Care Expertise Limited

Spring Lake

Inspection report

17 Forty Lane
Wembley
Middlesex
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection of Spring Lake took place on 3 and 4 July 2018 and was unannounced.

Spring Lake provides accommodation for up to 11 people with varying support needs including people living with learning disabilities, autism, behaviours may be challenging to staff and other complex needs. At the time of this inspection there were 9 people living at the home.

There was a registered manager in place at the home. 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 home was registered prior to Registering the Right Support (2017). However, although a larger service, we found that it was following the values that underpin this document along with 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.

Following our last comprehensive inspection of Spring Lake on 13 and 16 January 2017 we rated the home as 'Requires Improvement.' The care plans and risk assessments for some people living at the home did not always include information and guidance for staff about how to support people in relation to their identified needs. The home was not well maintained and the provider's safety checks had not addressed some maintenance failures. The home had failed to ensure that they had fully followed guidance associated with the Mental Capacity Act (MCA) 2005). We also found that laundry arrangements at the home did not reduce the risk of infection to people. Although the provider had arrangements in place to assess the quality of the service provided by the home, we found that these were not robust and actions identified had not been acted upon.

We returned to the home to undertake a focused inspection of the provider's quality assurance processes on 24 August 2017.We found that actions had been taken to address the failures that we had identified and that there was a robust system in place to ensure that quality of the care and support provided at the home was effective. We gave the home a rating of 'Requires Improvement' since we needed to see if improvements were maintained.

At this inspection we found that the provider had maintained the improvements that they had made since our previous visits. The quality assurance procedures for the home showed that regular monitoring and auditing of care and support had taken place. Actions resulting from these had been promptly addressed.

People's risk assessments and care plans were person centred and included guidance for staff members on how to support people effectively and safely. We looked at the daily care records for people living at the home. Although the written records were detailed a new online system had recently been introduced and

we found gaps in the records which were being maintained electronically. The registered manager told us that they would raise this with the provider in order to seek a resolution.

The home was meeting the requirements of the Mental Capacity Act 2005 (MCA). Assessments of people's capacity to make decisions had been carried out. People had up to date Deprivation of Liberties Safeguards (DoLS) authorisations and meetings had taken place to ensure that any actions or restrictions were in people's best interests.

The home had robust quality assurance processes in place and we saw that any actions identified as a result of these had been addressed in a timely manner. These included improvements to the home environment and the quality of care plans and risk assessments. There were processes in place to seek the views of people who lived at the home and their family members and we saw that the results of these surveys were evaluated and used to improve the service provided at the home.

Medicines were safely stored, administered and recorded. Staff members had received training in medicines administration. Regular medicines audits had taken place.

The home had taken action to reduce the risk of infection to people. The home environment was clean and free from clutter and we saw that staff members used disposable aprons and gloves for appropriate tasks. Action had been taken to ensure that soiled laundry was dealt with safely.

People were protected from harm. Staff members had received training in safeguarding adults from abuse. They understood their roles and responsibilities in ensuring that any incidents or concerns were immediately reported.

Although the home was in a good state of repair we observed that the communal areas required redecoration. We noted that a planned refurbishment was due to take place during the week following our inspection. This had been planned to take place when people were away on holiday to ensure that any disruption to their daily living arrangements were minimised.

People were supported to participate in a wide range of activities. During our inspection we saw that individual and small group activities such as cooking and sensory activities were taking place. People also went out from the home to visit local parks and shop for a forthcoming holiday. Two people regularly visited places of worship.

People were supported to maintain a healthy diet based on their individual preferences and cultural and health needs. We saw that they were supported to make choices in relation to food, drinks and snacks.

People living at the home were unable to communicate verbally. We saw that staff members engaged them in decision making and activities using words, signs and pictures that they understood.

Checks of staff members' suitability for the work they were undertaking had taken place prior to their employment. An on-going programme of training was provided to ensure that staff had the skills and knowledge to support people effectively.

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. The provider had taken action to remedy the failures found at our previous comprehensive inspection.

People's risk assessments were person centred and included guidance for staff on how to manage and reduce the likelihood of risk.

Staff members had received training in safeguarding people from abuse and understood their roles and responsibilities in ensuring that people were safe.

Medicines were managed, stored and administered to people safely.

