The Frances Taylor Foundation

St Mary's Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 27 October and 5 November 2015 and was unannounced. The provider knew we would be returning for a second day. At our previous inspection on 23 January 2014 we found the provider was meeting the regulations we inspected.

St Mary's offers residential care for up to 42 men and women with learning disabilities. It is located on the High Street in Roehampton and is close to all amenities including shops, cafes and restaurants. It is managed by The Frances Taylor Foundation which is part of the UK charity the Poor Servants of the Mother of God.

There was a registered manager at the service. 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 using the service told us that staff treated them well and that the service felt like home. They praised staff for their caring attitude and said they had developed

Summary of findings

close, friendly relationships with them and other people using the service. People were supported to maintain their independence and were supported to access activities of their choosing.

Care plans were person centred and focused on people as individuals. People's preferences with regard to aspects of their care such as medicines, food and communication were recorded which meant that staff had access to information that enabled them to support people in a way that they wanted.

Staff told us they enjoyed working at the home, were given good training opportunities and felt well supported. They said the managers had an open door policy and were approachable

Risk assessments were carried out which helped to ensure that people were able to take part in daily activities in a safe manner. Behaviour management plans were in place for some people who displayed behaviour that challenged.

People received ongoing health care support and had health action plans and hospital passports in place. Staff responded to people's changing needs and contacted the relevant health care professionals if people's needs changed. People received their medicines safely and staff completed medicine records when they administered medicines.

People using the service praised staff for their dedication. They said, "Staff are very good", "The staff are hardworking and praise worthy" and "The regular carers are excellent, they will try their best."

Staff told us they were satisfied with the level of training that they received. The provider had implemented the Skills for Care Certificate for new staff and training records showed that staff received training in a number of areas that helped them to meet the needs of people using the service. Staff supervision was carried out every six-eight weeks and records were kept for any discussions that took place. Regular staff meetings were also held which meant that staff could raise any issues formally in a group setting.

Staff told us they were always careful to respect people's wishes and ask for their consent. They demonstrated an understating of the Mental Capacity Act 2005 (MCA) and were included in best interest meetings and their opinion sought when applying for Deprivation of Liberty (DoLS) authorisations to restrict people's liberty in order to protect them. The provider was in the process of applying for DoLS authorisations for some people living at the home where it was felt they were being restricted in some ways.

People were satisfied with the quality of food at the service and told us they were given a choice of meals to eat. They were given support with eating and drinking if they required it and guidelines were in place for staff to follow if they needed a modified diet.

People were supported to take part in activities of their choice and met with their key worker on a regular basis to discuss any concerns. Where people had raised formal complaints, the provider had guidelines in place to respond to them.

We saw that in some instances, although records such as risk assessments and goal monitoring were reviewed monthly, ongoing changes were not always recorded accurately. However, the registered manager provided evidence that they had amended both the risk assessments and the key worker meeting records so that changes could be recorded more clearly.

Heath and social care professionals were satisfied with the service that was provided to people and told us that staff and the registered manager were proactive and communicated well with them.

Quality assurance audits took place on a regular basis which included checks carried out by managers at another service, medicines audits, feedback surveys and incident monitoring. We saw that where issues had been found, the provider had taken action to rectify them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe. Care workers were aware of what steps to take if they suspected people were at risk of harm and had received safeguarding training.

Risk and behaviour management plans were in place that helped to ensure people were able to take part in activities safely and staff had access to information which meant people were safe from harm.

Staff levels at the home were adequate.

People received their medicines safely.

Is the service effective?

Good

The service was effective. Care workers told us they received adequate training and had regular supervisions.

People were asked for their consent by staff before they supported them. The provider was meeting its requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had regular reviews with healthcare professionals.

People told us they enjoyed the food at the home. If people required support with eating, guidelines were in place for staff to follow.

Is the service caring?

Good

The service was caring. People using the service and relatives were extremely happy with the level of care and empathy shown by staff.

Staff said they were given the time to spend speaking to people and got to know them well.

Care plans were person centred and focused on people as individuals.

Is the service responsive?

Good

The service was responsive. People had access to activities of their choice.

Although records were reviewed regularly we found some gaps where changes to people's risk management or goal monitoring had changed. However, the registered manager provided evidence that these records had been updated.

People told us they knew who to complain to and felt that they would be listened to.

