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Crowhurst Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

Crowhurst Care Home 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 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Crowhurst Care Home provides accommodation and personal care for up to nine people who have learning disabilities and some associated physical and/or sensory disabilities. There were five people using the service at the time of inspection. The building was situated over two floors, with people's bedrooms located on both. Some people had their own bathrooms attached to their bedrooms and there were communal facilities for those that did not. There was a kitchen, dining-room, large lounge and day room for people to relax in. People also had access to a large garden area at the back of the property and another at the front, with benches, a fountain and a variety of colourful flowers.

At our last inspection in February 2017, the service was rated 'Requires Improvement' with two breaches to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found significant improvements had been made and the provider is now meeting the regulations.

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

People were safe. Staff had a good understanding of how to recognise potential signs of abuse and knowledge of risks specific to people. There were risk assessments for people and for the building, with relevant safety checks completed by the registered manager each month. Staff were recruited safely and there were suitable numbers so people's needs were consistently met. People received their medicines safely from staff that were trained to do so. Incidents were investigated within relevant timescales and appropriate actions taken to ensure they did not happen again.

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 practise.

Staff had the skills and knowledge to support people and meet all their needs. They spoke highly of their induction and the support given in getting to know people, their routines and preferences. Further support was provided in supervisions, appraisals and team meetings.

People's nutritional needs were met and they were encouraged to be as independent as possible with preparing food. Any risks associated with eating were highlighted in people's care plans and appropriate support given during mealtimes. Records showed that the provider sought guidance from health professionals where additional support needs were identified. Professionals we spoke with felt that staff had a good understanding of people's needs and were responsive to any feedback given.

People, their relatives and professionals all felt that people were supported by a kind and caring staff team. People's dignity, independence and privacy was promoted and encouraged. Staff knew people, their preferences and support needs well.

Care plans were tailored to individual's and highlighted areas where additional support was required. Staff were knowledgeable of people's communication support needs and used a variety of tools to support them with this. People and their relatives knew about the complaints procedure and felt confident raising concerns. People had choice and control over the activities they wanted to participate in each day. These were tailor-made to people's likes and dislikes.

Since their previous inspection, the registered manager had made improvements to the quality and quantity of audits. People, staff, relatives and professionals spoke positively about the management team. They felt that the service was well-led and that an open, transparent and supportive culture was promoted.

Further information is in the detailed findings below.

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 robust risk assessments to keep people safe.

Staff were recruited safely and there were suitable numbers of staff to meet people's needs.

People received their medicines safely from trained and competent staff.

Staff demonstrated good understanding of safeguarding processes and knew the procedure to follow for suspected abuse.

Is the service effective?

Good 

The service was effective.

Staff felt that the service provided a good induction and training programme which gave them the right skills and knowledge to support people.

People were supported to have good nutrition and were involved in choosing what they wanted to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People health and wellbeing was maintained with frequent input from a variety of health and social care professionals.

Is the service caring?

Good 

The service was caring.

People and their relatives were confident that staff knew them and their support needs. They spoke highly of the caring nature of staff.

Staff were kind and considerate in their interactions with people.

People had their privacy and dignity respected.

Is the service responsive?

The service was responsive.

Staff were very knowledgeable of people's specific communication needs.

People were encouraged to take part in activities of their own choosing. Activities were varied and promoted independence and social stimulation.

Staff, people and their relatives were knowledgeable about the complaints process and felt comfortable raising any issues.

Good ●

Is the service well-led?

The service was well-led.

There had been significant improvements to the quality and quantity of audit systems since the last inspection.

People, staff and relatives spoke very positively about the management team and felt well supported.

Feedback was sought from people, staff and professionals to improve service provision.

Good ●

Crowhurst Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 12 July 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is a small service and the manager is often supporting staff or providing care. We needed to be sure that they would be in and that our visit would not disrupt the lives of people more than necessary.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events, which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

Two inspectors completed the inspection. Due to the nature of people's complex needs, some people were not able to tell us about their experiences, so we also observed the care and support that people received. We observed and spoke with five people who use the service about their day-to-day experiences. We spoke with three staff and the registered manager. We spent time reviewing records, which included three care plans, two staff files, medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection, we spoke with two relatives and two professionals about their experiences for people living at Crowhurst care home.

Is the service safe?

Our findings

At their previous inspection, Crowhurst Care Home were rated Requires Improvement in Safe, with a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some equipment checks in the kitchen had not been completed. There were also some concerns raised about the security of the building and people who were at risk of leaving the building unsupported. This is where people were at risk of leaving the service without the knowledge of care staff, which could put them in danger. During this inspection we found that improvements had been made and that adequate action had been taken to resolve issues. The provider is now meeting the Regulation.

