

Community Homes of Intensive Care and Education Limited

Sennen Lodge

Inspection report

Kanes Hill
West End
Southampton
Hampshire
SO19 6AJ

Tel: 02380471725
Website: www.choicecaregroup.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 15, 16 and 19 November 2018.

Sennen Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sennen Lodge is a care home that provides accommodation for up to eight adults with a learning disability. There were eight people living at the home when we visited. The home is based on two floors. The second floor was accessible via stairs. There were communal rooms and a garden which people could access. All rooms were single occupancy. At the time of inspection there were six people living at Sennen Lodge.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion to help ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection August 2017, we found a breach of regulations 17, 18 and 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to safe recruitment practices, staff training and systems to monitor the quality and safety of the service. During this inspection we found improvements had been made and the service had met the requirements of these regulations.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager started in their role since our last inspection. They had overseen the effective implementation of improvement plans, which addressed the key areas where the service required improvement. People's relatives and professionals told us the registered manager was competent, approachable and had significantly improved the service since they started in their role.

People's relatives told us they were kept informed about their family members care and that they were involved in making decisions where appropriate. People's needs were fully assessed to help ensure they received an appropriate level of care. Where people had external professional input into their care, the provider implemented recommendations to help ensure appropriate plans of care were in place.

There were systems in place to ensure staff had the right training, induction and supervision in their role. The registered manager monitored staff's working practice and behaviours, providing additional support

where necessary.

Staff understood people's needs and were confident in providing support around people's personal care, communication and behaviour. Staff were caring and attentive to people and treated them with dignity and respect.

There were sufficient numbers of staff in place to meet people's needs. The registered manager had successfully recruited many new staff since our last inspection in August 2017. The provider had made improvements to its recruitment processes to help ensure that only suitable staff worked with people.

The provider had made improvements to its quality assurance system to help ensure the registered manager could effectively monitor the quality and safety of the service.

Risks to people were assessed and mitigated. The registered manager analysed incidents to put measures in place to reduce the risk of reoccurrence.

Staff understood their responsibilities in safeguarding people from abuse and harm. The registered manager provided strong leadership in this area and was transparent with relatives and other stakeholders when concerns arose.

There were systems in place to ensure people's complaints were dealt with appropriately. The registered manager welcomed people's feedback and listened to their opinion.

People's care plans gave detailed information about people's preferences, routines, behaviour and communication needs. People were supported to make choices about everyday decisions in a way which they understood. People received care that was designed with their preferences and needs in mind.

People were supported to live active lives, participating in a range of activities and staff encouraged them to develop their independent skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were systems in place to help ensure the safe management of medicines. The provider was committed to working with people and professionals to reduce the amount of medicines people required where appropriate.

People had access to healthcare services. Where people were reluctant to engage in healthcare appointments, staff worked with them to reduce their anxieties about these events. No-one was currently receiving end of life care. People followed a diet in line with their preferences and needs.

The environment at Sennen Lodge was suitable to meet people's needs. Since the last inspection in August 2017, the registered manager had made improvements to the environment to make it brighter, more homely and comfortable for people. The home was a clean and hygienic environment and the provider had effective infection control policies in place.

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 policies in place to protect people from abuse and harm.

There were sufficient staff in place to meet people's needs.

The provider followed safe recruitment procedures.

Risks to people were assessed and mitigated.

There were systems in place to reduce the risk of infections spreading.

There were systems in place to analyse incidents and accidents.

Is the service effective?

Good ●

The service was good.

Staff received sufficient training relevant to their role.

The provider sought appropriate consent to care.

The support people required with their eating and drinking was identified in their care plans.

People had access to healthcare services as required.

The registered manager carried out assessments of people's need before care commenced.

The provider worked effectively with other organisations to promote people's health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were involved in developing their care plans.

Staff were kind and dedicated.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care, staff had a good understanding of peoples behavioural and communication needs

There were policies in place to handle complaints and concerns.