Is the service effective?

Good

The service was effective. Staff members received regular training and supervision to ensure that they had the skills and knowledge required to support people.

The service was meeting the requirements of the Mental Capacity Act 2005.

People ate a healthy diet which met individual health and cultural needs. We saw that they were offered choices of meals, snacks and drinks.

The service liaised with other health and social care professionals to ensure that people's needs were effectively met.

Is the service caring?

Good

The service was caring. Family members spoke positively about the support that people received.

Staff members engaged with people in ways that they understood and described how they supported people to ensure that they were involved in their care and support.

A range of pictorial and other tools were in place to support people's communication.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care plans were up to date and detailed. However, there were gaps in the daily record of care for people where online records had been recently introduced.

A wide range of 'in house' and community based activities were supported including sensory activities and holidays.

People's religious and cultural needs and preferences were supported.

Is the service well-led?

Good

The service was well led. The provider had improved and maintained their quality improvement processes and we saw that required actions had been taken.

Systems were in place to obtain people's and family member's views about the home and these were evaluated with actions taken where required.

Staff and family members spoke positively about the registered manager.

Spring Lake

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.

Our inspection of Spring Lake took place on 3 and 4 July 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some information about the service. What the service does well and the improvements they plan to make. We reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

The people who lived at Spring Lake had learning disabilities, autism and other complex needs. They were unable to communicate with us in a way which we always understood. We spent time observing care and support to help us to understand the experiences of people who could not talk with us. We also spoke with three relatives and two health professionals We spoke with the registered manager and five staff members.

We looked in detail at the care and medicines records of four people. We also looked at records relating to the management of the service. These included medicines records, quality assurance monitoring and audits, medicines records, accidents and incidents reports and six staff recruitment files.

Good

Is the service safe?

Our findings

The family members we spoke with told us people received safe care and support. One relative told us, "They always keep me involved if they need to agree a new activity for [relative]." Another said, "I really can't fault them. This is the best place for [relative] to be."

At our previous comprehensive inspection of the home in January 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some people's risk assessments did not provide sufficient information to enable staff members to ensure they were safely supported in relation to their health needs. The home's arrangements to ensure that people were protected in case of fire were unsafe. During this inspection we found that the provider had acted to ensure that these failures were remedied.

We looked in detail at the risk assessments for four people. These were personalised and showed that risks to people had been identified for a range of needs such as health, behaviours, personal care, nutrition and hydration and safety at home and in the community. The risk assessments included management plans with guidance for staff members on how to ensure that identified risks to people were minimised.

The risk assessments for people with specific health needs had been reviewed and updated. We saw, for example, that the assessment for a person with diabetes included information about how to identify and address changes in blood sugar levels. Risk assessments had also been developed to support the person to go on holiday and their risk management plan showed that arrangements had been made with a nursing service at the holiday destination to ensure that regular insulin injections were maintained.

The risk assessments for people with epilepsy had also been developed to provide guidance for staff members on how to identify the signs of a seizure and the actions that they needed to take to reduce any risk. The risk management plans included information about when to administer emergency medicines, such as rectal diazepam or buccal midazolam, and when emergency services should be called.

A risk assessment for a person at risk of hyponatraemia was now in place. This is a serious condition that can be caused by excessive fluid intake. Their risk management plan included guidance for staff on ensuring that the person remained hydrated while ensuring that they did not drink excessively. We saw that the home had obtained information from the person's GP to ensure that risks were minimised.

The fire safety arrangements for the home had been improved. Fire extinguishers were now wall mounted, and where these were stored in cupboards these were unlocked and accessible for use in an emergency. The home had undertaken weekly checks of fire bells, emergency lighting and fire door closure mechanisms. Fire equipment, including the fire alarm system and fire extinguishers had been regularly serviced by a specialist provider.

Monthly fire drills had taken place involving people living at the home. Personal Emergency Evacuation Plans (PEEPs) had been developed for people and we saw that these included 'need to know' information in

case of an emergency evacuation. The information included in people's PEEPs were sufficient for staff familiar with people who were involved in an evacuation of the building. However, the PEEP for a person who becomes distressed when they see unfamiliar people did not include information about this in case an evacuation by, for example, the fire service was necessary. We discussed with the registered manager who told us that they would review the plans and ensure that relevant information and guidance was provided.