Is the service well-led?

Good

The service was well-led. People and their relatives told us that managers were approachable.

Quality assurance audits were thorough and included checks carried out by external managers.

St Mary's Home

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.

This inspection took place on 27 October and 5 November 2015 and was unannounced. The provider knew we would be returning for a second day. This unannounced inspection was undertaken by two inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses services like this. On this inspection the specialist advisor was an occupational therapist.

Before we visited the service we checked the information we held about it, including notifications sent to us informing us of significant events that occurred at the service. The provider also submitted 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.'

During the inspection, we spoke with seven people using the service and three relatives. We spoke with 10 care workers, the registered manager, deputy manager and a team leader. We looked at eight care records, four staff files and other records related to the management of the service including training records, audits and quality assurance records. We also contacted eight health and social care professionals prior to our inspection to gather their views and we heard back from seven.

Good

Is the service safe?

Our findings

People using the service told us they felt safe living at the home. Some of the comments included, “I am not afraid of anything at St. Mary's”, “I am not afraid of anything here” and “We are very safe and secure here.” A relative said “[My family member] is very safe here.”

Staff that we spoke with told us they had received safeguarding training and the records we viewed confirmed this. One staff member said that safeguarding was about being very observant and said they would report any abuse. Other comments included, “You can’t take anything for granted”, “I think people are safe here”, “I would report any concerns straightaway, that kind of thing is unacceptable” and “Safeguarding is about protecting the vulnerable service users.” Staff were also able to identify the different types of abuse and knew about whistleblowing and said they would report any concerns to the registered manager. Staff said that they held flat meetings during which people were encouraged to give feedback and raise concerns.

We saw that where safeguarding concerns had been reported, the provider had taken steps to ensure similar incidents did not reoccur in the future, for example by informing the local authority, ensuring that investigations were completed and appropriate action taken such as amending policies and informing families of these changes.

We checked the financial records for two people using the service. We saw that where people had some understanding of how to manage their money they were given independence to manage aspects of their finances. People had a financial risk assessment in place which helped to ensure controls were in place to manage any potential risk. We verified that accurate record keeping was maintained with respect to the amount of money held for the two people whose records we checked. The systems in place helped protect people from the risk of financial abuse.

Mandatory risk management training was undertaken by all staff. People had multiple risk assessments completed based on their individual circumstances, which were reviewed on a monthly basis. Risk assessment scores were determined after controls had been put in, so that people were able to take part in activities safely. Some of the risks that people had been assessed for included, food preparation, mobility, skin care, road safety and choking.

Where people displayed behaviour that challenged, staff were familiar with techniques to use to manage these behaviours. Staff clearly knew the people in their care well and understood when they needed to act to support people with their behaviour by distracting them or diffusing the situation. Staff also completed ABC charts to record instances of behaviour and referrals had been made for support from mental health professionals if needed. An ABC Chart is a direct observation tool that can be used to collect information about any event that needs monitoring. "A" refers to the antecedent, or the event or activity that takes place immediately before behaviour that challenges. The "B" refers to observed behaviour, and "C" refers to the consequence, or the event that immediately follows a response to someone’s behaviour. Some people had an ‘anger workbook and profile’ which included triggers for behaviour, strategies to manage, and actions for staff to take. Appropriate incident reporting took place in relation to falls or other incidents.

We observed staff using safe moving and handling techniques for people with reduced mobility. Individual moving and handling equipment was stored in people’s rooms with their own personal slings. People using the service and the staff we spoke with did not report any difficulties accessing specialist equipment such as beds, chairs, mattresses and hoists. Where required, bespoke seating was being utilised for individual people. All moving and handling equipment that we checked had been serviced. This helped to ensure that people were kept safe by the use of appropriate equipment that met their individual needs.

Each person had a personal evacuation plan in case of an emergency; those that we viewed were up to date. The provider had taken steps to ensure that risks around the home were managed to help keep people safe. For example, all windows and french doors/balconies had safe and effective locks/openings and were risk assessed, fridge temperatures and bath water temperatures were also monitored regularly.

People told us they felt there were enough staff. One person said, “Yes, there is enough staff”, and another

Good

Is the service safe?

person said, “There are two [staff] on the morning and afternoon and it is enough for this floor.” Staff comments included, “There are enough staff” and “We get cover with agency staff if needed.”