The provider was currently not providing end of life care.

Is the service well-led?

Good ●

The service was well led.

The registered manager was heavily involved in the day to day running of the service and understood people's needs.

The registered manager carried out audits to help assess the quality of care.

The registered manager understood their responsibilities to report important incidents to CQC.

The registered manager sought feedback from people to make improvements.

The provider worked with other stakeholders to promote good outcomes for people.

Sennen Lodge

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 comprehensive inspection took place on 15, 16 and 19 November 2018 and was unannounced. One inspector carried out the inspection.

During the inspection we spoke to four people. Due to their complex communication needs, they were not able to give us feedback about their experiences at Sennen Lodge. We observed care and support being delivered in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke to four relatives to gain feedback about their care their family member received. We received written feedback from an Independent Mental Capacity Advocate, who was the Relevant Person's Representative (RPR) for two people. A RPR is a legally appointed person who provides support and representation for a person who lacks capacity to make specific decisions.

We also spoke with the registered manager, the provider's assistant regional director and four members of staff. After the inspection, we spoke to two social workers who gave us feedback from their recent experience working with the provider.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at care plans and associated records for six people and records relating to the management of the service. These included one six staff recruitment files, accidents and incidents, staffing rotas and quality assurance records.

The service was last inspected in August 2017 where it was rated Requires Improvement.

Is the service safe?

Our findings

At our last inspection in August 2017, we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as recruitment procedures did not always ensure suitable staff were employed. The provider had not always robustly risk assessed and considered an appropriate induction for staff where areas of concern arose from pre-employment checks, such as historical offences on a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

At this inspection we found the provider had made improvements and was no longer in breach of Regulation. Since the inspection, the provider had implemented effective recruitment procedures to help ensure only suitable staff were employed. Staff files included application forms, DBS checks records of interview and references from previous employment, which helped the provider determine staff's skills and character.

Since our last inspection, the provider had embedded a risk assessment tool, which was used to make safer recruitment decisions if concerns were identified during the recruitment process. The tool guided the registered manager to consider the risk to people in relation to the nature and severity of concerns highlighted. The risk assessment instructed the registered manager to design a modified induction to ensure new staff were appropriately supported and monitored once they started working. This completed risk assessment would be reviewed the providers assistant regional director before a final recruitment decision was confirmed.

There were sufficient numbers of staff in place to meet people's needs. Staffing levels were determined by people's needs. The registered manager assessed people's needs in relation to the support they required with their everyday tasks and to keep safe.

Since the last inspection, the service had recruited a significant amount of new staff to replace staff who no longer worked for the provider. Some staff had been seconded from the provider's other homes and had agreed to stay on permanently at Sennen Lodge. The provider was flexible in adjusting staffing levels to meet people's changing needs. For example, the registered manager had recently increased staffing numbers during the day to help provide more support for a person who had recently moved into the service. This helped to ensure the person had additional care and support whilst they acclimatised to their new surroundings.

People's relatives told us the service had improved and they now felt their family members were safe at Sennen Lodge. One relative told us, "There have been problems there in the past. I feel the home is in a much more stable place. [My relative] is happier and more settled." Another relative said, "Sennen Lodge is much improved. Judging my relative's mood and behaviour, they seem much happier than this time last year."

Risks to individuals were assessed, monitored and mitigated. Where people had specific risks identified around self-neglect, eating and drinking, awareness of danger, escalating behaviour or epilepsy, plans were put in place to minimise the risk of harm. In one example one person had a risk assessment around their epilepsy. The risk assessment identified triggers and what action staff should take in the event of a seizure. Staff were confident in applying the guidelines in this risk assessment to help keep the person safe.

There were systems in place to protect people from the risk of infections spreading. Staff had received training in infection control, which outlined the principles of how staff could keep the service clean and hygienic and were aware of their responsibilities. There was also a regular 'deep clean' throughout the service to help maintain a hygienic environment.

