

Principle Care Limited

# Principle House

## Inspection report

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Date of inspection visit:  
10 February 2016  
11 February 2016

Date of publication:  
17 March 2016

## 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

The inspection took place on 10 and 11 February 2016 and was unannounced.

Principle House provides care and accommodation for up to six people. On the day of the inspection five people lived within the home. Principle House provides care for people who have learning disabilities.

The service had 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.

During the inspection we observed people and staff were relaxed. There was a calm and pleasant atmosphere. People had the freedom to move around freely as they chose and had an abundance of opportunities to maintain social contact within the community. People's relatives all spoke well of the care and support Principle House provided. Comments included, "In my opinion the home offer a wonderful service and just a brilliant level of care", "I am very happy with everything that goes on, there is a very homely atmosphere and it is [...]s home so that's good" and, "Having the right staff in place, makes all the difference. The staff they have do just that, they make a difference".

People told us they felt safe. Advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse; they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. People's capacity to consent to their own care was assessed as required. The manager had sought and acted on advice where they thought people's freedom was being restricted.

Care records were focused on giving people control. Staff responded quickly to people's change in needs. People, and those who mattered to them, were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded. Staff provided consistent personalised care, treatment and support.

People's risks were managed well and monitored. There was a culture of learning from mistakes. Accidents and safeguarding concerns were managed promptly. Investigations were thorough and action was taken to address areas where improvements were needed. There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed.

People were promoted to live full and active lives and were supported to go out and use local services and facilities. Activities were meaningful and reflected people's interests and individual hobbies. Relative's told us their loved ones enjoyed a variety of activities which the staff enabled them to take part in.

People were supported to have a say in what they ate and drank and a healthy balanced diet was encouraged.

People medicines were managed safely. People were supported to maintain good health through regular access to health and social care professionals; such as GPs, social workers and speech and language therapists.

Staff were encouraged to be involved and help drive continuous improvement of the service. This helped ensure positive progress was made in the delivery of care and support provided by the service.

People knew how to raise concerns and make complaints. An easy read version of the complaints policy was available. Relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily.

There were sufficient staff to meet people's needs. The service followed safe recruitment practices to help ensure staff were suitable to carry out their role. Staff received a comprehensive induction programme. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs. Comments included, "It is a pleasure to come to work, the managers are very good at praising you and making you feel like you are doing a good job", "It's lovely working here, the management are good at showing their appreciation for the good work we do" and, "I do feel I have the best job, I would do anything for the people here".

## 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. There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People were supported by staff who managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

### Is the service effective?

Good ●

The service was effective. People received care and support that met their needs from staff who had the necessary skills and knowledge.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which was followed in practice.

People were supported to maintain a healthy balanced diet. People had their health needs met.

### Is the service caring?

Good ●

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion. Positive, caring relationships had been formed between people and staff.

People were supported by staff who knew them well and took prompt action to relieve their distress.

### Is the service responsive?

Good ●

The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to

be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

**Is the service well-led?**

**Good** ●

The service was well-led. There was an open culture. Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them.

# Principle 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 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.

The unannounced inspection took place on 10 and 11 February 2016 and was undertaken by one inspector.

We reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three of the people who lived at Principle House, two of which had very limited verbal communication. One person had been taken to hospital on the day of our inspection and another person did not wish to speak with us. We spent time in the communal parts of the home observing how people spent their day as well as observing the care and support being provided by the staff team.

We spoke with four relatives, the registered manager, the deputy manager and three members of staff. We also had contact with a health care professional, a speech and language therapist who had been providing communication assessments and recommendations for one person over a five month period.

We looked at two records related to people's individual care needs and all records related to the administration of medicines. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe. Comments included, "The support I get from the staff helps make me feel safe. There can be incidents that can be quite challenging for me, when they occur, I always feel safe because of the way staff deal with the situation", "I feel [...] is safe because I'm left with no worries or regrets" and "I have always thought it a very safe place for [...] to live".