At our previous comprehensive inspection of the home we also identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The driveway at the front of the home was in a poor state of repair and, although risks had been identified in audits carried out by the provider, actions had not been taken to remedy this. Broken emergency lighting had not been repaired and the hot water system was faulty. During this inspection we found that the provider had acted to address these failures.

The home's driveway was free from hazards and well maintained. The rear garden which was used by people during our inspection was also well maintained. We saw that ramps to the garden had recently been replaced to ensure safe access for people who could not use steps. Emergency lighting was in working order and checked on a weekly basis. The hot water system had been repaired and hot water temperatures were taken and recorded weekly. Staff members also recorded hot water temperatures when supporting people to bathe or shower. These records showed that water temperatures were safe.

The home was clean and free from identifiable hazards to people. Communal rooms were spacious and people's bedrooms were well decorated and furnished in a personalised way. The registered manager told us that the communal areas were being redecorated and refurbished during the week after our inspection. She told us that this had been planned to take place when people were away on holiday to ensure that they were not distressed by the work and the presence of contractors at the home.

The home's infection control procedures had been updated since our last inspection and reflected current best practice. Staff members understood the need to protect people from the risk of infection and we saw that they used appropriate disposable protective clothing when undertaking tasks such as cleaning and preparing and serving food. Staff members followed safe procedures for the washing of soiled items and the storage and disposal of clinical waste.

People's medicines were stored and administered safely. We looked at the medicines administration records (MARs) which were accurately completed and showed that people received their medicines as prescribed. Where people were prescribed PRN (as required) medicines we saw that guidance was in place to ensure that these were administered appropriately. For example, some people had been prescribed medicines to assist with reducing anxieties. The guidance showed that these should be administered only after other actions had been taken to reduce anxiety levels, such as distraction or supporting people to move away from the cause of anxiety. We saw from people's MAR charts and care records that these medicines were not given regularly. Staff members had received training in safe administration of medicines. Monthly management audits of medicines records and storage had taken place.

During our inspection we saw that there were sufficient numbers of staff 'on shift' to ensure that people received the support that they required. Two people had 'one to one' support and we saw that this was provided to them. The staff members that we spoke with told us that they considered that there were enough staff on shift at any time to support people's needs. We were told, "Sometimes it gets a bit challenging, but there is always someone around to help."
We reviewed the recruitment records for six staff members and saw that checks had taken place prior to their working at the home. The records included evidence of two satisfactory references, eligibility to work in

the UK and criminal records (DBS) checks. This showed that the provider had procedures in place to reduce the risk of unsuitable staff being recruited to work at the home.

People were protected from the risk of abuse and avoidable harm. All staff members working at the home had received safeguarding training. There were clear safeguarding policies and procedures in place and the staff members we spoke with could demonstrate their understanding of types of abuse and their roles and responsibilities in relation to safeguarding.

Good

Is the service effective?

Our findings

The family members we spoke with told us that they thought that the home effectively met people's needs. One said, "[relative] is now doing things I wouldn't have expected." Another family member told us, "It's all very good there. Staff help [relative] to be calm. It works."

At our previous comprehensive inspection of the home in January 2017 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The home was not always following the guidance associated with the Mental Capacity Act 2005 (MCA). A best interest's decision had not been made for a person who required their fluid intake to be controlled. During this inspection we found that the provider had acted to address this failure.

The 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.

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 if the provider was now meeting the requirements of the MCA. People's care documents showed that assessments of their capacity to make decisions had taken place. DoLS authorisations had been provided for people from their commissioning local authority and these were up to date. Where best interest decisions were required in relation to restrictions for people we saw records showing that these taken place contained within people's files. For example, a best interest meeting had taken place since our previous inspection and the record showed that the person's GP and family members had been involved with this.

Staff working at the home had received training to ensure that they had the skills required to meet people's care and support needs. New staff members received an induction that met the requirements of the Care Certificate for staff working in health and social care services. The Care Certificate provides a nationally recognised training framework for new staff working in health and social care services. This was supported by an induction to working at the home. Staff members told us that their induction included working with experienced staff members until they were familiar with people's needs and communication preferences.