Some people told us they felt safe. Although others were not able to tell us, we saw people were comfortable and relaxed around staff that knew them well. Relatives and professionals were also confident that people were safe. One relative told us, "There was an incident with my relative recently due to their health condition. The member of staff that dealt with it was phenomenal. They were so professional and if it wasn't for them, (my relative) wouldn't be here."

At their previous inspection, the front door and side gate were left open and risks of unknown people entering the building had not been assessed. This also raised concerns for those people at risk of leaving the building unsupported. At this inspection, people previously at risk of leaving the building on their own, were no longer living at the service. The front door was latched, with an electronic key for people to use to go in and out of the building when they chose to. People told us they liked to sit in the front and back garden, so the key gave them the freedom to do this at any time.

In-depth risk assessments had been completed for people, staff and the building, that were person and task specific. For example, those that had specific health conditions, had clear assessments for how these were managed which were person centred to them. One person had emergency medicine for a health condition. Guidelines were very clear with symptoms staff should look for, when and how emergency medicine should be given, how the person feels afterwards and when to seek additional medical support. The provider had a pro-active approach to managing risk. For example, one person wished to do a high-risk activity. Due to an existing medical condition, the risk of doing this was increased. The provider spoke with the professionals involved and together they devised a risk assessment that would support the person to be safe whilst taking part in their chosen activity. People also had Positive Behaviour Support Plan's (PBSP's) to support with managing behaviours that could challenge. These assessments included how the behaviour's presented, how they could be prevented and how the person should be supported during this time. We observed a person becoming anxious about their routine and staff talked to them in a calm tone of voice, discussing with them what they needed to talk to feel calmer. This made the person more relaxed and smile at the staff member.

Incident and accident reports detailed information of the incident, immediate and on-going actions taken and reflected on lessons learned. An example of this was for a person who had an unexplained injury. This was reported instantly to the local authority and other mental health professionals already supporting the person. Risk assessments and other support documentation were amended to identify times where they

could be more at risk. This would then reduce the likelihood of a similar incident happening again. Each month, the registered manager analysed incidents to look for patterns or trends, which meant they had continuous oversight of risks to people.

There were enough staff to support people who lived at the service. People told us they had the same staff who worked regularly with them which meant they knew and felt comfortable around familiar people.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service (DBS) that checked for any convictions, cautions or warnings. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff were aware of signs of potential abuse and who to report to with any concerns. They were also aware of the service's whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. Phone numbers for the local safeguarding team and the Care Quality Commission were displayed on the office wall and staff knew these could be contacted directly by them if they had any concerns about the running of the service. The registered manager also had clear understanding of safeguarding procedures. We found that all potential safeguarding concerns were reported appropriately and advice sought where needed.

People's medicines were managed so that they received them safely. Staff were not able to support with medicines unless they had received relevant training. They also had their competency to administer medicines assessed regularly. Some people took medicines on an 'as and when required' basis (PRN). Records detailed why the medicine was prescribed, the dose, maximum use within 24 hours and when the GP may need to review. For pain relief medicines, there was also descriptions of how the person would show they were in pain. Some people required pictures for communication and had easy read documentation about specific medicines they were taking. As well as monthly medicine audits by the registered manager, external pharmacists audited people's medicines and documentation. There were good arrangements for the storage, ordering and management of medicines. Each person had their own medicines cabinet and separate medicine's administration records (MAR) folder. We viewed the MAR records for people and saw they had received their medicines as prescribed.

People lived in a safe environment. Monthly safety checks were completed by the registered manager for the building. These included fire safety, maintenance of the building and people's bedrooms, electrical equipment and water temperatures. At their previous inspection, equipment in the kitchen did not have a valid safety certificate. At this inspection, we found all equipment in the building to have up to date checks and certificates so they were safe to use. There was a maintenance person who managed works in the building. Staff wrote any health and safety concerns in the maintenance folder and actions taken to resolve were signed and dated on completion.

People and staff took part in regular fire drills so that they were aware of what to do in the event of a fire. There were detailed fire protocols for during the day and night so that all staff were aware of actions to take. This included directions for staff to where the assembly point was and to a 'grab bag', where information about people and emergency contact numbers were stored. People had personal emergency evacuation plans (PEEP's). This meant staff had a thorough knowledge of how to support people to evacuate the building in an emergency. Each PEEP had personalised information about the person, their awareness of fire drills and any information gathered from previous fire drills. They also included quotes from people about

their understanding of the PEEP and what they would do in an emergency.

