Mrs A Morrison

Arundel House - Paignton

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

This unannounced inspection took place on 15 and 16 November 2016. The home was previously inspected in November 2013 and was meeting the regulations at the time.

Arundel House provides accommodation and care for up to twelve people. People living at the home have a learning disability. On the day of our inspection, twelve people were living at the home. People have their own bedrooms, some with their own lounge areas. Some bedrooms had en-suite facilities. Communal space consisted of a large lounge area, kitchen and dining room.

The home was managed by the registered manager who was also the registered provider. 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 and associated Regulations about how the service is run.

There was a warm, friendly, family style atmosphere in the home and people were relaxed and comfortable in the company of staff. The home was well decorated and adapted to meet people's needs. The home had a homely feel and reflected the interests and lives of the people who lived there, with photos of people and staff.

The focus of the home was on promoting people's rights and independence so that people live fulfilling lives. People followed activities they enjoyed and were given opportunities to gain new skills and to increase their independence. Support was planned and provided to take account of each person's needs, interests and preferences. People received personalised care that took account of their abilities and needs.

We saw people had a good relationship with staff. Key workers worked closely with people to help build a rapport, and supported people to contribute to their care plans. Care plans were comprehensive and contained detail specific to each person, showing how their care and support should be delivered according to their preferences. We saw care plan information was available in different formats appropriate to the needs and preferences of people who lived in the home.

People were supported by staff who knew how to recognise and respond to abuse and systems were in place to minimise the risk of harm. Risks associated with people's care and support were effectively assessed and managed.

Staff were competent and skilled and had a good understanding of people's individual needs and preferences. Staff had developed warm and caring relationships with people living in the home. They treated people with respect for their dignity and privacy and promoted their independence.

There were sufficient numbers of staff available to meet people's needs. Safe recruitment practices were followed and staff were provided with regular supervision and support.

People were supported to make informed decisions and where a person lacked capacity to make certain decisions they were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported in the least restrictive way possible and staff were insightful about how to support people who presented behaviours which may challenge others.

Support was provided to enable people to have a balanced diet and to have enough to eat and drink. People and staff planned weekly menus together and pictures of food or meals were used to support some people's understanding and to help them make choices.

People were supported to access a range of healthcare services to promote their health and in response to any changes in their health. These included GP's, dentists, opticians and hospital specialists.

There were effective systems in place for monitoring the safety and quality of the service. Audits viewed had identified any areas which were in need of improvement and action was taken to address these shortfalls.

Complaints were encouraged, investigated and responded to in good time. People we spoke with were aware of how to raise concerns, should they need to do so. Systems were in place to ensure that any complaints received were responded to in a timely manner and a thorough investigation was conducted.

Fire procedures were easily available, so that people were aware of action they needed to take in the event of a fire. A range of internal checks were conducted and environmental risk assessments were in place to ensure the safety of the premises and equipment. Records showed that equipment and systems within the home had been serviced in accordance with the manufacturer's recommendations. Infection control procedures were being followed in day-to-day practice.

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.

Risks were identified and managed in ways that enabled people to remain as safe as possible.

People were protected by a robust staff recruitment process.

People were protected from risk associated to medicines.

People were protected from the risk of abuse through the provision of safeguarding policies, procedures and staff training.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People's legal rights were protected because the staff understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received care from staff who knew them well, and had the knowledge and skills to meet their needs.

Staff received induction, on-going training, support and supervision to ensure they always delivered the very best care.

People were provided with a choice of meals and were supported to maintain a balanced diet and adequate hydration.

People had access to healthcare and were supported to maintain their health.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

People, relatives and healthcare professionals were positive about the home and the way staff treated the people they supported.

Staff treated people respectfully, and supported people to maintain their dignity and privacy.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and provided information of how staff should support them.

People were actively encouraged and supported to engage with their community and there was a range of varied activities available within the home.

People and their relatives felt listened to and were confident in expressing any concerns they had.

People were consulted and involved in the running of the home, their views were sought and acted upon.

Is the service well-led?

Good

The service was well led

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and the service was keen to further improve the care and support people received.

Arundel House - Paignton

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 was 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 unannounced inspection took place on 15 and 16 November 2016 and was conducted by one adult social care inspector. As part of the inspection we reviewed the information we held about the home. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority, Quality and Improvement Team, Healthwatch and other healthcare professionals who provided information about the home. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and met and spoke with everyone living there. During our inspection we spoke with one relative who was visiting. In addition, we spoke with the registered manager, deputy manager, office manager and five staff members.

