

Dignus Healthcare Limited

Colliers House

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 inspection took place on 7 March 2017 and was unannounced.

The provider of Colliers House is registered to provide accommodation with personal care. At the time of this inspection 11 people with a range of needs which included learning disabilities, autism and mental health needs.

Colliers House is made up of three houses. Four people lived in the main house where the registered manager's office was situated. The other two houses each consisted of four one bedroom flats where people were supported by staff to live as independently as possible.

There was a registered manager in post. As part of its conditions of registration, this provider is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home is run.

As a result of concerns brought to our attention and due to incidents reported to us we brought forward the date of our planned inspection at Colliers House.

People were supported by staff who knew how to recognise and report any concerns so people were kept safe from harm. The registered manager worked alongside the local authority so any concerns raised were investigated and took appropriate action to protect people. Staff were recruited safely and staffing levels ensured people were safe and received the care and support they needed in the way they preferred. People received their prescribed medicines by staff who had been trained to do this safely.

Staff were provided with the training they needed to meet people's specific needs and an active training programme was in place to address identified training needs. Staff had regular one to one meetings to reflect on and develop their practice.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. Staff made sure people understood what was being said to them by using a range of communication methods. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well and were authorised to do this.

Staff met people's care and support needs in the least restrictive way. Where it was felt people received care and support to keep them safe and well which may be restricting their liberty applications had been made. These actions made sure people's liberty was not being unlawfully restricted.

Staff had been supported to assist people in the right way which included helping people to eat and drink enough to stay healthy and well. People had been assessed for any risks associated with eating and drinking and care plans had been created for those people who were identified as being at risk. People were supported to access health and social care services to maintain and promote their health and well-being.

Staff cared for people in a kind, warm and friendly way. Staff promoted what people could do and supported people with dignity when they needed assistance. People's right to private space and time to be alone and with their relatives was accepted and respected.

Staff provided the care which had been planned to meet people's needs and had a good degree of knowledge about their individual choices, decisions and preferences. Staff offered people the opportunity to do things for fun and interest. There were arrangements in place for receiving and resolving complaints which took into account people's individual needs.

The registered manager was approachable and supportive of staff and took account of good practice guidance to improve the care people received. The views of people who lived at the home, relatives and staff were being established to develop the service and the registered manager took action to address any issues highlighted. Quality checks focused upon continuous improvement and the registered manager was enthusiastic about finding new opportunities for people to enjoy.

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.

Staff had received training in keeping people safe from abuse and the registered manager investigated concerns and took appropriate action. People's risks had been identified and care was planned to keep people safe from avoidable harm. Staffing levels were monitored to ensure there were enough staff to meet people's individual needs. Safe principles were followed when recruiting new staff and administering people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff received training and support which helped them to provide the care people required to meet their particular needs. People's capacity to consent was taken into account and any limitations on choice were planned for. People were supported with their dietary needs and had access to health and social care professionals to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff who knew them well. People were supported to make choices and decisions about their day to day lives. Staff supported people to maintain their independence and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which was responsive to their changing needs. People were supported to take part in educational and leisure pursuits they enjoyed to help people in leading a full life. Relatives knew how to raise concerns and make a complaint if they needed to in order to support their

family members.

Is the service well-led?

The service was well led.

People benefitted from staff who understood the positive values and culture of the service seen in the way staff spoke and the care they provided. The registered manager had an inclusive style of leadership which placed people at the heart of the care and support they needed. The quality of the service was monitored and focused on to ensure continuous improvements were made.

Good ●

Colliers House

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 7 March 2017 by two inspectors and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information we held about the provider and the service. This included any incidents the provider was required to tell us about by law and concerns which had been raised with us by the public or health professionals who visited the home. We reviewed information sent to us by the local authority who commission care for some people who lived at the home.

Most people had limited verbal communication and had their own unique ways of communicating which we were unfamiliar with so we were unable to talk in any detail with people about their care and support. We spoke with two people who lived at the home and spent time talking with staff. We saw how staff communicated with people and spoke with two relatives so we could gain a view of the care and support people received.

We spoke with the registered manager, two team leaders and three staff members. We sampled three people's care records and medicine administration records. We looked at the records about incidents and three staff recruitment files. In addition we saw how the management team checked the quality of the service people received by looking at various documents. These included the minutes from meetings held with people who lived at the home and relatives, questionnaires people had completed with their views noted, complaints, compliments and quality monitoring checks.

Following our inspection we spoke with a further five relatives by telephone and received correspondence in

writing. Additionally the registered manager sent to us their training planner to provide us with further information about how they arranged and monitored staff's training needs.