There were systems in place to help protect people from the risk of abuse and harm. A relative told us, "I am very assured that they have robust systems in place now. They report every single incident to safeguarding and to me. It is very reassuring." All staff had completed safeguarding training. This training helped staff recognise signs and symptoms of abuse and the actions required in these circumstances to help keep people safe. The registered manager had made referrals to local safeguarding teams when concerns about people arose. This helped to protect people from harm.

The provider reflected on incidents to make improvements when things went wrong. Staff recorded all incidents including where people became anxious, verbally or physically aggressive. These reports were reviewed by the registered manager and behavioural specialists who were employed by the provider. This analysis was effective in identifying triggers for incidents and putting measures in place to reduce the risk of reoccurrence. In one example, the registered manager recognised that there were trends between incidents where one person was physically aggressive towards other people and staff. They rearranged furniture in the lounge to move seating away from walkways in and out the room. The registered manager told us, "This gave people more space to be able to move around and it also meant that one person who will often become agitated and run into the communal area, didn't have instant access to people." This helped to significantly reduce incidents involving this person.

There were effective systems in place for the safe management of people's medicines. People living at Sennen Lodge required staff to manage their medicines on their behalf. Lists of people's medicines, reasons for prescription and people's preferred routines around administration were detailed in a medicines management folder. Staff audited medicines records and stock levels at the time of each administration. This helped to ensure that staff could keep an accurate record of whether people had received the correct amount of medicines and the service had expected amounts in stock. The registered manager also carried out regular audits and checks of people's medicines records to help identify any errors or anomalies.

Some people were prescribed 'as required' medicines for pain or anxiety. Staff were knowledgeable about how to support people with their 'when required' medicines and promoted a strong ethos to only use medicines as a last resort. The service had worked with people, families, GP's and psychiatrists to review and explore if it was possible to reduce the medicines that people required. This was part of a NHS led initiative called 'STOMP' (Stopping the over medication of people with learning disabilities and autism). In one example, staff supported one person to significantly reduce the frequency of medicines that were needed when they were highly anxious. This was through a staged reduction in medicines as directed by doctors and staff using strategies such as distraction and reassurance to help the person remain calm, as opposed to administering medicines.

Is the service effective?

Our findings

At our last inspection in August 2017, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff were not provided with appropriate supervision and training necessary to carry out their duties. We found that not all staff had received sufficient training before working with people and the provider had not supported staff through regular supervision in their role. At this inspection we found that the provider had made significant improvements and there were systems in place to ensure staff received appropriate training and ongoing support in their role.

New staff had training in line with the care certificate. The care certificate is a nationally recognised set of competencies related to working in health and social care settings. Staff had access to additional training which was relevant to their role, this included epilepsy, management of escalating behaviours and communication strategies. This helped to ensure that they had the right training to meet people's needs. The registered manager oversaw staff's ongoing training needs to ensure they received regular updates which reflected current best practice.

Staff were supported with their ongoing learning and development in their role. New staff followed an induction process when they started in their role. The induction involved reading the provider's policies, reviewing care plans and working alongside experienced staff to familiarise themselves with people's needs. The registered manager held regular supervisions and appraisals with staff to reflect on their working performance and review training and development needs. This helped the registered manager monitor how effective staff were in their role.

The registered manager assessed people's needs to ensure that they received appropriate levels of care. They met with people and families to review if the care provided met their needs. They also used information from reviews and assessments from health and social care professionals to formulate appropriate care plans. When people's needs changed, the registered manager ensured that people's care plans were adjusted accordingly to ensure people received the care they required.

The provider delivered effective care to people when transitioning between services. The registered manager carefully considered the compatibility and impact of new people before they moved into the home. The provider had recently supported one person to move into the service. In the lead up to the person moving, the registered manager worked with other stakeholders such as social workers and families to plan a structured transition for when they moved in. This involved visits to Sennen Lodge to help the person gradually adapt to moving from one setting to another.