There was good practise in relation to infection control. The building was clean and tidy and staff understood how to prevent the spread of infection. Personal protective equipment was available and used by staff when supporting people.

Is the service effective?

Our findings

At their previous inspection, Crowhurst Care Home were rated Requires Improvement in Effective. This was because guidance from a healthcare professional had not been consistently followed and a person consistently refusing medicines, had not had reviews with their GP. There was also concerns raised about a staff member not having effective support when returning to work after a long-term absence. During this inspection we found that significant improvements had been made.

People told us that they thought the service was effective because, "They help ring my doctor if I am sick" and, "They know what they are doing". Relatives agreed, one telling us, "They definitely have the training to support (my relative) and have got support from mental health professionals which has really helped them." Another said, "The staff team have a lot of skill and experience. Nothing phases them and they know exactly how to deal with situations."

People were offered choice in all aspects of their care. Staff also had a good knowledge of how the Mental Capacity Act applied to people they supported. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People living at Crowhurst Care Home had capacity to make everyday choices and therefore did not require DoLS. However, for some people, it had been identified they may need support to make more complex decisions, for example with any health or financial issues. In people's files, there was easy read documentation regarding powers of attorney and independent advocacy, which had been discussed with people. This was so they were aware of who could support with decision making outside of staff in the home.

Staff had the appropriate skills and knowledge to support people living in the home. They told us they received regular training which included safeguarding, health and safety, food hygiene, moving and handling, mental capacity, medicines management and infection control. Staff also told us they had received more specialised training to meets the needs of people, such as epilepsy and emergency medicines. There were opportunities for staff to complete a National Vocational Qualification (NVQ) in Social Care for those who wished to develop their skills and knowledge. An NVQ is a work based award that is achieved through assessment and training. To achieve an NVQ, candidates had to prove that they had the ability (competence) to carry out their job to the required standard.

Staff told us their induction had been thorough and given them the knowledge they needed to support people. One staff member said, "I got lots of support from management and was also provided with online courses to improve my knowledge." Another staff member told us, "they showed me around, explained my roles and responsibilities and gave me time to get to know people." Induction also included time shadowing

more experienced members of staff and getting to know people and their routines. Following induction, staff were supported in their role by receiving regular supervision and appraisals. Records showed that supervisions were held monthly but staff said the registered manager was approachable and they talked every day. Staff we spoke with said, "Supervisions are very useful and I feel listened to" and, "They ask me how I am and if I have any issues. I can raise concerns with no worries."

People's nutritional needs were met. There was a large kitchen, where people were encouraged to prepare food and drink independently. People had their own named aprons and one person had their own fridge and freezer. One person managed their meal planning and budget independently and therefore did their own shopping and prepared their own food. Menus were discussed weekly with people, however staff advised that most decided what they wanted each day and prepared it by themselves or with staff support. For those that required support with communication, there were food cards. These had pictures of different food types that people could choose what they wanted when discussing menus. One person was at risk of choking and had support from the Speech and Language Team (SaLT) We observed staff met these guidelines by sitting with the person whilst they ate. Another person's care plan highlighted a risk of the person having a seizure if they got too hot or dehydrated and staff continuously encouraged them to drink fluids.

The service supported people to maintain good health with input from health professionals on a regular basis. We saw through people's records that they were supported to access their GP's, learning disability nurses, mental health professionals, councillors, neurologists, behaviour specialists and physiotherapists. This ensured that their health and wellbeing needs were continuously met. A professional told us, "A person I have supported has come a long way and really progressed. Staff are good at listening and taking our advice and following guidance. This good working relationship has a positive effect on people."

The design of the building had been adapted to meet the needs of people and was spacious. Some people could become anxious and needed space. Their bedrooms and other large communal areas allowed them the space they needed if required. A day room had been implemented for people that had sensory needs or who wished for some quiet time. This room included sensory lights and objects, musical instruments, soft furnishings and bean bags for people to relax on. There was also a TV and computer. The day room lead out onto a large garden area, where people were growing their own vegetables. We saw several people sitting outside and enjoying this space during our inspection.

Is the service caring?

Our findings

At their previous inspection Crowhurst Care Home was rated Requires Improvement in Caring. This was because people's confidential records had not always been protected and some language used in people's care documents was not always caring. During this inspection we found that significant improvements had been made.

People told us that staff were caring. One person said, "I would give them 5 stars." When we asked them why, they said with a big smile, "Because they're the best." Another person smiled as they told us, "I love it here – I like the staff." Relatives agreed that staff were, "Very, very good", "Very patient, lovely and caring" and, "They can't be faulted". One relative told us, "The staff team are superb. When I visit, I hang around and don't want to leave because the atmosphere is so lovely." Professionals also told us staff appeared, "Respectful", "Interactive with people" and, "Person centred." One professional said, "The important thing is what people think of staff. A person told me staff were very caring and nurturing."