We spoke with the deputy manager about staffing levels across the different floors during the day. There were between 2 and 4 staff on during the day on each floor, with more staff allocated to the ground floor where people’s needs were highest and less staff on the top floor where people were more independent and therefore needed less support. There were full time vacancies at the time of our inspection which were in the process of being filled. The deputy manager told us they used their own “bank” staff as their first port of call but had been using agency staff to cover any shortfalls. We reviewed the staff rota for the week of the inspection and saw that the provider took steps to ensure that where agency staff were used, they were kept to a minimum and procedures were in place to use them to best effect. For example, agency staff were always allocated with permanent staff members to help ensure continuity of care.

We reviewed staff files and saw that checks were completed to ensure staff were competent and safe to work with people using the service. For example, the files contained criminal record checks, application forms, references and evidence of identity. People also completed a probation period and shadowed experienced staff before working independently.

We found that people received their medicines safely, although some improvements were needed. Staff had received medicines training and competency checks were carried out by managers prior to people administering medicines independently. We observed the end of the medicines round on the day of our inspection. We found that staff were competent in administering medicines.

There were two staff administering medicines, one was reading out the person’s name and the required medicines and the other staff member was dispensing them. The staff member who was reading out the medicines kept an eye on the medicines trolley as well.

Medicines were locked away in a cupboard. We found that the provider was not ensuring that medicines were stored below 25 Celsius degrees by carrying out regular temperature checks. One staff member said, “No thermostat has been used ever.” We raised this with the registered manager who said that this had not been picked up during medicines audits by the pharmacist but agreed they would purchase a thermometer to satisfy the requirement to ensue medicines were stored at the right temperature.

We also found that in the case of liquid medicines, the opening date was not recorded on the bottles. We found one bottle of Calpol that had no date of opening recorded. A staff member said it was no longer in use. A bottle of Senokot Syrup had no date of opening recorded and there was a bottle of Tegretol Liquid with no date of opening recorded. Staff told us it had only been opened the day before so staff wrote the date when the inspector pointed it out to them. We raised this with the registered manager who told us that all medicines over 28 days old were returned to the pharmacy so all medicines were in date. However, they agreed to label all medicines with the dates they had been opened to avoid confusion.

There was a medicines folder on each floor containing the medicines policy and procedure and guidelines about how people took their medicines. Staff carried out weekly audits, checking records and the stock levels. Homely remedies were used where a GP had provided signed agreement for the use of these with guidelines about how to administer the medicines.

Good

Is the service effective?

Our findings

People using the service praised staff for their dedication. They made comments such as, “Staff are very good”, “The staff are hardworking and praise worthy” and “The regular carers are excellent, they will try their best.”

Staff told us they had received training in various topics. One staff member said, “The training is very good in here”, and another said “We get really good training.” Other comments included, “We get offered quite a lot of training. I’ve also been offered to do the care certificate.” Mandatory training included fire safety, moving and handling, food hygiene safeguarding and health and safety. Additional training that was relevant to the needs of people was also delivered as and when required, for example dysphagia, epilepsy, end of life care and dementia. The training records we viewed confirmed this.

Training was a mixture of internal and external training, including distance learning. The provider had implemented the Skills for Care, Care Certificate for inducting new staff. The Care Certificate is an identified set of standards developed to provide care staff with the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The provider was going through a process of ensuring new and senior staff were given the training first before rolling it out to refresh the skills and knowledge of other staff.

We found that staff were given appropriate support and guidance. Staff supervision was carried out every six-eight weeks and these meetings and any discussions were documented. An annual review of performance also took place. One staff member said, “We have supervisions with our team leader.” We reviewed the minutes for staff meetings which were held every six-eight weeks. These were an open discussion during which a wide range of topics were covered, including vacancies, staff conduct, surveys, key working sessions, incident reporting and other issues.

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 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 told us they were always careful to respect people’s wishes and ask for their consent before providing care and support. Although there were gaps in Mental Capacity Act 2005 (MCA) training, staff demonstrated an understating of the MCA. One staff member said, “It’s used when people are not able to consent to decisions.” Another said “It’s for protecting the service users’ rights.” They also told us that the managers included them and asked their opinions when assessing people’s capacity to consent to decisions and when applying for lawful restrictions of people’s liberty in order to keep them safe. One staff member said that they had been told about Deprivation of Liberty Safeguards (DoLS) and when an assessor had come to the service, they asked for their opinion during the process.

