

Sutton Court Associates Limited

Sutton Court Associates Limited - 17 Shakespeare Road

Inspection report

17 Shakespeare Road
Worthing
West Sussex
BN11 4AR

Tel: 01903239238
Website: www.suttoncourthomes.com

Date of inspection visit:
24 September 2019

Date of publication:
12 November 2019

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

About the service

Sutton Court Associates Limited – 17 Shakespeare Road, provides personal care for up to six people living with a learning disability and/or autism. At the time of the inspection, the home was full. The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service and what we found

People were involved in all aspects of the service and their views were listened to and acted upon. People were encouraged to make decisions relating to their care and support; their independence was supported and promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Referrals for people to come and live at the service were received from local authorities. Careful thought was given to the assessment process and people already living at the home were asked for their feedback about any potential, new admissions. Care plans were detailed and written in a person-centred way. Staff were knowledgeable of people's support needs and delivered care in line with people's needs and preferences. Staff completed a range of training that enabled them to deliver personalised care to people.

People were encouraged to be involved in all aspects of the home, from planning and choosing menus, to deciding how they wanted their rooms decorated. People decided how they wanted to spend their time and what activities they wanted to participate in, at home and in the community. Some people attended day centres during the week. People had access to a range of healthcare professionals and service. Positive, caring and compassionate relationships had been developed between people and staff.

People were protected from harm by staff who had completed safeguarding training; staff knew what actions to take if they suspected any form of abuse. Risks to people were identified and assessed as needed, with guidance for staff which was followed. There were enough staff to support people and help them engage with activities; staff worked flexibly. Medicines were managed safely.

A range of audits was effective in measuring and monitoring all aspects of the service to drive improvement. Staff felt supported by the management team and involved in developing the service. People's views were obtained, listened to and acted upon; relatives' feedback was positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sutton Court Associates Limited - 17 Shakespeare Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Sutton Court Associates – 17 Shakespeare Road, is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had

occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with three people who lived at the service. We spent time observing the care and support people received. We spoke with the provider, who is the nominated individual, the provider's general manager, the home manager and two support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. At the time of the inspection, the registered manager was on leave. The general manager had oversight of the service and was supporting the home manager in the interim. We reviewed a range of records. These included three care plans and six medication records. We looked at one staff file in relation to recruitment and supervision records. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were ordered, stored and administered safely.
- Medication administration records (MAR) accurately recorded when people had taken their prescribed medicines. Medicines to be taken as required (PRN) were administered in line with the provider's policy.
- Two staff administered medicines to people. One staff member administered the medicines and signed the MAR and the other staff member witnessed and checked this. This meant there was less chance of medicines errors occurring. Staff had completed training in the administration of medicines. One staff member said, "When dispensing and administering medicines, we check the name, the dosage, the product and the time, to make sure some people have medicines in the morning and some in the evening".
- We looked at the contents of the medicines trolley. Medicines were in date and stored within safe temperature levels. However, we saw two medicines in the trolley which were for a person who had moved out of the service several months before. We brought this to the attention of the general manager who agreed it was an oversight and that the medicines should have been returned to the pharmacy. The general manager assured us they would look into this and ensure the two medicines were disposed of safely.
- Medicines audits were completed and were satisfactory.

Systems and processes to safeguard people from the risk of abuse

- The home provided a safe environment for people. People were protected from the risk of abuse.
- Staff had completed safeguarding in adults at risk and understood their responsibilities. One staff member explained, "It's about making sure we put the welfare of the clients at the centre of everything we do. The safeguarding could be an issue with another service user or someone from outside that might be a threat, or could even be a family member. For me it's about everything we do from the moment we walk through the door, making sure people are safe and happy. Everyone has the right to feel safe in their home and out and about".
- We observed that people were relaxed in the company of staff. People confirmed they felt safe at the home and in the community when they were supported by staff.
- The home manager understood how to report any allegations of abuse, to the local safeguarding authority and to CQC.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely.
- One staff member said, "The level of incidents has gone down to zero pretty much. There's nothing that hasn't been easily managed. People here are finding it easier to manage themselves with the support we provide. A couple of people need 1:1 and they have a lot of support".