We looked at the care plans, records and daily notes for three people with a range of needs, and looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at four staff files to check that the home was operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Good

Is the service safe?

Our findings

People told us they felt safe living at Arundel House. One person said, "The staff make me feel safe." We observed people were relaxed when speaking with staff and in each other's company. People's relatives told us they felt their loved ones were safe at Arundel House. One relative told us, "This is the best place for [name]. He's very safe living here, everything is taken care of ".

Staff were able to recognise signs of abuse and told us they would respond by informing their manager or contacting the local authority safeguarding team without hesitation. Staff had a good understanding of safeguarding and whistleblowing and would not hesitate to report any thing they were concerned about. Information from the Provider Information Return (PIR) told us the registered manager ensured all new staff received an in-house abuse assessment as part of their induction to ensure that they can recognise signs of abuse, harm, discrimination and neglect. All staff had read the safeguarding policy. One member of staff said, "If I saw anything wrong I would go to my manager or the Care Quality Commission". Another said, "We have a duty to protect them and make sure they are safe". People had access to information in an easy read format on keeping safe and how to contact outside agencies if they were concerned about their own safety. This assured us that people were protected against the risks of potential abuse.

Risks to people had been assessed and were recorded in their care plans. Measures had been put in place to guide staff in reducing or minimising risks to people. Such as, using hoisting equipment to safely transfer people from their wheelchair to a lounge chair. Staff were aware of risks to individuals, such as, risks relating to personal care, medicines, going out in the community, specific health conditions and behaviours that may challenge others. There were positive behaviour support plans in place for people who needed them. Staff were clear about the strategies to reassure people and how to positively support people's behaviours that presented challenges to themselves and others. For example, one person's support plan gave staff specific instructions on how to initially approach the person and avoid potential challenging behaviour, by simply introducing themselves and asking if they could come into their room.

Robust recruitment procedures were in place to ensure suitable staff were employed. This helped reduce the risk of the home employing staff who were unsuitable and did not have the necessary skills to work with the people living at the home. Each potential member of staff underwent a number of check including a police check and references were obtained from previous employers.

There were sufficient staff on duty to provide safe and person centred care to people who lived at the home. People said staff were able to provide the support they asked for at any time. For example, to go out shopping or take part in leisure and recreational activities. Staff confirmed that levels of staff were sufficient for them to provide the care and support needed to meet people's care needs and preferences safely. The staffing levels were flexible to meet the individual needs of the people living at the home. The registered manager told us staffing levels were kept under review as people's needs changed. Staffing rosters showed during the day there were two support staff, one team leader and two enablers in the mornings and this reduced by one enabler in the afternoons. These numbers did not include the registered manager, deputy manager, office manager and housekeeper who were also on duty during the week. Overnight one senior

and two support staff were available to provide support to people.

People's medicines were managed safely. Medicines policies and procedures were available to support this. People had individual medicine administration records (MARs). There were no gaps in the MARs so it was clear when people had been given their medicines. Medicines were stored securely in a locked room. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained. People who were able to self-medicate were provided with lockable cabinets within their bedrooms in which to store their medicines and had been risk assessed as safe to do so. We saw that some people were prescribed medicines that had to be taken at regular times. Arrangements were in place to ensure staff adhered to these instructions. When people had prescribed medicines on an as required basis, for example for pain relief, there were protocols in place for staff to follow so that they understood when a person may require this medicine.

Staff were aware of the reporting process for any accidents or incidents that occurred. We were told incidents were analysed by the registered manager at the home to make sure any learning from incidents took place. All accidents, incidents and near misses were audited and action was taken as required to help protect people. For example, one person with epilepsy had been experiencing an increase in falls. This was identified by analysing the incident records and in response the registered manager sought advice and input from an occupational therapist and sourced training for staff to minimise the risk.

The home environment was suitable for the needs of the people who lived there. The communal areas were spacious and there was sufficient space for people to move around safely. The home was clean and tidy and free from odour. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves and aprons to reduce the risks of cross infection.

There were various health and safety checks and risk assessments carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were safe. These included checking the fire alarm and water temperatures. There were regular inspections and servicing of fire safety equipment, electrical installations and gas appliances. A personal emergency evacuation plan (PEEP) giving guidance if the home needed to be evacuated in an emergency was available for each person. They took into account people's mobility and moving and assisting needs. PEEPs were reviewed regularly to ensure they were up to date.

Good

Is the service effective?