The provider had taken steps to ensure that when people were not able to give valid consent they had their needs met and rights protected by holding multi-disciplinary meetings to ensure any decisions had been taken in their best interests. The provider was in the process of applying for DoLS authorisations for some people living at the home where it was felt they were being restricted in some ways, for example from leaving the home by themselves. They had gone through a thorough DoLS review to see who was under some form of restriction. We saw correspondence between the registered manager and a DoLS assessor to indicate that this was underway.

People were satisfied with the quality of food at the service. Some of the comments were, “They have all fresh foods here”, “Food and drink is very good, we can get whatever we want at any time”, “I really like the meals here. The best days are Friday when we have fish & chips; Saturday when we have mixed grill / fry ups; and Sunday when we have

Good

Is the service effective?

roast.". People told us they were given a choice of meals to eat and a relative told us "If [person] does not want to eat what everyone else is having, the staff rustle up something else."

Each flat was responsible for buying their weekly food and preparing their meals. We saw that people were asked what they wanted to eat and were able to go out food shopping with staff. Fresh meat was delivered to the home and menu planning and shopping was carried out in collaboration with people. One person said, "I help staff prepare meals at lunch and supper time." Although there was a menu in place, we saw that people were able to choose something else from the kitchen if they wanted. There were plentiful supplies of food in the kitchen to make snacks.

We found that people were given support with eating and drinking if they required it. Care records included people's preferences in relation to eating and drinking. They also contained food and fluid plans from the dysphagia team where people had difficulty swallowing. There was good information sharing regarding people's dietary requirements and details of their individual needs were displayed for staff. Special diets and feeding requirements were clearly recorded in kitchens together with instructions for thickened drinks.

Some perishable items in the fridge on the first floor were not labelled to show when they were opened. There was a tub of coleslaw which was past its use by date and it also stated that it needed to be consumed with 2 days of opening and it was not clear when it had been opened. We pointed this out to the senior care worker on the unit who disposed of the items.

People told us that staff supported them to maintain good health. One person said, "Staff take us to medical appointments." During one conversation, a staff member came to take a person for their GP appointment. Staff told us the "The doctor comes here once a week." Staff told us they supported people to receive ongoing healthcare support by taking people to appointments and keeping records.

People's healthcare needs were reviewed during monthly key-working sessions. Care records contained '"Hospital Passports' providing important information about people's individual needs for medical staff in the case of a hospital admission where people were unable to tell them this information themselves. We saw evidence that staff made appropriate referrals to other agencies, for example wheelchair services, dental services, podiatry and community therapy teams. We spoke with a visiting district nurse who told us staff always requested their input in a timely and effective manner. Care records contained evidence of staff contact with health professionals such as chiropodist, dentist, GP, optician, breast screening and community therapy teams which showed that staff supported people with to meet their individual health needs.

Good

Is the service caring?

Our findings

People were extremely positive and happy with the care demonstrated by staff at St Mary's. They made comments such as, "It is marvellous here, they do everything we want them to do for us", "I love this place", "My key worker is very good to me", "I like it here as it is so cosy and staff are very nice and they are kind too" and "I am very contented." Relatives were equally positive, they said, "I am very happy that my relative is in the environment he is in and the care he receives. This is the best he has had."

People using the service also displayed a sense of caring for other people. One person told us, "I like helping out around the home. I would do anything for the people here on the floor." People made many references to the fact that the service felt like home.

Some of the staff that we spoke with had been working at the service for over five years, they told us this meant they had been able to develop caring relationships with people and understood their needs. One care worker told us, "You have to work here for a while to really know [people].", Aanother said, "I love coming to work and feel I am doing something really worthwhile."

Health professionals praised the caring attitude of staff, one told us they were, "very proactive in regards to residents care". They said people were, "treated with respect and dignity and that their identified needs are addressed" and "supported to maintain independence and supported with decision making."