- People's complex needs and behaviours were managed well by staff. One staff member provided an example of this and told us, "[Named person] needs a lot of company and staff to prompt him. These prompts help him to manage his feelings. We ask him if he's hungry, too hot or too cold; this reduces his anxiety levels". The staff member explained that the person enjoyed a particular band and that when he listened to their music, this helped to calm him. The staff member added that ways of managing behaviours that were perceived as challenging were explored with people. They told us of one person who had needed medicine to help them with their anxiety, but this was rarely needed now, as alternative ways of lessening their anxiety had been identified and were working well.
- Each person's risks had been identified and assessed appropriately. Care plans provided information and guidance which staff followed. For example, one person's risks had been assessed in relation to going out, behaviour if they did not eat well and management of finances. The majority of people at the service had their finances managed by the Financial Adult Safeguarding (FAS) Team in West Sussex. This team manages finances of adults who are unable to make their own arrangements.
- Evacuation plans provided information to staff about the support people needed in the event of an emergency, such as fire. One staff member told us that safety equipment and fire alarm systems were checked regularly. They added, "We tell people if we need to sound the alarms, so they won't get worried". Records confirmed that fire safety checks and associated risk assessments had been completed.

Staffing and recruitment

- There were sufficient staff to meet people's needs.
- One staff member explained the importance of providing consistent staff to people and said, "We try not to make any promises we can't keep and we are very clear in handover what the expectations are". Staff worked flexibly according to people's needs and were available to provide support when people wanted to go out.
- The home manager said, "We can have four staff on in the morning [for six people], depending on levels of activity and what's on. Since we've had an additional member of staff, there has been a noticeable smoother running of the service".
- We observed that staff were always on hand when people needed support and if they chose to go out.
- The home manager said, "We have no problems with staff covering shifts. We can borrow staff from the other homes [of the provider]. A lot of the staff have worked in most of the homes".
- Staff told us they were happy with the staffing levels. One staff member said, "We have a really good team and a good number of staff. We always have each other's backs, making sure you're supporting each other, for example, if people need help or there has been an incident".
- New staff were recruited safely. The staff file we looked at showed that all appropriate checks had been made before the staff member commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.
- In the Provider Information Return, it stated, 'When recruiting staff a basic understanding of English is important but we have a policy of employing people from other cultures and whose first language may not be English. Training is provided in those cases to ensure they are able to meet the needs of service users'.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had completed training in infection control.
- In addition to their caring responsibilities, staff had housekeeping duties such as food preparation and ensuring the service was kept clean.
- One staff member explained the importance of hand hygiene when preparing food or supporting people. They added, "We try and encourage people to wash their hands when they've been to the toilet, when they

eat and when they have been outside. Laundry is washed at a suitable temperature and soiled washing goes in a red bag".

- The service was clean and smelled fresh.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The general manager said, "If something goes wrong, we look at it and think what we could do to improve". They told us of an incident when one of the cars had a flat tyre and how a staff member had to wait for the breakdown service to attend. A person who lived at the service was in the car when the flat tyre occurred. The learning had been that staff needed to be available to collect and support people if a similar incident occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's care and support needs were assessed before they came to live at the service. Referrals came from local authorities and were considered by the registered manager and the home manager.
- The home manager told us about the circumstances in which the last person came to live at the service a few months before. They explained, "It's important people get on with each other and everyone is consulted".
- People were asked for their views when new people were referred to the service.
- People's care needs were assessed at admission and continually reviewed and monitored to ensure the support staff provided remained appropriate. Staffing levels were assessed according to people's current needs and choices.