Staff told us how much they enjoyed their jobs and coming to work. One staff member said, "It doesn't feel like work. People and staff are very nice and there is such a friendly atmosphere." Another described it as, "Like having another family."

The atmosphere at Crowhurst Care Home was positive and cheerful. One person was moving to a different home and had chosen to have a pizza and pyjama party. People and staff were excited and celebrating with them. There was lots of joking and laughter between people and staff. We saw staff were patient, attentive and respectful when they were supporting people.

Staff knew people well and showed interest in their preferences and hobbies. One relative said, "It's amazing how well they know (my relative)". One person was very interested in money and staff talked to them about the exchange rate. Another enjoyed going on the train and so staff supported them to go to Hastings on public transport. All staff that we spoke with had a thorough knowledge of people's routines, preferences and support needs.

Staff demonstrated a good understanding of promoting independence and supported people to do as much on their own as possible. We saw people making their breakfast and drinks independently with encouragement from staff. Staff encouraged people to plan their own day and prepare for each activity independently. A staff member told us that one person wanted to work towards managing their medicines on their own and that they were supporting them to achieve this telling us, "We give them lots of encouragement and praise them when they reach goals. They are doing very well."

Staff were supportive of people's lifestyle choices. Each person had a 'religion and culture' support plan which talked about their preferences, festivities they like to participate in and how staff can support them with their faith. An example of this was for one person who chose not to practise their faith, however they still enjoyed visiting churches. Staff supported them to do this. Another person was being supported with their relationship choices. Staff supported them with understanding by using documentation in an easy

read format and discussing with the person what they wanted. The registered manager also sought guidance from the person's care manager and a learning disability nurse, so that they had all the support and information they needed to make a decision.

Staff ensured that people's dignity and privacy was respected and promoted. People told us, "Staff always knock before they come in" and, "They give me space if I need it." People were addressed by their preferred name and their bedrooms were filled with photographs and personal belongings. People were given choice over the decoration and lay-out of their rooms. Their rooms were considered their own personal space and staff always asked permission before entering and respected that people needed time by themselves. We observed one person becoming anxious and staff asked them if they wanted to talk about it. When they declined, staff respected this and gave them space. Staff told us about another person who wanted signs for their door that would inform staff if they didn't want to be disturbed and how they were feeling. Staff knew that if the sign said the person was 'Angry', they wanted to be left alone but if it said they were, 'Sad', they might want to talk to someone.

People's care records were stored securely in locked cupboards and online documents were password protected. Staff also had knowledge of the home's confidentiality policy and how it related to the people they supported.

People were involved in making their own decisions and encouraged to express their views. We saw staff asking people how they were and how they would like to be supported. People were offered choices, such as what they wanted to do or drink. Until earlier this year, people were having, "Your voice" meetings, where they could discuss their choices and opinions about the running of the home. Feedback was received from people that they preferred not to meet as a group. Therefore, people now have monthly individual meetings with their keyworker's and complete a "What is working/not working" form. This gives people the opportunity to reflect how goals are going and discuss ideas for the future.

To conclude their views on the staff and service, a relative told us, "I honestly can't fault them or sing their praises enough. It's always difficult entrusting your relative into the care of someone else, but they make it so much easier. They are brilliant."

Is the service responsive?

Our findings

At their previous inspection Crowhurst Care Home was rated Requires Improvement in Responsive. This was because the complaint's policy was not accessible to people and complaints records were missing. This meant that it was unclear whether appropriate actions had been taken to respond to and resolve the issues. The registered manager was also not ensuring that they sought regular feedback from people, relatives and other stakeholders. During this inspection we found that significant improvements had been made.

Relatives told us they were very involved with people's care and asked for their advice. One relative said, "The registered manager calls me to talk about my (my relative) and it goes into their care plan. They also respond quickly if I have any concerns." Another told us, "I have regular reviews, everything is spot on and I am always informed of any changes." Professionals told us that staff were responsive to people's changing needs and, "Responsive to guidance and advice."

Each person had a care plan that was specifically designed around their needs, goals and aspirations and reviewed monthly by people and their key-workers. People had their needs assessed before they moved into the home and the information gathered was used to develop their care plan. Care plans were detailed and promoted people's independence and choice. They included direct quotes from people of their opinions about different aspects of their care. There was evidence to show that where people had asked for changes, these had been respected by staff and support altered to meet people's preferences. Each care plan included a life story, with the person's background, family, medical history and hobbies. There were also one-page profiles. These were documents that captured the main preferences and support needs of individuals and included headings such as, 'What people appreciate about me', 'What's important to me' and 'How best to support me'.