People were supported to follow a diet in line with their preferences and dietary requirements. People required support from staff to plan and prepare their meals. Staff supported people to make choices about their food using visual or pictorial prompts. They had a good awareness of what people's likes and dislikes were and helped them plan a menu accordingly. On the day of inspection, staff had arranged for a tasting session for different types of food. The aim of this was to help people explore new tastes and find foods which they liked. One person's relative told us, "The staff have done a lot of work around finding foods that

[my relative] likes and that do not upset their tummy as they are prone to food intolerances."

Where people had specific dietary requirements, these were recorded in their care plans and staff had a good understanding of how to meet these needs. For example, one person required their food to be cut into small chunks due to a risk of choking. Staff followed guidelines set out by speech and language therapists to ensure they could eat safely.

People had access to healthcare services where required. People had a healthcare file which detailed their health needs and the ongoing input from professionals they required. People had access to regular appointments with dentists, opticians and chiropodists when needed.

Staff worked creatively with people to help reduce their anxieties about accessing healthcare services. Some people were reluctant to access healthcare services and had historically refused to attend these appointments. Staff worked with them and professionals to reduce their anxieties around these appointments, which had resulted in increased levels of engagement by people. In one example, the registered manager arranged for a dentist to visit the service as a person was very reluctant to attend the dental surgery. Staff arranged for the dentist to attend regular shortened check-ups at the home as the person would only tolerate quick sessions to have their teeth examined. In another example, one person had anxieties around having a blood test, which was required to monitor their medical condition. Staff worked with the person and community nurses to help them understand the procedure and what would be involved. This involved talking through the procedure and carrying out role play, 'desensitizing' the person to the process. The aim of this was to reduce the person's anxieties about having blood taken by making the process familiar and comfortable.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a good understanding of the need to obtain appropriate consent to care. The provider had systems and processes in place to assess people's capacity to make specific decisions and where consent could not be given, a decision made in the person's best interests.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA, and had made appropriate applications to the local authority to ensure any deprivation of people's liberty had the appropriate legal authority.

The provider had made improvements to the environment at Sennen Lodge to make it homelier. One relative told us, "The layout of the lounge is a lot better. The garden is a lot better. It is now a nicer place to live." Lighting levels at the home had been improved and walls had been painted to make communal areas brighter and more welcoming. People had been supported to decorate communal areas with pictures and photographs of events and activities they participated in. People had helped to develop the outside space by planting flowers and painting murals on the wall. The registered manager had rearranged furniture to give communal areas more space for people to move around their home. This contributed to a calm atmosphere which people were comfortable within.

Is the service caring?

Our findings

Staff showed concern for people's wellbeing and responded to their needs quickly. Staff had a good knowledge of people's preferences, routines and behaviour. They were attentive to their needs by encouraging them with their personal care, engaging them with activities and helping to keep them active throughout the day. When people's anxieties escalated, staff were confident and consistent in their approach to help ensure people were safe and supported to reduce their anxieties within a calm and caring atmosphere.

People's choice was promoted in a way which they could understand and engage with. People had limited verbal communication and struggled to communicate their choices around everyday decisions such as, what to wear or what to eat. Staff identified the level of understanding around choices people had and presented information to them in a way which was suitable. In one person's care plan it detailed how they could make choices between up to three items, when selecting clothing for the day. If the person had too many items to choose from, they could become fixated and confused, if they had too few items to choose from, they could become frustrated about lack of choice. By presenting choices in a way which the person understood, staff could support the person to make everyday decisions in their life.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care. In one example, one person was supported to follow a diet in line with their cultural and religious beliefs. Staff supported the person to plan meals which were appropriate to their beliefs and adjusted food storage and preparation arrangements to help ensure these dietary stipulations were upheld.