We looked at the home's training matrix and certificates of training contained in staff files. These showed staff had completed mandatory training including medication, moving and handling, health and safety, fire safety, food hygiene, safeguarding and infection control. Additional training had also been provided in relation to supporting the specific needs of people living at the home. This included autism awareness, epilepsy and positive behaviour support. The registered manager was an accredited trainer in PROACT-SCIPr. This is an approach to behavioural support which focuses on prevention rather than intervention in

relation to behaviours that may be challenging to staff. We saw that staff members at the home had received training using this model. The records showed that all training was regularly 'refreshed' to ensure that staff maintained their knowledge.

We looked at how people were supported to ensure that they maintained good nutrition and hydration. People's care documents included information about their likes and dislikes in relation to food and drink. This included details of cultural requirements. For example, one person ate no beef and another person required a halal diet which excluded pork. People's care plans showed if they required assistance to eat their meals and if specialist professionals such as dieticians had been involved in supporting the development of plans. We noted, for example that a GP and dietician had been consulted in relation to a person's low weight and occasional refusal to eat. We saw that their care plan included guidance on how to support the person.

We saw that the home had received a rating of five (very good) at their last food hygiene inspection on 3 March 2017. We found that the kitchen was clean and free from hazards and that food was within date and safely stored. The cook at the home maintained a record of people's food preferences and cultural needs and described how they ensured that they provided menu choices in relation to these.

Our observations showed that people at the home ate well at mealtimes and could choose their meals. For example, during a lunchtime we saw that some people had a hot meal and others ate sandwiches with fillings of their choice. Staff members told us that they showed people the food available to them so that they could make could make a meaningful choice about what they ate at each mealtime. People were offered hot and cold drinks and healthy snacks such as their choice of fruit throughout the inspection visit.

People's care documents showed that the home involved external healthcare professionals such as opticians, dentists, chiropodists and GPs in ensuring that their health needs were effectively met. More specialist input was also sought where a need was identified from, for example speech and language therapists, psychology and behavioural specialist services. Guidance from specialists was maintained in people's files and recorded in their care plans.

We spoke with a specialist health professional providing support to a person living at the home. They told us, "The staff have listened to our suggestions and use them. They always contact us when they have concerns."

Good

Is the service caring?

Our findings

Family members told us that staff were caring. One relative told us, "They care for [relative] very well. He seems to be very happy here."

At our previous comprehensive inspection of the home during January 2017 we found that, although the support provided by staff was good, improvements were required in caring. There had been a practice of waking people up two hourly during the night to assist with continence management. Staff members told us that this had a negative impact on people's sleep quality. During this inspection we looked at records maintained by the home and saw that professional advice had been sought where people had continence management issues. People's sleep and continence charts showed that the practice of regularly waking people up had been discontinued. One person's sleep charts showed that they had a history of disturbed sleep, averaging approximately three hours sleep each night. The registered manager and other staff were aware of this and we saw that this had been regularly raised with health professionals during, for example, psychology reviews. The registered manager showed us that sleep and behaviour charts for this person, who was also very active during the day, were used to monitor patterns and changes in behaviour. These were shared with specialist health professionals as part of the process of ensuring that their wellbeing was protected and promoted.

We observed that staff members supported people in a kind, caring and friendly manner. We saw staff members engaging with people in the communal areas of the home and saw that there was regular and ongoing interaction with people. Staff members understood people's communication needs and behaviours and they responded immediately when people indicated that they wanted something or showed signs of anxiety. For example, when a person showed signs of distress a staff member immediately suggested going to the garden. We observed that the staff member remained with the person in the garden, communicating with them and engaging in activities.

Although none of the people living at the home were able to make their needs known through verbal communication we saw that staff members made efforts to ensure that they were enabled to express their views. People's care plans contained information about how they communicated and the staff we spoke with demonstrated that they were familiar with these. One staff member said, "Once you get to know people and they know you it becomes easier to understand each other. Everyone communicates in different ways and once we've worked it out with each other it seems easy." Another staff member told us how they used communication such as pictures and objects of reference to support people to become independent. "The feeling you get when you've worked with someone for a long time and now they have learnt to put on their socks or do up their shoes is wonderful. It's brilliant for them too.