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, "I know what to look out for and would report any concerns immediately" and, "I've had my safeguarding training, I'm confident if I raised any issue at all it would be acted on appropriately". Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

The registered manager confirmed they had adequate staff to meet people's current needs. Where additional staff were needed to cover unforeseen events, they used agency staff that had supported the people who lived at Principle House in the past. The deputy manager stated this was so people received care from staff they knew well, which was important. Staff were not rushed during our inspection and acted quickly to support people when requests were made. For example, one person requested to go for a coffee at a local garden centre; staff promptly supported them to do so. We spoke to them on their return, and they confirmed they had enjoyed their trip out. People's relatives felt there were sufficient staff on duty to meet the needs of their loved ones and keep them safe. Comments included, "I've never had any reason to question the level of staffing, always plenty of staff around" and, "Staffing has never been an issue in my opinion".

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. One person told us, "I mostly keep myself to myself, when I feel I'm getting agitated; I will chose to speak with staff and they help keep me safe at these times". Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. For example, one person liked to sit by themselves when out in a pub or a cafe. Records showed that staff should respect this wish, but sit nearby to help ensure their safety if needed.

People had documentation in place that helped ensure risks associated with people's care and support were managed appropriately. Arrangements were in place to continually review and monitor accidents and incidents. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises was managed to help maintain people's safety. People's needs were met in an

emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way. The deputy manager said, "We have one member of staff who is very hot on health and safety, ; he makes sure everyone knows what to do".

Staff were knowledgeable about people who had behaviour that may challenge others. Care records, where appropriate contained forms that were used to record events before, during and after an incident, where a person had displayed behaviour that may have put themselves or others at risk. The information was then discussed at team meetings, reviewed to consider if there were common triggers. Positive action that had been successful in defusing the situation was noted, to allow learning to take place. Each incident was also logged on specially designed forms, recorded onto a computer database, logged in the communication folder and discussed with staff during daily handovers. Staff told us they were encouraged to share detailed information to help keep people safe.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, one person was prescribed medicine 'as required' to help with their behaviour. Staff were very proud that they had not had to administer this for a very long time, but knew it was there if they needed it and how it would help the person. A relative said, "The staff keep on top of all [...]s medical requirements, I have no worries there at all."



## Is the service effective?

### Our findings

People felt supported by well trained staff who effectively met their needs. One person told us, "Staff are good and meet my criteria". Relative comments included, "I have to say the staff are well trained, [...] can be quite formidable at times and staff know exactly what to do to help her" and, "All the staff know what they are doing and keep on top of things".

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Newly appointed staff shadowed other experienced members of staff until they and the management felt they were competent in their role. Staff comments included, "I got lots of support and gained a lot of confidence when I first came here to work" and, "The training here is very good, gives you everything you need".

The registered manager told us, and we saw evidence, that they kept up to date with new developments and guidance to promote best practice. They confirmed, new staff, during their induction, would work towards gaining the care certificate, recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers receive in social care settings. Arrangements were in place for staff to receive specific training that met the individual needs of the people they supported. For example, all staff had received 'MAYBO' conflict management accredited training. This helped enable staff to meet their duty of care and regulatory requirements in a way that promoted positive values and behaviors. Staff confirmed this additional training enabled them to carry out their roles effectively, and helped them to meet the needs of people who displayed behaviour that challenged them.

Staff were supported to achieve nationally recognised qualifications. They sourced support from and external agencies that provided funding on behalf of their staff. This enabled staff to take part in training designed to help them improve their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the management to increase their skills and obtain qualifications. Staff told us this gave them motivation to learn and continually improve. Comments included, "I'm in the process of completing my level three. I'm enjoying learning new things that help me improve" and, "I've just finished my level two which felt really good, and I've already been asked if I want to do my level three which I'm signing up for".

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. The registered manager had a good knowledge of their

responsibilities under the legislation and ensured all staff adhered to people's legal status which helped protect their rights.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. A staff member commented that everybody within the home were able to make everyday decisions. They said, "Everybody can tell us what they like and what they don't. They all make their own decisions and choices over everything they do." One person confirmed to us they chose how they wished to spend their day and staff supported that. They added, "It's my choice what I do, staff are here to support me with the choices I make, if I need them too."

Staff told us, and care records evidenced, it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced when a health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a GP had been contacted promptly when staff had been concerned about a person's thumb. Antibiotics had subsequently been prescribed and staff supported the person until they made a full recovery. A relative said, "If [...] wants to see a doctor, they get him an appointment straight away. On the day of our inspection one person had been taken to hospital. Staff had noticed the person did not seem well during their morning bath routine and called an ambulance immediately. Staff stayed with the person around the clock to help ensure their needs were met. A relative said, "The staff were brilliant, very committed and clearly love [...]. One member of staff, [...], went with [...] to the hospital and stayed all day, she just couldn't leave him; a wonderful person."