Our findings

Staff had opportunities for training to understand people's care and support needs and they were supported in their role by the management team. Staff comments included, "Training is very good. We all do the mandatory training but get extra training such as dementia. We got a lot out of that", "We learn new skills, it's an on going learning curve" and, "We get opportunities for training".

Staff had completed an induction when they first started working in the home. This was a mixture of shadowing more experienced staff and formal training. These shadowing opportunities allowed new members of staff to work alongside more experienced staff, improve their knowledge and gain confidence. This also enabled them to get to know people and the people to get to know them.

This ensured they had the basic knowledge needed to begin work. The induction process for new staff members also included and introduction to policies and procedures and service specific information such as the fire procedure and maintaining a safe environment. Induction training was linked to the Care Certificate for staff working in health and social care organisations. The Care Certificate is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers need to demonstrate competency in.

The staff training records showed staff received training in safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that gave them knowledge and insight into people's needs. Training included a range of courses such as epilepsy awareness, person centred thinking, safeguarding, positive behaviour management, mental health awareness, autism, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were given opportunities and supported to gain higher education in Health and Social Care.

Staff were supported by a registered manager and deputy manager who worked alongside them to provide support and to ensure they followed best practice. Staff received regular supervision sessions which were recorded and kept in staff files. The registered manager informed us supervision occurred continuously, as and when needed. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager, who was always available. One staff member said "Supervision is valuable to the point where it keeps you on track and makes sure you are doing your job right and working together". The registered manager told us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. They described how they would focus on 'hot topics' such as choking policy and procedures in response to people's changing needs. Staff we spoke with told us they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's care plans showed that assessments relating to capacity to make decisions had been undertaken and these followed the code of practice associated with The Mental Capacity Act 2005 (MCA). The registered manager identified people who may be deprived of their liberty. We saw copies of applications to the relevant local authority team in relation to Deprivation of Liberty Safeguard (DoLS). Restrictions were in place for people who had been risk assessed as unable to leave the premises unaccompanied. Staff told us that for people who may lack capacity in certain areas there would be a 'best interests' meeting involving family, professionals, and the person themselves regarding a certain decision. For example, one person's risk assessment identified that they did not understand how to keep themselves safe when walking near or crossing a road. A best interests decision meeting was arranged with the person and their representative and a decision was made for them to be accompanied by staff at all times, to ensure their safety. We saw that best interests decisions were made with people and were the least restrictive as possible.

The registered manager and staff demonstrated they understood the principles of the MCA. Care plans provided information for staff about how they should support people to make decisions. Staff told us how they supported people to make their own choices with their daily lives and their goals for the future. Some staff told us people who had capacity had the right to make unwise choices. Staff told us how they would support people to guide them to a positive outcome. For example, helping them choose a healthier food option.

People we spoke with told us the food was good. One person said, "The food is very good". Other people answered "yes" when asked if they enjoyed the food. A relative told us "No complaints about the food. He enjoys the food, he's getting a healthy diet. They go out of their way to provide foods he likes".

People were offered a healthy and balanced range of home cooked meals to suit people's dietary needs and preferences. Staff knew each person's likes, dislikes and alternatives were offered if people did not like the main meals on offer. People had access to food and drink throughout the day and staff supported them as required. Each day staff asked people what they wanted to eat and showed them choices from the menu, explaining what they were if they didn't understand. We saw that people ate and drank well and indicated that they enjoyed the food through their interactions with staff members. Menus were discussed with people weekly and pictures were available to help people with choices. The home had recently completed a food satisfaction review that involved meetings and group discussions about the food and what people did or did not like. This ensured people's preferences were understood and could be supported by staff.

Care plans indicated if people needed a specialist diet, for example, due to food intolerance. These contained detailed instructions on what a person could have and how to prepare food One person's food was being prepared separately to meet their requirements safely. Risk assessments were in place where people were at risk of choking. Support and advice had been sought from the speech and language therapy (SALT) team and staff had clear written guidelines on supporting some people with eating. People were supported effectively to manage their diabetes through appropriate diet and medicine. People's weight was monitored and changes in people's weight was noted and acted on if necessary.

People's health needs were met by staff who ensured they received support and treatment from the relevant health and social care professionals. The home had arrangements in place to make sure people were able to attend appointments and check-ups for all health needs including doctors, dentists, optician and hospital appointments. Contact with health professionals was recorded in people's records which included any actions taken to address any changes in their health needs. For example, one person had detailed information about how their diabetes was to be managed and the support they received from their diabetic nurse and GP. A health professional commented that the home was "Excellent on diabetes care". This showed people's day-to-day health needs were met. Relatives said in feedback from questionnaires, they were happy with the health provision at the home. One relative commented, "Recent illness and emergency hospital visits were dealt with very well". Another said "Service user's health is always up to date with any health needs and seniors are quick to respond to any change in needs".