People were treated with dignity and respect. People required support to dress and maintain their physical appearance. Some people were reluctant to engage in their personal care, but staff had been creative in creating an environment where the person felt comfortable and happy to engage. Staff told us how they had incorporated music and games into the person's bathing routine, which helped the person relax and enjoy the experience of washing. This approach had seen a significant improvement in how well the person engaged with their personal care, with was of benefit to the persons appearance and dignity.

People's confidentiality was respected. The registered manager ensured people's personal records and care documentation was securely stored in their office. They had security features on computer devices so people could not authorise sensitive information with the authority to do so.

People were supported to be as independent as possible. In one example, the provider had worked with a person to source adapted cutlery to help them eat their meals independently. The person was not able to use traditional cutlery and eat meals without the assistance of staff. Staff trialled many different types of

adapted cutlery with the person, to help determine which was the most suitable for them. Once a suitable choice was made the person could eat independently. The person's relative told us, "The staff have worked hard to develop [my relatives] independent skills around eating."

The provider helped people maintain relationships which were important to them. One relative told us, "Communication [from the provider] is now really good. We are sent regular updates with pictures of things [my relative] is doing." Another relative told us, "One of the most touching things is that the staff always remember family birthdays with a card or present. It is very thoughtful."

Is the service responsive?

Our findings

People's care plans detailed instructions for staff to help people manage their anxieties and reduce the risk of escalating behaviour. The care plans had been developed by following the principles of 'positive behaviour support'. Positive behaviour support is an approach to supporting people which focuses on creating physical and social environments that are supportive, teaching people new skills to replace the behaviours which challenge. Care plans detailed strategies for staff to follow which helped promote and reinforce 'positive behaviour', clearly setting out strategies to help people stay calm and cope with situations that caused them anxiety. We saw staff were confident in employing these strategies and knew people well enough to see when people's behaviour was escalating and therefore needing additional support.

People's communication needs were identified in their care plans. How people communicated and strategies for effective staff communication were documented in a 'communication passport'. A communication passport is a way of sharing information about a person that has been put together by people that know them very well. It gives a brief snapshot about the person's likes, dislikes, how they communicate and how best to communicate with them.

The provider had a team of 'behavioural practitioners' who were assigned to analyse people's behaviour and put strategies in place to meet people's communication needs. They did this by analysing incidents, talking to staff and working with people to identify good practice. From this work, the registered manager had implemented a range of communication aids for people such as visual timetables, guidance around people's nonverbal cues and the effective use of Makaton within the home. Makaton is a language system designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. These measures helped staff effectively meet people's communication needs.

People were supported to engage in a range of activities. The registered manager told us how they had put a strong emphasis on supporting people to access activities outside the home to broaden their horizons. People were supported to engage in activities which had both a practical purpose and followed people's specific leisure interests. For example, people were supported to go shopping with staff for food. Staff had worked with one person to overcome their anxieties around accessing a supermarket to enable them to participate. They ensured that shopping trips were scheduled at quiet times of the day and items needed were identified prior to leaving the home. When shopping, the person enjoyed pushing the trolley as it made them more secure. By making these arrangements, the person felt more comfortable carrying out these activities.

People were supported to go on holiday. The registered manager worked with people and families to identify holidays of interest for people. Staff were available to support people on their trips, with people's preferred staff being selected as the most suitable to accompany. Staff supported people to take pictures and make diaries of holidays. These were used to stimulate people's memories when they came back home and to share their holiday adventures with loved ones.

There were systems in place to deal appropriately with complaints. One relative told us, "I feel like the manager is very open to feedback." The provider had a complaints policy which detailed how and to whom a complaint could be made to. This policy was displayed in a simplified form to help people understand what to do if they had concerns. The provider had received one complaint since our last inspection, which had been handled in line with the provider's policy.

The registered manager told us that they could only provide limited support around end of life care. This was due to people's age and ability to understand the concepts around the subject. The registered manager had spoken to relatives about their family members arrangements should they require end of life care and told us they would make arrangements according to each individuals wishes.

