow up appointments were scheduled.

A professional involved with the home commented "Staff accepted input from community teams to carry out assessments, observations and make recommendations. Some recommendations were not consistently followed around improving communication with my client, staff made themselves available to attend meetings including senior REACH managers". We informed the registered manager of the feedback regarding recommendations not being consistently followed. They were not aware of that prior to us informing them and therefore were unable to act on it.

Another professional commented "The Home take on some of the most complex residents in the county, so that has its challenges , however the unit manager and staff have adapted and worked alongside both the social services and Community Team for People with Learning Disabilities (CTPLD) NHS services so that the needs of residents are met ".

People told us they were happy with the meals provided. One person commented "The meals are always very good".

People's care plans outlined the support they required with their meal. People could choose where they wanted to eat and some ate in their bedrooms. The home had a pictorial menu which was agreed with

people weekly. A larger pictorial menu was on display to reinforce to people what meal was planned daily. People were involved in shopping for food for each lunchtime meal and an on line shop was done for the remainder of food items and supplies. People told us they could have alternatives to what was on the menu if they wanted it. Records were maintained of the meals eaten. People's weight was monitored and recorded to enable changes to be addressed.

We observed lunch being prepared and served. Staff took responsibility for cooking but encouraged people to get involved. Staff sat and ate with people. There was lots of talking, laughter and fun during the lunch which created a warm, friendly and homely atmosphere.

Good

Is the service caring?

Our findings

People told us staff were caring and friendly. One person commented" Staff are good to me". Another person told us "Staff treat me well, we have a very good relationship".

Relatives told us staff were kind and caring. One relative commented "This is the best place "X" has been in, we feel very fortunate "X" is there". A friend of a person who used the service commented "There are certain members of staff who seem to be very caring – who will tell me about anything significant when I arrive to pick "X" up and who ask me to support anything they are working towards at the home. Most members of staff are friendly and welcoming".

Professionals involved with the home were positive about staff and their relationship with people. Comments included "Staff were friendly and welcoming when I visited, they spoke in a polite and friendly way with the clients". "There is always a lovely warm welcome when I have visited "X" from all the staff and other residents. "The clients talk fondly of their staff". "Based on the interaction we have with clients I would say they are well cared for, they always attend classes and communication with the home is good, the deputy manager always notifies us of any absences or problems". "I have found the staff to be caring to the needs of the residents, The home and its staff have done a fantastic job and really care for the residents they serve".

People were treated with kindness and compassion in their day-to-day care. Staff were welcoming and friendly. They were firm but gentle in their approach with people in managing behaviours that challenged.

An organisation involved with the home commented that "Ivy Cottage while providing a familiar environment for "X" doesn't always provide an environment that is caring and responsive to "X" needs". They raised a number of concerns with us which we fed back to the registered manager to investigate.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff treated people as equals and had a good connection with them. They listened and gave people time to make choices and decisions. Staff provided people with good eye contact, reassurance and encouragement whilst engaging and supporting them. Staff and the people they supported regularly chatted, laughed and joked together.

People told us their privacy was respected. They told us staff knocked on their bedroom doors prior to going into their bedrooms. During the inspection we saw this was the case. People's bedrooms were personalised and decorated to their taste.

People were encouraged and enabled to be involved in their care and their independence was promoted. People were supported to take an active role in life skills such as cooking, shopping, laundry and making drinks to promote their independence. People's care plans outlined their communication needs. Staff listened to people and communicated effectively with them. Information was provided in a format that was accessible and understood by people. This was being developed to ensure all relevant information was

more easily accessible to people.

The registered manager told us they were able to access advocates for people when it was required. They had advocacy involvement for one person who required it.

People's care plans included an end of life plan of care and indicated family involvement in the event of a person's death.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. The registered manager was in the process of assessing a potential new admission. They had visited the person and had obtained information from them and other professionals involved in their care. Information from the assessment was being added to a comprehensive assessment document which would inform the person's plan of care if they were admitted.

People told us they had care plans and felt involved in them. Care plans viewed clearly explained how people would like to receive their care, treatment and support. They included a pen picture of the person which provided a summary of the person's daily routine and what was important for the person. Care plans were specific as to the care required. They included detailed guidelines to support staff to provide consistent care to people. Care plans were kept up to date and reviewed in response to changes in people's needs. People had regular reviews to which family and professionals were invited to. This was an opportunity to review the placement and agree actions moving forward.

A professional involved with the home commented "I have attended all the Annual Reviews so far and these are always informative and planned well. The communication between the registered manager and myself is very good, they will inform me of any changes that I need to know about regarding "X's" medication etc. The manager is always available when I come to do "X's" Pathway Plan and is able to give me all the information that I need". Another professional told us "The staff are responsive to the needs of the residents and are aware of how best to enable the residents take part in community activity and live fulfilling life's".

A third professional commented "I have found that they are proactive in arranging reviews and these are always negotiated and planned in advance. Review notes are always available and action points made at the review".

People had a keyworker. A key worker is a named member of staff who supported the person to coordinate their care. People had one to one time allocated weekly with their keyworker. This allowed them the opportunity to spend time doing what the person choose. The keyworker completed weekly and monthly reports on their one to one time with the person and contributed to the person's review. People were aware who their keyworker was. One person commented "We do things together".

Staff were aware which people they were keyworker to and talked positively about their relationship with them. They were clear of the expectations of the role and their responsibilities.