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs.
- Training topics included mental capacity, safeguarding, health and safety, moving and handling, infection control, first aid, medicines awareness, learning disability and autism, diabetes awareness, and food hygiene. Staff had access to training through eLearning, face-to-face or through West Sussex Learning Gateway.
- One staff member was completing modules for the Care Certificate. This comprises a set of 15 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The staff member discussed their understanding of the Care Certificate and their learning. They told us, "I work with so many different people, different ages, cultures, you're constantly balancing your approach to meet people's needs and requirements".
- Staff received supervision from their line managers every other month and records confirmed this. One staff member said they discussed their role, their progress and any training needs. They added, "It's also about how I feel, my relationship with people and staff, any support, how I'm developing my skills and understanding of people's specific needs".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. One person had specific dietary needs because of a health condition, and these were catered for.
- People helped to plan the menu and chose what they would like to eat. One staff member said, "We always try and make sure we get enough of everything, so people have variety and choice. There's always an alternative on offer. There's a menu board in the dining room and we write down what people have

chosen for that day".

- We observed people chose what they wanted to eat for lunch. One person chose a ham sandwich and this was prepared for them by staff.
- When people went out in the day, for example to a day centre, what they had eaten and drank there was recorded, so staff could monitor people's food and fluid intake.
- Fresh fruit was available for people to help themselves.

Adapting service, design, decoration to meet people's needs

- The service provided a homely, accessible environment that met people's needs.
- Each person had their own room and rooms were personalised and decorated according to people's preferences. All rooms had en-suite facilities. People had access to communal areas such as a sitting room and dining room. People could access the kitchen with staff support.
- One person developed mobility problems as they became older, so their room was moved to the ground floor.

Supporting people to live healthier lives, access healthcare services and support

- People received healthcare support as needed from a range of professionals. Care plans confirmed this.
- People's health care needs were recorded in care passports. People's oral care was recorded in dental passports. If people needed to go into hospital or went to the dentist, these passports provided vital information about people that staff needed to know.
- People had six monthly dental checks and regular check-ups with their optician. People also had access to a chiropodist.
- One staff member said, "Everything we do here is a collaboration, with GPs and with families. We have to look after people's health. Sometimes pain could be a precursor to some behaviours". Staff supported people to remain healthy, through their diet and by accompanying people to hospital appointments and health screening.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Consent to care and treatment was gained lawfully. Applications for DoLS had been completed for everyone living at the service following an assessment of their mental capacity. Some DoLS had been authorised and others were still being processed by the local authority.
- Staff completed training on the MCA and demonstrated their understanding of this legislation. One staff member said, "It's all about choice. Just because someone has a learning disability, doesn't mean they can't make a decision. We're here as their support workers to give them all the information they need to make an informed choice".

- People had signed consent forms to indicate their agreement. For example, consent forms were signed to give staff permission to enter people's rooms, and for staff to administer their medicines.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Throughout the inspection, we saw that people were supported by staff in a patient, kind and friendly manner.
- Staff understood people's diverse needs and treated everyone equally. One staff member said, "It's about listening to people, being compassionate, empathetic and sympathetic. Person-centred care is about people's wellbeing and making sure they are included in every aspect of their lives. We consult with people and present them with different opportunities. [Named person] likes swimming and he expressed a keen interest in that, so we've sorted it out. We talk about people's likes and dislikes, things that upset them and we put people at the centre of everything we do".
- When people had sensitive personal care needs, they were supported by staff of the same gender where possible.
- In our conversations with staff, it was clear they knew people extremely well and how they cared for and supported people in a personalised way.
- We asked staff about people's religious or spiritual preferences and whether anyone living at the service had cultural needs. No-one expressed a wish to attend church, for example, although staff told us they would be happy to support people with any particular needs or preferences. One staff member said, "No-one goes to church and no-one has particular cultural issues. On Sunday mornings, we all have a big breakfast together and a roast dinner later too. It's a coming together and people like that".
- We observed staff consistently asking people what they would like to do and encouraged people to make choices about how they wanted to spend their time.
- People had keyworkers who they chose and who supported them to make decisions about their care. Keyworkers consulted with people regularly to ensure they were happy with the care provided and ensured people were listened to. One staff member explained, "I'm responsible for [named person] overall personal care and wellbeing. Things like ensuring he has had a shower and a shave, brushed his teeth, has everything he needs for the day. This goes right through from batteries for his hearing aids, organising meetings, social events, reviews with social workers, review of his care plan, all that. I always talk with him and liaise with the day centre, so we know what has been happening during the day, and they are aware of what has been happening in the evening".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We sat down to lunch with one person and endeavoured to engage them in conversation about their views of the service. Staff encouraged the person to talk with us,