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people's needs. People were supported to have food wherever and whenever they chose. People were supported to be involved in devising the weekly menu. This took place at a weekly residents' meeting. The deputy manager had created photo cards that depicted popular meals people had previously enjoyed. This helped people make decisions of what they would like. They said, "We are adding more and more pictures as and when people come up with new ideas, it has been a great success and giving people a lot more variety to choose from". One person added, "We get to choose the menu at our weekly meetings, I always make sure its things I like." Staff talked us through ways they would help encourage or support people to choose healthier options. For example, they explained how if one person wanted to have a pie for lunch, they would give them information on all the different types of pastry explaining which would be the healthiest option. They said, "This means the person still has their choice, but they also have an option of choosing one that may be lower in calories or better for them."

People told us the meals were good, served at the right temperature and of sufficient quantity. People were independent with eating and drinking and were given choice to be actively involved with all aspects of meal time preparations. One person commented, "The meals are good, if you want more you can have more".

## Is the service caring?

### Our findings

People and their relatives felt positive about the caring nature of the staff. Relatives spoke highly of the quality of the care people received. Comments included, "Staff are very caring, we don't have to worry about that", "Staff are committed to caring, they make a difference" and, "Staff do care, when a promise is made, a promise is kept and that is very important".

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person had concerns about their laundry and had reservations about allowing staff to help them complete the task that evening. A staff member promptly assisted the person. They spent time with the person on a one to one basis to help make them feel better. The staff member suggested an alternative idea for having the clothes washed. The person agreed to this, which put their mind at rest. The deputy manager said, "[...] had a previous bad experience with a laundry issue and so this can cause some distress. They just need reassurance and time, which all the staff give them."

People received care and support from staff who understood their history and how that linked to their current needs and goals. For example, one person remembered books that evoked fond memories of their past. They felt reading these books and gaining possession of them, would bring them a sense of happiness and help them when they felt low. The person explained how they had approached staff and asked them for their help in locating the books. They said, "I requested some help to find some old vintage books. [...] was good and helped me to find them on the internet and got them delivered to me. I really enjoy them and they make me feel happy." The staff member said, "You could tell how important these books were for [...], they took some finding especially to get them in a good condition, but we did and they have helped [...] so much."

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what we observed and what was recorded in people's care records. For example, one person's record noted that they enjoyed taking a trip out to the local newsagents to pick up their morning paper. The deputy manager confirmed this happened every day and was really important to the person. We observed the person had their daily newspaper in their room during the inspection. A relative said, "[...] is a creature of habit, he loves his paper and this routine is so important to him, staff know this and do a wonderful job in making sure he is happy." Another relative relayed how they felt staff demonstrated their caring nature and showed how well they knew people. They described how staff respected the fact that their loved one enjoyed being taken on holiday, but stressed how important it was that this was done alone with staff only. They said, "Staff know [...] really well, they respect that whilst [...] enjoys living in a house with others, her holidays are important to her and she likes them to be private. Staff always make sure this happens".

The service used a number of ways to help ensure people felt they mattered and belonged. For example, when we arrived to inspect the service, we were greeted by a person who lived at Principle House. We were then invited in by another person who resided at the home and told who we needed to speak with. The deputy manager commented, "This is their home and they do everything anyone would do in their own

home."

People were supported to express their views. Staff knew people's individual communication needs and were skilled at responding to people, no matter how complex the individual's needs were. The deputy manager explained that staff had developed unique ways of communicating with each person they supported. Support plans contained in depth personalised information and guidance for staff on how they could best communicate with each individual. This helped enable them to have a voice and be given time to make decisions. For example, one plan stated how a person would write their wishes on bits of paper and hand them to staff. Staff should respond promptly by explaining to the person that they understood their need, and offer a time frame of when this could be met by. We observed this happen on a number of occasions during the inspection and staff responded immediately each time, paying the person the respect they deserved.