We saw that staff at the home used a range of individualised tools and supports to assist communication and choice for people. These included Makaton signing, use of objects of reference and picture assisted support such as PECS (Picture Exchange Communication System). Most people also understood some verbal information provided by staff. During our inspection we observed that staff members used short simple sentences when speaking with people, using pictures, objects or signs to assist understanding.

People were given time to process the information and respond. One staff member said, "Sometimes it's difficult but if they don't understand the first time we try again in a different way."

Staff supported people to maintain relationships with those important to them, such as relatives and friends. We observed people could have their friends and family visit when they wished and we saw staff facilitated contact when necessary. During our inspection we spoke with a relative who was visiting. They told us, "I don't live nearby so I can't get here too often, but I always feel welcome when I come. They keep me up to date with what is happening for [relative] so I always know what's going on. People's care plans included information for staff about how they should be supported to maintain contact with family members and other important people in their lives. We saw pictures which showed that family members were included in events at the home such as parties and barbeques.

Requires Improvement

Is the service responsive?

Our findings

Family members told us that the home was responsive to their relative's need. A relative told us, "[relative] is very well supported and they have helped them to develop new skills."

During our previous comprehensive inspection of the home in January 2017 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The care plan for a person with an identified medical need did not include guidance on regulating fluid intake and the need for this. Where people had been woken up regularly during the night as part of a practice of continence management there was no record of this in their care documents.

During this inspection we found that actions had been taken to address these failures. Guidance and information on managing a person's fluid intake was now included in their care plan. The home had sought specialist support in relation to continence management and we saw that information in relation to this was included in their care plans. Although night monitoring still took place we were told that the practice of routinely waking people up had been discontinued and the records that we saw showed that this was the case.

People's care plans were person centred and up to date and we saw that they were regularly reviewed and amended where there were any changes in people's support needs. The care plans covered a range of support needs such as personal care, behaviours, communication, activities at home and in the community, health and medicines and eating and drinking. Each individualised plan included guidance for staff members on how people should be supported. For example, behavioural plans detailed a step by step approach to reducing the early signs of anxiety through, for example, distraction and engagement. Some people were prescribed PRN medicines to reduce anxiety should earlier actions by staff fail. People's behavioural and medicines administration records showed that these were infrequently required.

We looked at the daily care notes completed by staff for four people living at the home. The provider was moving to a system where care notes were completed 'online' and staff had access to tablets in order to do this. Although we saw that manually completed daily notes were well recorded, there were gaps in relation to the records for people whose records had recently moved to the online system. For example, the records for two people whose records had moved on to the system on 1 July 2018 did not always include information about people's care and support. For example, information about food and drink taken, sleeping patterns, continence and behaviours had not always been recorded. In two records the online record did not include sections for staff to record information that was relevant to the people's individual needs. However, we saw staff members completing on line records during both days of our inspection.

We spoke with the registered manager about this. They told us that they had not yet monitored the records as they had only been used for a few days. They told us that they would discuss this concern with the provider in case there were errors with the system. They said they would also ask staff members to report any missing records immediately they noticed them.

People were supported to engage in a wide range of activities within the home and in the wider community. During our inspection one person was attending a local day centre. Other people were supported to go to local parks and shops. The home maintained a people carrier and minibus to support people unable to use public transport to go on regular trips and outings. We observed that a range of activities were provided to people who remained at home, for example cooking sessions and interactive activities where people were involved in colourful hand-eye co-ordination tasks using beads, coloured brick exercises and jigsaws. Two staff members spoke about a person with autism and significant support needs who was skilful in solving jigsaw puzzles. One staff member said, "I couldn't even think where to start before they have completed a 1,000 piece jigsaw. It's a good distraction for them but it's also something that they are much better at than us.

We were shown a sensory room at the home and saw that this was a regular activity for some people. The sensory room contained soft seating and a range of sensory items including lights, colourful and calming projections, different sensory touch and feel items and a ball pool. Staff members told us that this worked well for some people when they felt anxious. One said, "It's very calming and some people love going in there." Two people also had sensory boxes containing colourful and 'touch' items that they responded well to. During our inspection we observed a person being shown their sensory box and noted that they chose an item that they continued to touch and engage with for some time.