Care plans were person centred and had sections entitled 'Me and my life' which contained personal information about people's lives before they entered the service with lots of pictures. It also included a one page profile which gave a snapshot of the person and their preferences and how they liked to be supported. They also contained other information related to people's preferences and useful information for staff and other people to know about such as a communication guide for people with limited verbal communication, any religious/cultural needs and pictorial information about equipment such as slings, the food they enjoyed, and medicines. Staff that we spoke with were familiar with people's needs and their preferences. One staff member said, "The care plans contain information about preferences which we use; we also try and talk with families to get their views."

People were supported to maintain family relationships and develop new relationships. One person said, "I got engaged recently. [My fiancé] comes to see me on Saturdays." One care worker said, "We take residents to visit their families……..Relatives and friends are welcome to visit any time." People were able to go back to their own family homes for family celebrations as appropriate.

We observed that staff were extremely caring towards people and perceptive about their needs. They gave people individual one to one time and people seemed at ease with the staff.

People told us that staff were not preoccupied with carrying out tasks, comments included "They sit down and talk to us and ask if anything is bothering us", "The staff are very kind to us, they look after us", "Staff sit down and talk with us, they ask if anything is worrying us" and "On one occasion when my relative had to go to the hospital, the carer stayed with her even after the shift had ended. This shows commitment."

We saw that people were encouraged to be as independent as possible. Some people were able to manage their own daily routines whereas others required support for all aspects of their daily care. Some of them were able to go out into the community on their own and seemed very independent. One person said, "I can go out whenever I like but I need to go out with the staff as it is difficult to cross the road." Others told us, "I am able to do everything for myself" and "I go shopping on my own." People were encouraged to do things independently and if they needed support then staff supervised them. Care workers told us that people on the top floor were the most independent and they gave us examples of ways in which they promoted people's independence by encouraging people to do their own personal care and supporting them to make their own meals.

People were involved in making decisions related to their care and for all aspects of their daily living. There were no restrictions on what time people were woken up, what they wanted to eat or what activities they wanted to do. We saw that people were given choices regarding breakfast and how they wanted to spend their day. Comments included, "We make our own decisions about when to go to bed and when to wake up" and "They discuss the care plan with me."

Good

Is the service caring?

We saw that people were treated with dignity and respect throughout day, for example staff knocked on doors before entering and female care workers attended to female's personal care needs. Staff made comments such as, "You always knock on people's door", "You always tell them what you are doing" and "We cover parts of the body that are not being washed." A relative told us, "They maintain his privacy and dignity."

The home felt homely and inviting. The bedrooms were decorated to individual tastes and preferences. One person said, "This home has a very high standard. It's clean and we are so well looked after." The staff did not wear name badges or uniforms, they told us that this was because they wanted to create an environment that felt like home to people.

Good

Is the service responsive?

Our findings

People using the service told us they were able to able to live their life how they wanted and staff supported them when needed. Some of the comments from people included, “I do washing and ironing for the flat”, “I like gardening. I used to go to evening classes to learn about flower arranging. I arrange flowers for the church”, “I go to college, cycling, Tai chi; I like to crochet” and “Staff take me to different discos and to eat out”, “We have so many activities here – I like crochet and knitting. I go to evening classes; we go for drives, to the park, for coffee and day trips” and “The staff take us out to shops and day trips to Dorking.” One staff member said, “This July, we went with four people to Camber Sands. We hired 2 caravans.”

Some people took an active interest in doing tasks around the home, they told us this was their choice and they enjoyed doing it. One person said, “I help staff with filing, copying and doing the beds.”

People had their own plans for the week. One person we spoke with completed their own daily log which had a section for activities, food and drink they had and how they felt during the day. We looked at this and saw that their week was full of various activities of their choice and they led a fulfilling life. Some people worked or volunteered in the community, one person told us they worked for a local council and were proud that they had been promoted recently.

Care records were clearly written and were standardised, which made it easier to quickly source information. Care plans and risk assessments were individual to people and were reviewed monthly. People had three different folders, one for health, one for their person centred care plan and one for their daily records. People using the service and their relatives were invited to care plan reviews. Some of the comments from relatives were, “I come up for care plan reviews”, “If there are any issues, the staff contact me” and “The staff sit down and talk to me about what he has been up to since the last time I saw him.”

Daily records contained information about the care that was provided to the person and some information about their daily activities. These files also contained guidance for staff about any ongoing monitoring needs, for example dietary needs, behavioural issues, activities, appointments and/ or personal care needs. Where appropriate, these daily monitoring charts were to be further reviewed by external healthcare professionals. For example, ABC charts were completed by staff and reviewed by a community psychologist. Food and fluid charts were also completed which were used by speech and language therapists for review. Seizure charts were used by the epilepsy team to monitor people’s epilepsy and how this affected them so that they could receive appropriate support.