but the person chose not to. Later in the day, the person decided they did want to talk with us, and staff asked them if they wanted support to do this or whether they wanted to meet in private. The person decided they would like a member of staff present, and this was done. The person told us they enjoyed living at the service and that staff were friendly and kind.

- People were encouraged to be as independent as possible. One staff member explained how they were assisting a person to shower independently. They said, "We supported them a lot in the beginning, then gradually suggested things they could do for themselves, until they could manage on their own".
- We asked a staff member how they treated people with dignity and respect. They told us, "It's recognising and understanding their personal care needs. I always knock on the door and call out people's names, I would discuss anything personal about people in an area where other people aren't around. I treat everything confidentially. It's being mindful about people's specific religious beliefs, cultural beliefs, about being open-minded, not judgemental, not having my own views about people".
- People were given the privacy they needed. One person chose to eat all their meals in their room rather than with others in the dining room; their wishes were respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were written in a person-centred way and contained detailed information about people, their preferences, and how they wished to be supported. For example, one person's anxiety was reduced if they went out every day. The person chose to go for long walks and was supported by staff to do this. The home manager said, "[Named person] goes out every day and he probably knows the Downs better than anyone else. He likes exercise and the stimulation of the scenery".
- Staff were trained in positive behaviour support. One staff member said, "It's about being pre-emptive and pro-active, rather than responsive. We're in the process of updating risk assessments for challenging behaviour and we use positive behaviour support. A lot of it is about taking the time to get to know people and when you get it wrong, how to get it right".
- In the Provider Information Return, it stated, 'Records are kept of target behaviours, showing frequency and intensity, and by doing this we are able to analyse and observe patterns and this is extremely useful when we make changes to medication, for example. Similarly, we have a system of reviewing and updating guidelines and risk assessments, and in this way, we are able to monitor and respond to the changing needs of our residents'. Care plans we reviewed reflected this practice.
- People were involved in identifying and drawing-up short and long-term goals and encouraged by staff in achieving these. For example, one person's goals were identified as pursuing stimulating activities and healthy eating. Staff monitored their progress and supported them as needed.
- Care plans included people's personal histories, their likes, dislikes, interests and hobbies. Staff provided care and support in line with these. Care plans were in the process of being revamped, to make them more manageable and accessible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Everyone living at the service could communicate verbally; one person had a hearing impairment and wore hearing aids. A staff member said, "He is very good at saying when the battery is 'down' or when the hearing aid is blocked and will tell staff".
- People expressed their thoughts and feelings in a variety of ways. One staff member explained, "I can read people's expressions, their body language and am aware of any small changes that might occur with people. If [named person] is in pain, I can tell by his facial features. Everyone has different ways of communicating with you. If there's an underlying concern, I talk with people and ask if there's anything they want. Eye

contact is important. It's about learning how people communicate and understanding and unravelling that".