People and their relatives told us privacy and dignity needs were respected by staff who understood and responded to individual needs. Staff informed us of various ways people were supported to maintain their privacy and independence. For example, one staff member commented how when providing personal care, they encouraged people to do what they could for themselves. If a person needed prompting but were independently able to wash, they would prompt from behind a door. They said, "We need to be close by so we can help quickly when called upon, but there is not always a need to be in the same room". Staff spoke to people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support, staff assisted them in a discrete and respectful manner. For example, staff told us how it was important to respect people's routines and know when people required time alone in the privacy of their own rooms. A relative commented, "[...] is a very private person and likes his private time in his room, staff know and respect this. This is a typical example of the caring nature shown by the staff".

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information was kept securely in the office.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. Comments included, "We visit every Thursday and are always made to feel welcome" and, "We are free to come and go as we please, staff are always pleasant and kind".

## Is the service responsive?

### Our findings

The registered manager advised a review of the service had identified new care plans were required for all people living at the service. The deputy manager told us care plans needed to be completely rewritten, be more personalised and better reflect how people wanted to receive their care. They showed us two new style care plans that had been developed to achieve this. We noted the new records contained detailed information about their health and social care needs. They were clearly written from the person's perspective and reflected how each person wished to receive their care and support. Records were organised, gave guidance to staff on how best to support people with personalised care and were reviewed to respond to people's change in needs. The registered manager confirmed that every person's record would be updated to this standard.

People were involved in planning their own care and making decisions about how their needs were met. For example, one person wrote in a review of their care plan that they no longer wished to attend college. The deputy manager sat down with them and went through options of other courses that the person may be interested in. The person still stated they did not wish to attend any course. Staff respected this. Staff then looked at alternative activities that would help the person fill their day. The person suggested they would like to go on a holiday. Staff sourced leaflets and brochures which contained details of holiday's the person may enjoy, so they could have an active part in choosing their ideal destination.

People, and their families where appropriate, were able to contribute and have their views heard with regards their strengths and levels of independence. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and support their needs. For example, one person on return from their holidays, requested for a shower to be installed in their bathroom. Staff understood the importance of what having a shower meant to this person and the added independence this could give them. The service drew up plans to have a shower installed so the person can have their desired need met. A relative commented, "He came home from his holiday and straight away indicated to staff that he wanted a shower. We felt it was a great idea, it will aid his independence and has already been booked in to have done".

People were supported to maintain relationships with those who mattered to them. One person said, "I speak to my brother whenever I want too". Relative comments included, "We have [...] to stay with us during holidays, the staff always make sure we have everything we need and they are ready, when we arrive to pick them up" and "[...] can speak to me whenever they want and they do". Staff understood the importance of people having contact with those who mattered to them. The manager confirmed one of the key values of the service was to work closely alongside families. Staff helped people to have contact with their families and friends. For example, one staff member told us how they supported one person to attend a local social club with their relative. They said, "We will always pick [...] up from the social club as it is late and dark by the time he wishes to leave, we always drop his mum home to their house too. It's so important [...] maintains this contact with his mum."

People were supported to follow their interests and take part in social activities. For example, one person

said they would love to go on a horse riding holiday. Staff learnt from a person's history that horse riding had been something they had enjoyed in the past. Staff sought out a holiday destination for the person that included this facility. In order that staff could be sure the person still enjoyed this form of activity, they also sourced a local horse riding school. Staff then arranged for the person to visit the school prior to the holiday, to ensure it still met the person's needs and brought them the same pleasure as it had in their past. The deputy manager said, "We thought this was a good idea. We worried that if [...] turned up for the first day of his holiday and found he no longer liked horse riding this could have a major impact on his enjoyment and well-being."

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Care records highlighted the importance of maintaining a community presence and social inclusion. People confirmed and daily records evidenced where they had been supported to carry out personalised activities that reflected their hobbies. This included trips to the pub, café and church. Staff confirmed people led really active social lives. Relative comments included, "Staff are always encouraging [...] to go out, as they know how much he enjoys it when he does. They are wonderful and really make a difference to [...] 's life, with all the opportunities he has" and, "Staff are very good and making sure [...] carries on enjoying the things he has always enjoyed, visits to the pub for a coffee and something to eat are really important to him, he likes to be around people".