We saw that in some instances, although records such as risk assessments and goal monitoring were reviewed monthly ongoing changes were not always recorded accurately. For example, we found that staff were not always clearly recording when there had been changes to assessed risks. We also found that although people had goals which they worked towards with staff support, goal monitoring records were not always updated to reflect changes.

After the inspection, the registered manager provided evidence that they had amended both the risk assessments and the key worker meeting records so that changes could be recorded more clearly. The registered manager said they would incorporate goal monitoring in the monthly key worker meetings in future so they could be evidenced clearly. We were shown amendments to key worker sessions to demonstrate this would be done in future.

People using the service made comments such as, “I haven't any concerns, but if I had any, I would report them to the manager” and “I haven't had any complaints; I know who to complain to if I need to.” A relative said, “We can talk to senior staff on our floor or to the manager if we have any concerns.” Another relative told us they had raised concerns in the past and said, “Things have improved since we spoke to the manager.”

People were given the opportunity to discuss issues affecting them through regular key-working sessions and flat-meetings. Key working sessions were held monthly and covered areas such as daily living, health, emotional needs, lifestyle and changes in support.

We saw the complaints policy which gave information about the procedure for raising both formal and informal complaints. It also gave information about the timeline for responding to complaints. An easy read complaints leaflet was available for people to refer to if needed. This helped to ensure that information about how to make a complaint was accessible to all the people using the service.

Good

Is the service responsive?

We reviewed the complaints that had been received in the past year. We saw that the provider took steps to document all responses to complainants and had arranged meetings to discuss the nature of the complaint and tried and resolve them.

Good

Is the service well-led?

Our findings

Staff we spoke with told us there was an inclusive and open environment at the service. Their comments included, "No problem with the management. We all work as a team", "[managers are] very approachable", "[there are] no problems." We also received positive feedback from health and social care professionals about the service. Comments included, "The service is led by a strong and capable manager who has always been approachable and caring" and "The service that is provided is professional, client focussed and flexible."

The home was well organised with three team leaders reporting to a deputy manager and the registered manager. The registered manager had been at the service for a number of years and was aware of her job responsibilities including sending statutory notifications to CQC. Health professionals told us that communication and working relationships between them were good and said they were kept updated about any changes.

Staff told us they felt supported and enjoyed working at the home. Some of their comments included, "I've always enjoyed working with people with learning disabilities", "It's great, compared to other homes this is better", "It's really good", "Everybody supports each other", "We have excellent management support and there is a real understanding of our needs and welfare" and "We can go to the manager anytime, they are helpful."

Relatives told us they were satisfied with the management of the home saying, "The home is managed well. I have no complaints at all" and "Some of the care homes we visited were appalling. We were so impressed with the friendliness and cleanliness here."

The provider had recently changed the way they carried out their incident and accident monitoring to ensure that themes could be identified. Previously, incidents or accidents were recorded in individual care records. However, a monthly summary report was now being produced to enable better management oversight. We reviewed the monthly summary for August and September 2015 in which a brief summary was recorded, along with any changes to people's support needs. Follow up action was taken for example contacting professionals such as the falls team or therapists. We saw evidence that the causes of accidents were identified and where appropriate, remedial action taken to reduce the chances of a similar event occurring, for example more staff training.

A number of audits were carried out to monitor the quality of service provision to people using the service. One of these was an internal manager's audit from managers of other services. These were comprehensive in scope and looked at a number of areas, including care records, medicines, staff records including supervision, finances, policies and procedures and reporting procedures. Since September 2014, six of these audits had taken place.

Monthly floor checks were undertaken looking at the environment and where hallways, bathrooms, kitchens and bedrooms were maintained. Fire drills took place every month at different times of the day which helped to ensure that people and staff were aware of their responsibilities in the event of a fire. A weekly fire alarm also took place to ensure the system was working correctly and a fire safety maintenance checklist was completed weekly looking at escape routes, lighting, and equipment. We saw that action had been taken where concerns had been found. An emergency contingency plan had been reviewed by the registered manager within the past year.