Some people became anxious when they were unaware of the next activity on their daily plan. The home maintained a visual timetable to ensure that they were clear about what was happening next. This consisted of a Velcro board where pictures of the next activity were shown. Each person had their own set of activity pictures. These were placed on the board to show their next activity and the person was assisted to remove the picture after the activity had taken place. The registered manager told us that some people also displayed anxieties about staff shift changes. They showed us a similar Velcro board with photographs of staff members working at the home each day. They told us that, when people wanted to know who would be working later that staff members could take them to the board and show them the pictures.

The home supported people to take holidays. Eight people living at the home were going on holiday to Centre Parcs during the week after our inspection and another person was visiting the Isle of Wight with their long-term advocate. The manager and staff members described how they had supported people to take individual overseas holidays. For example, one person had recently visited Paris for a few days. Their key worker described how they had supported the person to get used to train journeys. They said, "It took maybe a couple of years but once they were used to travelling on the train we could help them plan a holiday." The key worker told us that they showed the person pictures of possible holiday destinations and they chose a picture of Paris. We saw photographs of the person in Paris with two support workers. A family member told us staff had informed them about the trip and that they were happy with the outcome. Another person had been supported by staff to go on a holiday to Portugal and we saw photographs of their trip. The registered manager told us that they had enjoyed their holiday and that they would be working with the person to support them to visit another overseas destination in the future.

Two people liked to attend places of worship associated with their religion and information about how staff members should support them with this was included in their care plans. The registered manager described how a person was supported to visit a place of worship at quiet times as they had anxieties about crowded places and people unknown to them.

There was a complaints policy in place. Relatives told us they were aware of this and a copy was included in the information provided to people. Relatives told us they would complain to the registered manager or staff if they were unhappy. We looked at the complaints log for the home the home and found that no complaints

had been received since our last inspection.

Good

Is the service well-led?

Our findings

At our previous comprehensive inspection during January 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to establish and operate effective systems to ensure compliance with the regulations.

We returned to the home on 24 August 2017 to undertake a focused inspection in relation to this breach. During the focused inspection we found that the provider had put actions in place to ensure that the quality of support provided at the home was effectively monitored and improved. We gave the provider a rating of Requires Improvement as we needed to be assured that improvements were sustained.

At this inspection we found that the provider's quality assurance processes continued to meet regulatory requirements. Regular audits and reviews of care documents had taken place and people's care plans and risk assessments were detailed and updated when there were any changes in people's needs. Information received from specialist health professionals such as GPs and psychology services had also led to reviews and updates of people's care plans and risk assessments. These included up to date information and guidance for staff on how they should support people in a way that is person centred and minimised any risks.

The home also carried out other quality audits which covered a wide range of areas, for example, health and safety issues, falls, medicines, and infection control. We saw that actions from the audits had been addressed. For example, access to the home's garden had been improved through the provision of a new ramp. The provider's systems had identified the need for redecoration and refurbishment of the home. We noted that this would be taking place during the week following our inspection. The registered manager told us that this was planned to correspond with planned supported holidays for people to reduce the likelihood of distress or anxiety created by the works.

An annual quality survey of views of the service provided at the home had taken place. We saw a copy of the last survey summary from February 2018. This showed that people, family members and staff had been asked for their views about the service provided at the home. The recorded responses showed that most respondents rated the home as excellent or good. Where people had identified requests or concerns, action plans had been put in place to address these.

There was a clear management structure in place at the home. The registered manager was supported by a deputy manager and senior team leader. The registered manager and her staff team were knowledgeable about the needs and preferences of the people they supported. We observed that they were familiar with people and communicated with them positively using communication methods that were specific to individuals.

The staff members that we spoke with told us that they received effective support to undertake their roles and responsibilities. One staff member said, "The managers are great and I know that they will help us out at any time." Another staff member told us, "The manager is very good. They are always available when I need

them."

Regular staff team meetings had taken place at the home. The records of these showed that issues in relation to people's support needs, safeguarding and quality and safety at the home were regularly discussed. Staff members told us that they valued these meetings. One said, "We always have opportunities to talk but I don't see everyone every day. The meetings help us understand that we are experiencing the same things and how we can deal with them." Another staff member said, "we all have a good working relationship and the manager helps this to happen."

The records maintained by the home showed that the provider worked with partners such as health and social care professionals to ensure that people received the services that they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.