The service had a policy and procedure in place for dealing with any concerns or complaints. This was produced in an easy read format and displayed in the entrance to the service. People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. One person said, "If I had a complaint, I would go to the office and sit with [...], I would be happy to raise it, but I don't I'm very happy." Relatives, who had raised concerns, had their issues dealt with straight away. One relative told us, "Whenever I have little things I'm concerned with, I mention them and it's just dealt with, I wouldn't even really call them concerns, more thoughts". The deputy manager confirmed the service had received no written or verbal complaints since the last inspection.

## Is the service well-led?

### Our findings

The registered manager was very open about a recent period of change in both management and staff who provided support to people at Principle House. New permanent staff had now been recruited, which included a new deputy manager, and as a result staff have been implementing changes that have raised the standards of care and improved the lives and wellbeing of those who reside at Principle House.

The registered manager and the deputy manager took an active role within the running of the service and had good knowledge of the staff and the people who lived at Principle House. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, those who matter to them and staff all described the manager of the home to be approachable, open and supportive. One person said, "I can talk to the manager easily, I just go to the office and sit and chat to them." Relatives told us, "Things have not always been good in the past, but under the new management things are very much improved and communication is good" and, "[...] is easy to talk to and is always on the phone, she is very committed to her job".

People were involved in developing the service. Weekly meetings were held that encouraged people to be involved and raise ideas that could be implemented into practice. For example, the introduction of the new weekly menus, giving people much more choice over what food they wanted to eat.

The manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they were able to share their opinions and ideas they had. One staff member said, "We can bring any ideas to the table, we get to try them out and see if they work". The deputy manager talked through ideas from staff that had been implemented and acted upon. For example, a visual board had been introduced by staff, to help one person comprehend the importance of maintaining their personal care routines. Staff had worked alongside health care professionals to develop the idea, and create something unique to the individual to aid them with their understanding. The deputy manager said, "This has been a really positive experience and helped [...] understand why he needs to perform certain tasks and the importance of doing so." If suggestions made could not be implemented into practice, or changes could not be made, staff confirmed constructive feedback was provided, so they understood why.

The registered manager told us their core values were, for people to be supported to live as full a life as possible, staff to be equally supported, and to have an open and transparent service. The registered manager understood their responsibilities regarding the duty of candour, which detailed their legal obligation to act in an open and transparent way in relation to care and treatment. Feedback from people, friends and relatives, and professionals were sought in order to enhance their service. Questionnaires were conducted that encouraged people to share ideas that could be implemented into practice. The registered manager confirmed questionnaires had recently been sent out, so the data from responses had not yet been analysed, to see where changes and improvements could be made. Staff understood the values of the service and consistently included them in their work. Staff comments included,



"The caring nature of staff and wanting to maintain people's independence is evident throughout this home from top to bottom" and, "We are always looking for ways to improve, new systems are being introduced all the time". A relative said, "They are always phoning me, running things past me and asking for my ideas".

Staff meetings were regularly held to provide a forum for open communication. A member of staff said, "Two meetings are arranged each month, so we can definitely attend at least one of them. They are really good. We are made aware of important changes and get to discuss things. For example, I bought up that one person's relative was going on holiday and so they would not have contact with them and how this may affect their mood, so all staff could be aware of this".

Staff were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "It is a pleasure to come to work, the managers are very good at praising you and making you feel like you are doing a good job", "It's lovely working here, the management are good at showing their appreciation for the good work we do" and, "I do feel I have the best job, I would do anything for the people here".

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected and would not hesitate to raise concerns to the manager. One member of staff commented, "I wouldn't have any issues raising anything I felt came under whistle-blowing, I know it would be taken very seriously".

The home worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the service confirmed to us, communication was very much improved. A healthcare professional confirmed communication had not always been good and that the service and its staff had not been proactive in seeking their advice or professional input. However, under the new management they felt this had improved and that staff took an interest in the results of their assessments and supported the process.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. The service assessed the quality of their service against the five key questions, as set out in the Care Quality Commission's new inspection methodology. A report was produced and the findings discussed with staff. Success was celebrated and areas where further improvements could be made were highlighted, to help ensure people received high quality care. For example, it was highlighted in a recent service audit action plan, that urgent action needed to be taken with regards behavioural management plans being updated. This was recorded against the key question is the service safe?. We saw evidence action had been taken immediately by the named person, to help ensure people and staff were kept safe.