People had 'Health Action Plans' in place which contained information on their medical history and current health needs. People had their own "my yearly health check" document in easy read picture format with information about their health needs. There was information available for people to help prepare them for hospital appointments. These were in the form of photographs of the hospital, where they would be going, the nurses and doctors they would be seeing and equipment that might be used. This ensured that people's anxiety about health appointments, were reduced as much as possible.

Good

Is the service caring?

Our findings

There was a genuine sense of fondness and respect between the staff and people. People appeared happy and relaxed in staff's company. People who were able to talk to us about their experiences said they were happy with the care and support they received. One person told us, "Staff are kind". Another said "I like living at Arundel House because it is a nice place to be in and I like the staff". Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. One person said "It's excellent. [name's] really happy here. Here he's got people to speak to and he's got company". Staff told us how much they liked working at Arundel House. One staff member said "I can honestly say I love my job". Others said, "I enjoy the company of the residents. We have a good rapport", "It's a good team, everyone cares about people" and "It really is a home, it's a great place. The residents really like it here, they are listened to".

During the inspection there was a happy and relaxed atmosphere in the home. Staff interacted well with people, engaging and joking with them and spending time with them. People who needed individual support received it in an unobtrusive way that respected the person's dignity. Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. We saw examples of this throughout the inspection. For example, we observed one member of staff talking to one person about a DVD they had just purchased. Another member of staff was supporting one person to complete a puzzle.

We saw staff were familiar with the people they supported, and spoke with them about the things that were meaningful to them. Information about people's communication needs were contained within their care plans. Staff were familiar with how each person communicated and might show they were anxious or upset. Staff described how they intervened proactively when people displayed anxiety and helped them remain focused on positive activities. People were confident in the presence of staff. One staff member said "We know people well. We can tell if people are happy and comfortable".

Staff treated people with understanding, kindness and respected their privacy and dignity. Staff provided personal care behind closed bedroom or bathroom doors and showed discretion when helping people with their care needs. Staff were observed knocking and waiting for permission before entering a person's bedroom.

We saw people were actively involved with planning and agreeing their care and support needs and how they preferred to have these needs met. There was information in people's care plans to help staff get to know them such as their communication styles, sense of humour and when they might need support or reassurance.

Staff knew how to support people to remain as independent as possible, what they could do for themselves and what they needed help with from staff. We asked staff how they involved people in making decisions about their care. One member of staff we spoke with told us, "We ask them what they want to do. They all do what they want to do when they want to do it".

Information was displayed in an accessible format to help people understand it. There were pictorial menus in the dining area showing what choices were available for meals. Pictorial information leaflets of how to complain and what to do in the event of a fire were available around the home. When people's views were sought, questionnaires were in easy read and picture format.

People were encouraged to maintain links with their families and friends. Friendships had been forged with other people who lived close by and staff told us people visited each other often and enjoyed each other's company. The registered manager told us that the parents of some of the people at the home had sadly passed away. They described how they helped one person through their grieving process. They took them to sit with their parent whilst they passed away and helped them arrange the funeral. Another person was supported to attend their parent's funeral in Bristol.

Good

Is the service responsive?

Our findings

People received a responsive service that met their individual needs. Staff were knowledgeable about people and displayed a good understanding of their preferences and interests, as well as their health and support needs. This enabled them to provide personalised care and help people live their lives in a fulfilling way.

Each person had a 'Key to me' box in their rooms this contained an account as to the person's needs, wishes and routines. It described the person's character and great things about the person. Sections included 'How I will help you get to know me' which told staff how to communicate with them and what they like to do. Staff were given information about people and what made them happy, for example, in one person's box the 'three things about me' section told staff 'I like dancing' and 'I like watching DVD's'. The profile also contained information about things that people did not like, or were likely to make them anxious which was helpful in terms of supporting people with their needs.

Care plans were very detailed and individualised and daily records were accurate and up-to-date. Staff told us they felt there was enough information within people's care plans to support people in the way they wanted. People's needs were respected and it was clear staff knew people well and could understand what they wanted. Staff knew what people could do for themselves, how to promote choices for people and areas where support was needed. They had detailed knowledge of each person's individual needs, traits and personalities. This enabled them to provide person centred care.