Is the service well-led?

Our findings

At our last inspection in August 2017, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audits and quality assurance systems were not always effective in maintaining the quality and safety of the service in relation to deficiencies identified in the recruitment, training and staff supervision. At this inspection, we found the provider had made significant improvements and had effective systems in place to monitor the quality and safety of the service.

The registered manager had a series of audits which they carried on a regular basis. This included, medicines management, infection control, staff training and supervision needs, health and safety and audits of people's care plans. These audits had been effective in identifying areas which required improvement and monitoring changes made to ensure their effectiveness. For example, the registered manager's medicines audits identified where some staff required additional support around safe medicines administration. They provided training and support to staff which resulted in a significant reduction in administration errors.

The provider had an internal quality team which carried out a yearly audit of the service. The audit assessed the service in terms of how, safe, effective, caring, responsive and well led it was. Actions identified in the audit were fed into a service improvement plan. This plan was overseen by the registered manager, who was responsible for implementing the changes needed. We checked improvement plans from November 2017 to November 2018 and saw that the registered manager had effectively embedded improvements identified and sustained the quality and safety of the service. The most recent improvement plan from November 2018 highlighted only minor issues relating to the provider's specific policies as opposed to any inherent quality or safety concerns. This demonstrated the provider had effective quality assurance systems in place.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had joined the service after our last inspection and had overseen the improvements which are reflected within this report. After our last inspection in August 2017, the provider submitted action plans which detailed how they would make improvements in the key questions of safe, effective and well led. The registered manager had overseen changes to the service which had led to improvements in staffing, safety, management of behaviour, activities, use of PRN medicines, environment and culture at Sennen Lodge.

The registered manager understood people's needs and took a hands-on approach to lead their staff by example. One member of staff said, "The registered manager has been fantastic. She is so supportive." The registered manager's office door was always open. Previously, this door had been kept shut which meant that people were not able to go into the office." During our inspection, we saw people were welcome and comfortable coming into the office and interacted warmly with the registered manager. The registered

manager regularly helped to provide personal care or support during activities. This helped give them a sound working knowledge of people's needs.

The culture at Sennen Lodge had seen significant improvement since our last inspection. The registered manager promoted a relaxed atmosphere, where staff were confident and focussed in their role and people's needs were at the centre of how staff measured their success. The registered manager held regular meetings with staff to share updates and model good working practice. This included resolving to promote open communication with people and other stakeholders when incidents occurred and mistakes were made. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had met the requirements of this regulation.

People's relatives told us the registered manager had overseen significant improvements since starting in their role. Comments from relatives include, "I have to say, she is probably the best manager that place has ever had", "She has transformed that place. The best manager in a long while" and "She has made quite a difference."

The provider's senior management had a sound overview of the service. People's relatives told us that the provider's Assistant Regional Director had been a visible and supportive presence who had helped to improve the quality of the home. One relative told us, "[The assistant regional director] has been a wonderful support to the home." The assistant regional director frequently based themselves at the home to give the registered manager support. They were very knowledgeable about people's needs and were happy to assist staff when they needed support.

The provider valued people's feedback regarding their experience of the care provided. People and their relatives were asked to provide feedback through questionnaires. This enabled people and their families to express their views as to any changes that could be made to the service. One relative told us, "They always send me questionnaires and seem interested in my ideas." Questionnaires covered a wide range of areas including, choice, safety, independence, communication and staffing. The most recent set of returned questionnaires received in the summer of 2018, showed high levels of satisfaction with the service provided to people.

The provider worked in partnership with other stakeholders to help promote good quality care. Where some people required ongoing input from external health professionals, such as behavioural specialists from the local authority, the registered manager had established effective working partnerships to promote people's health and wellbeing. This included effective systems between stakeholders to communicate people's changing needs and implementing recommendations made into staff's working practice.