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

Staff were very knowledgeable of people's communication needs and used a variety of tools to support them with this. One person who required pictures to support with communication, had a pictorial support plan with photos, symbols and large font. Another had a pictorial timetable. There were photos of activities and clocks to display the time and the person used these to support them with managing events of the day. Each person had an individual communication plan that detailed how the person communicates and what different actions or facial expressions may mean. Each person also had their own individual communication passports that they could take to hospital with them. With people's permission, these were to be given to paramedics or hospital staff should the person need to go to hospital. These plans included details about the person such as allergies, contact details for the home and their families and any medical history. There was also a list of their current medication, their methods of communication and how to alleviate any anxiety.

People took part in activities that encouraged social involvement and wellbeing and had choice and control over what they wanted to do each day. One person was going to college and doing a course in car maintenance, which they really enjoyed. Another person had a voluntary job at a local charity shop. People and staff told us about other activities they took part in, such as shopping, bowling, rock climbing, going out for day trips on the train or to the seaside, concerts and picnics. One person had gone on holiday with a staff member and stayed in a caravan, which they really enjoyed. A staff member told us, "We ask people every day what they want to do and discuss it with them in monthly meetings. If it's something we can't do immediately we work towards it." We observed staff asking a person what they wanted to do and plan the day together. Shortly after, the person changed their mind and staff respected this, planning different activities instead.

People's views were listened to. When people expressed they did not like something, this was documented and respected. There was a clear complaints policy available and easy read documentation for people in expressing their concerns. We viewed complaints received by people and these were responded to in a timely manner, with actions taken to resolve issues. An example was for a person who was unhappy about sharing transport with another person. The registered manager discussed the person's worries with them and rearranged activities so that they did not have to share transport with the other person. They also started working with the person to be able to use public transport independently.

At the time of inspection, no one received end of life care. However, people had an 'End of life' care plan where discussions had been had about their preferences and choices. Where people did not want to discuss end of life care, this was written in their support plans and reviewed at a later time.

Is the service well-led?

Our findings

At their previous inspection, Crowhurst Care Home were rated Requires Improvement in Well-led, with a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were numerous concerns raised regarding the provider not responding in a timely way to environmental concerns, inconsistent quality assurance audits and lack of analysis of incidents. Other concerns were related to records not being up to date and inconsistency with staff supervision and competency assessments. During this inspection we found that improvements had been made and the provider is now meeting the Regulation.

There were several quality audit tools in place. Every month, the registered manager reviewed people's care plans, staff files, health and safety of the building, medicines audits and incidents and analysis. The provider of the service also completed regular audits, using CQC's Key Lines of Enquiry (KLoE's) to ensure that regulations were being met.

We observed the registered manager to have good relationships with people and to know them and their support needs well. People wanted to talk or sit with them and chat about their day. One person told the registered manager, "I miss you." When we asked another to describe the registered manager, they smiled, gave a 'thumbs up' and said, "Good."

Staff spoke highly about the registered manager and described them as, "A good listener" and "Approachable." One staff member told us, "They are always giving us praise and thanking us." Relatives agreed that the registered manager was, "Lovely and very supportive to me and my relative" and, "So professional, the service is superbly managed and they are sensitive towards my relative and me." Professionals also felt that the service had, "Grown and Flourished" since the registered manager had joined the service. They told us they felt management was, "Person-centred" and, "Always paying attention to detail."

Staff said handovers were very informative and they had regular staff meetings where they could discuss anything they wanted to. We viewed meeting minutes and saw that staff could discuss any issues or concerns about people and changes to their support needs. There was a focus on specific policies at each meeting, such as safeguarding or infection control. Any incidents were also discussed so that staff were fully aware of how to support people.

The provider sought out views about the quality of care and valued feedback given. Questionnaires were completed yearly by people, their families, professionals and staff. We viewed the latest surveys received in June 2018 and feedback was very positive. One relative wrote, "It is a lovely atmosphere. We are always made to feel extremely welcome and love talking to the wonderful care staff and residents." There were also positive comments from professionals. One professional said, "Staff and current management have supported a person very well and their progress has been excellent. I have been exceptionally happy with the support and communication." Another wrote, "The person's emotional wellbeing and wishes are being met to the highest level. I found management to be professional and quick to respond." The registered

manager told us they were proud of this positive feedback and shared this with staff in meetings.