Wherever possible, people were involved in helping to develop their care plans. For people who were unable to express their own views fully, family and professionals had been involved. Care and support plans centred on people's individual needs. They detailed what was important to the person, such as contact with family and friends and attending community events. Their routines were written in a person centred way. For example, how they liked to have their hair washed and what shampoo to use. Guidance was provided comprehensively around their specific needs and health issues. Care plans were supported by other relevant documents, including risk assessments and behaviour support plans. One person's behaviour support plan had detailed information about common triggers and techniques staff could use to reduce the likelihood of the person becoming distressed. A record of behaviours that posed a challenge to staff, was kept, enabling staff to look at patterns and triggers so they may avoid similar incidents occurring.

People led very active lives. Staff told us activities were chosen by people on an individual basis. Activities included attendances at day centres, gardening, shopping, walking, eating out and seeing family and friends and visits to places of interest to the individual. Supporting people's independence was a theme we noted in the range of people's activities. During the inspection people were going out on activities throughout the day, and those that stayed home had activities such as arts and crafts, reading magazines and newspapers, listening to music or watching programmes on the television.

People were supported by staff to go for days out and away on holidays either individually or in a small group. Day trips included visits to the circus, sea life centre, theatres and steam railway trips. People had

enjoyed many holidays including trips to America, Europe and Disney world. The registered manager told us how they ensured that one person, who couldn't travel far because of their medical condition, had a holiday away by taking them to a caravan park in Dawlish, which they really enjoyed. Plans were being made for people to go away on a tinsel and turkey break before Christmas.

The registered manager told us they were supporting people to do paid and voluntary work. One person told us about their voluntary work at a florist shop. Another person said they were really enjoying their job working at a local hospital.

People were supported to have contact and visit their families and some people stayed with relatives and were helped to do so. People were encouraged to invite friends to the home, some staying and having meals with them.

Staff understood the importance of supporting people to raise concerns who could not verbalise if they were unhappy. Pictorial information of what to do in the event of needing to make a complaint was displayed in the home. For people who could not access written or pictorial procedures staff told us that they observed their interactions and body language and would report any concerns to the registered manager.

There was a complaints policy in place. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. Complaints that had been received were recorded and dealt with in accordance with the provider's complaints policy, and to the satisfaction of the people that made them.

Good

Is the service well-led?

Our findings

Staff described the registered manager as very approachable and very supportive. One member of staff said about the management team, "They are always here when we need them. The support is good and they are approachable" another said "I find management to be really supportive; if I come across a problem I can just ring them. I find they go out of their way to help". A relative told us "The management here is excellent".

The home was well organised and had effective leadership. There was an open and supportive culture in the service. Staff said the registered manager had an open door policy and offered support and advice when needed. The staff team were caring and dedicated to meeting the needs of the people living at the home. They told us they felt supported by the management and worked well as team. They told us the registered manager kept them informed of any changes to the home and needs of the people they were supporting. All staff we spoke with told us they felt happy working at Arundel House, and were motivated by the support and guidance they received to maintain high standards of care. Staff were aware of the responsibilities which related to their role and were able to request assistance if they were unsure of something or required additional support. Staff told us they were listened to by the registered manager and felt they could approach them and the management team with issues and concerns.

The views of people, staff and other interested parties were listened to and actions were taken in response, if required. The home had various ways of listening to people, staff and other interested parties. For example, people had 'request forms' to complete, recent requests included purchasing a cafetiere and a certain coffee, plants for the garden and a fish and chip night. People had regular reviews during which staff discussed what was working and what was not working for them. People's relatives were sent questionnaires annually and these showed a high level of satisfaction.

Staff were involved in how the home was run and improving it. Staff views and ideas were collected by means of regular team meetings and one to one supervisions. Staff meetings discussed any issues or updates that might have been received to improve care practice. They were also used to check on staff's understanding of key topics around care and support for people. Other areas of discussion included, staff performance, health and safety, safeguarding and support worker duties. Meeting minutes were made available for staff who were unable to attend meetings.

The registered manager carried out a range of audits to monitor quality within the home and to ensure the safety of people who lived there. A detailed weekly audit inspection around the whole of the building was carried out. The audit covered a full visual inspection of the building, safety check of all equipment, infection control, health and safety, medicines and care documentation. There was evidence that action plans had been implemented and followed up when areas for improvement were identified.

We saw a wide range of policies and procedures in place at the home. These gave staff clear information about current legislation and good practice guidelines. Records were detailed, up to date and stored securely.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. Prior to our inspection the registered manager completed and returned the PIR as we requested. The PIR was accurate and reflected the evidence gained during our inspection.