- Some people had tablet devices which staff supported them to use, when communicating with relatives for example.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to stay in touch with their families and friends. For example, one person had made friends at a local group and staff encouraged them to attend there for social and artistic activities.
- Relatives and friends could visit the service at any time; some people spent time in their families' homes. For some people living with autism, who might become anxious at unannounced visits, families were encouraged to let staff know when they planned to visit, to avoid people becoming unnecessarily worried.
- People chose how they spent their time and were involved in a variety of activities outside of the service. One person was a fan of Brighton and Hove Albion and attended all their home matches. Another person enjoyed visiting a local café. People enjoyed a range of social activities, including meals out and walks. One person was encouraged to exercise regularly and enjoyed a walk along the seafront with staff. They enjoyed the walk because they chose to have a hot chocolate at the end and this was the incentive for exercising.
- In feedback, a relative had commented, '[Named person] is offered choices of activities, but he does not always respond'. Staff encouraged people to be involved in activities and some people enjoyed going to day centres.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy. Information about how to make a complaint was made available to people in an accessible format.
- Complaints were logged and dealt with in a timely manner. One complaint had been recorded within the last 12 months from a relative. This was addressed satisfactorily.
- People told us they were happy living at the service and comfortable to raise any concerns or worries they had with staff.

End of life care and support

- No-one living at the service was receiving end of life care at the time of the inspection.
- Care plans did not include specific information about people's end of life wishes. The general manager told us that this was a topic to be discussed with people, at a time when they felt ready to do so.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received personalised care that empowered them and encouraged their independence. Staff worked flexibly and supported people in ways that suited them.
- Meetings were organised where people could discuss any concerns or changes they wanted. Records confirmed that meetings took place every couple of months and that people's suggestions were listened to and acted upon. For example, people took turns to choose what they would like to eat for the main meal on a particular day. The shopping of provisions was then planned around people's choices.
- People's views were also obtained through questionnaires which were presented in an accessible format. People were asked for their feedback about the staff, meal choices and whether they were encouraged to stay in contact with their families and friends. All results were positive.
- Relatives' comments were recorded and were satisfactory. One relative had written, 'We can only say how much the staff work to make [named person] life a happy one, and we are most grateful to have found 'Shakespeare Road', we too now have a life. Thank you one and all'.
- Communication was maintained between all the provider's homes, people and their relatives, though a newsletter, 'Sutton Times', which provided updates and pictures of what had been happening.
- Staff told us they felt supported by management. The home manager said, "Whenever I've needed help, they have come in and been very helpful. [Named general manager] has been supportive and explained everything as needed. They have been responsive to my needs when I've requested it". A staff member told us, "The home manager is amazing; he's an incredible character. He's always available".
- Staff completed training in equality and diversity. The home manager explained that staff came from a variety of backgrounds and had diverse preferences. They said, "We treat everyone the same, with dignity and respect".
- There was an open culture at the service. The home manager was available and accessible to people and staff. They also worked on the floor every morning, so knew what was happening. The home manager told us, "I want people to feel they can come in and see me when they want". Staff meetings provided opportunities for staff to raise any issues or make suggestions. Records showed the last meeting had taken place in July 2019.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- In the absence of the registered manager, we asked the general manager about their understanding of duty of candour. They explained, "We are above board and we like to know what's going on. Any incidents that happen, the learning is shared and we're honest and open with everyone. We obtain feedback from people and we like people to give us their views. Any areas for improvement are listened to. We want to know we're doing it right".
- The general manager and home manager understood their responsibilities in relation to regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the home.
- The registered manager visited the service every day. In their absence, this responsibility was devolved to the general manager. The home manager had responsibility for the day-to-day running of the home.

Continuous learning and improving care; Working in partnership with others

- A robust system of audits had been implemented which measured and monitored the quality of care and of the service overall.
- Audits related to the review of care plans, fire safety, medicines, money management, staff records, kitchen/household, gas and electrical testing. Incidents or accidents were reported and any emerging patterns or trends were identified and analysed so that actions could be taken.
- Audits were effective in driving improvement and actions needed were recorded and applied.
- We asked one staff member if they had any ideas about how the service could be improved. They said, "Nothing that jumps out. It doesn't matter how well something works, there is always room for improvement".
- The registered manager and home manager worked in partnership with others. Referrals for placements came from local authorities. The home manager explained the importance of ensuring that people's needs were assessed accurately, to ensure the service was the right place for them to live.