People and their relatives told us staff were responsive to their needs. One person commented "Staff are always on hand to help". Relatives were happy with the care provided. One relative told us how in a short space of time their family member had made improvements in their appearance and their quality of life had improved.

Throughout the inspection we saw staff respond to people's request for assistance and intervened quickly to

prevent conflict between people.

People had a range of activities they could be involved in and the service had established good links with the local community. Each person had a weekly plan of activities which included work, college and leisure activities. People told us they were happy with the leisure activities available to them. These included activities such as trips to the cinema, meals out, music and art sessions, drama groups, church and weekly social club. People told us about previous holidays they had been on. They were looking forward to planning a holiday for next year and were excited about the forthcoming Organisations annual Christmas party. Relatives felt activities were supported and people had good access to community facilities.

Professionals were happy with the support provided in promoting people to be involved in activities and community involvements. They commented "Staff supported my client who was displaying significant challenging behaviour to continue to attend day time occupation, take holidays, engage in sport and leisure activities in the evenings". "The manager always encourages "X" to take part in activities as for a short time "X" was not wanting to go out or take part in the activities that other residents took part in, but now this has changed and "X" is taking part in different things and loves swimming". "The emphasis has been on community activities. The manager and staff have worked hard to support the client to achieve community access whilst assessing the risk, so that "X" can integrate appropriately.

People told us they would talk to their key worker, family member or the manager if they had any concerns or complaints. Throughout the inspection we saw people inform staff of concerns they had in relation to their day to day care. Staff listened and responded appropriately to them. During discussion with staff they demonstrated to us that they understood complaints and concerns should be taken seriously and reported.

Relatives told us they would contact the manager if they had any concerns. A relative confirmed they had been emailed a copy of the complaints procedure for reference. A friend of a person who used the service commented "I have had concerns and have either phoned or emailed in order to raise them. They have most definitely been very responsive and dealt with them well. I've never made a formal complaint, but imagine there's a formal complaints procedure".

The home had a complaints procedure in place. The user friendly version of the complaints procedure was being updated. Systems were in place to log complaints. Records were maintained of the investigation and outcome. The home had no complaints during 2016. There was a number of compliments recorded.

Good

Is the service well-led?

Our findings

People told us the home was well managed. One person commented "The manager is lovely, they are easy to talk to and definitely is a good manager". Relatives told us the home was well managed and the management team were accessible, approachable and professional.

A friend of a person who used the service told us "The management team is approachable. I've generally communicated via email/phone with them so have not often needed to speak to them in person. Quite often if I have something that I want to talk to someone in person about, I will ask to speak to the manager. On my visits to the home it's clear that the organisation structures are in place to support all residents and the leadership has made that happen".

Professionals were positive about the management of the service. They commented "The Registered Manager appeared to be accessible. Communication between myself, the manager and deputy manager was positive with no concerns. I attended staff meetings and staff appeared to be able to clearly give their views on client issues". "I cannot think of anything negative to say. During my visits everyone is always helpful and the manager is extremely good at her job". A third professional commented "The team manager is proactive and enables the rest of the team to work cohesively in enabling good quality care for residents in Ivy cottage". "I have always found the manager to be professional in their approach and have observed her to have appropriate and excellent interactions with the client. Any issues are brought to me in a timely manner, and other professionals have been referred to when required".

Staff told us the service was well managed. They confirmed the registered manager and deputy manager were always accessible and approachable. One staff member commented "The management have an open door policy and I can talk to them about anything at any time". The registered manager had recently taken on operational responsibilities for the organisation as well as continuing to be the registered manager for the service. This meant they were not in the service every day. However they were a frequent visitor to the home during the week including weekends and continued to support the deputy manager to develop and manage the service. They were looking to employ a team leader to support the deputy manager to enable the deputy manager to have more time off shift to manage the service effectively.

The registered manager was a positive role model to staff. They provided clear guidelines for staff on their roles and responsibilities. This ensured tasks were completed to the standard the registered manager expected. The registered manager often worked alongside staff, observed and recorded the shift and took action to address any shortfalls in practice. They were organised, relaxed, personable and friendly but challenged and addressed issues as they arose in a professional manner.

The registered manager was committed to the development of the service. They told us their aim was to work with each individual to develop a person centred development programme. This would focus on three targets and would be recorded and monitored. The staff team's focus was to support people's independence.

The registered manager kept themselves up to date with current practices and attended manager forum groups and signed up to CQC's newsletter. They had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The organisation was in the process of developing quality monitoring systems. However the registered manager had already implemented their own quality assurance systems to enable them to monitor the quality of service being delivered and the running of the service. These included audits of medicines, accident, incidents, safeguarding, complaints, staff practice, health and safety, infection control, care plans and mattresses. Action plans were put in place to address issues from audits. These were followed up at the next audit and signed off when completed. Alongside this the provider carried out monitoring visits. These were not yet established and frequent due to the number of services to be monitored. The provider planned to address this through the appointment of the registered manager into an operations role on a part time basis to support the other full time operations manager.

People, staff and relatives were empowered to contribute to improve the service. Staff and resident meetings took place monthly. Annual surveys were sent out to people who used the service, relatives, staff and other professionals to gain feedback on their experience of the service provided. The last survey was carried out in August 2016. From that we saw that people, relatives and staff were happy with the service provided. Suggestions for improvements were added to an action plan and signed off when completed.

Records required for regulation were well maintained, up to date and fit for purpose. They were well organised, regularly archived, accessible and kept secure. People had signed to consent to the service keeping their personal information on file and available to staff and others who required access to them.