Is the service safe?

Our findings

People showed us they felt safe living at the home as they were relaxed in the presence of the registered manager and staff. We saw people looked comfortable as staff used each person's preferred styles of communication. Relatives spoken with confirmed what we saw and they told us they had no concerns about the staff team's knowledge in keeping people safe from avoidable harm and or how staff treated people. One relative summed up their thoughts, "Feeling and knowing he is safe." Another relative commented, "[Person's name] is really safe there" at Colliers House.

Staff had received training in protecting people from abuse and showed a clear understanding about the types of potential abuse and how to report this. They recognised changes in people's behaviour or mood could indicate people may be being harmed or unhappy. A staff member told us they had, "Completed safeguarding training and know how to report concerns, we have contact numbers to do this." The provider had procedures in place to guide staff to report concerns about people's safety to the local authority. The information we hold showed the provider had reported incidents of concern appropriately.

The registered manager had worked alongside the local authority so concerns about potential harm and/or concerns about people's wellbeing were investigated. Where action to improve the quality of care people received the registered manager had strived to do this. For example, the registered manager had focused upon their staffing team to make sure the culture within this matched the caring values of the organisation. In doing so where required the registered manager described how they would take the necessary disciplinary action to support people being as safe as possible and receiving high quality care.

Relatives spoken with told us they were confident possible risks to their family member's safety and wellbeing had been assessed. For example, one relative told us about the specialised equipment their family member needed to be comfortable and safe. We saw and heard how this person's care and support needs were met with their lifestyle and safety in mind. Where people may require support with their emotional and behavioural needs this was clearly documented along with advice for staff on how to support each person.

We found the registered manager and staff were committed to maintaining people's independence whilst at the same time protecting them from avoidable harm. For example, we heard people participated in a wide range of fun and interesting things to do, which included swimming and going on holiday to different places.

The registered manager told us, and records showed, when accidents and incidents had occurred they had been analysed so steps could be taken to help prevent them from happening again. For example, in response to supporting people with their behaviours which challenged, the registered manager made sure staff had the specific training in order to reduce risks. People's safety was also protected through regular checks on the equipment used meet people's needs.

Relatives spoken with were confident their family members received their medicines when required as prescribed. We saw there was a sufficient supply of medicines so they were available when people needed

them. Medicines were stored securely and there were arrangements to ensure they were disposed in line with national and local guidance. The registered manager told us all staff who administered medicines had been trained to do so and their competency was checked to ensure they did this safely. This was confirmed by staff we spoke with. We saw staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times. Staff showed us they understood the circumstances about when to give people their medicines to meet their needs. For example, when people were in pain and or needed their medicines for their emotional wellbeing.

Staff told us people's medicines were reviewed in consultation with healthcare professionals to make sure these continued to be effective. This was also confirmed in the information we requested from the provider [PIR], 'Where required all individuals are prescribed appropriate medication to maintain their health which is reviewed regularly by the GP.' We saw where people's medicines needed to be adjusted action had been taken so risks to people's wellbeing continued to be reduced.

We reviewed recent audits of medicine management which had been conducted internally by the management team. We saw action had been taken to address any identified recommendations, such as when required additional staff training.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure staff were suitable to work with people who lived at the home.

Relatives we spoke with had no concerns about the staffing arrangements and felt their family member's particular needs were met by staff who knew about their safety and wellbeing needs. We saw people were able to lead their lives with their safety in mind. For example, people were individually supported by staff to visit places of interest and go out for meals. Staff also told us they believed there were sufficient staff on duty to meet people's individual needs and if a person required two staff to support them this was in place.

In addition the provider had bank staff in place to assist in maintaining staffing levels, such as at times of staff sickness. One staff member told us, "Bank staff used now and again. Continuity of care for people is vitally important for people who we support." The registered manager showed us they had assessed and kept staffing levels reviewed against the complexities of people's individual needs. We heard from the registered manager how they had an on-going recruitment campaign for more staff which people who lived at the home were involved in. For example, people were assisting to place notices in local community places and two people met potential candidates.

Is the service effective?

Our findings

We saw people were happy around the staff who supported them in meeting their particular needs. Relatives we spoke with were positive about how staff used their skills and knowledge to ensure their family members received appropriate care and support. One relative told us, "I think the care [person's name] gets is first class. [Person's name] is always happy." Another relative said their family members, "Condition is regularly monitored and as a result [person's name] is now really calm with no behavioural issues.", "They all [staff] seem to know what they are doing and understand people's little problems so they are able to make them feel better."

Staff we spoke with consistently told us they had received a detailed induction and had initially worked alongside another member of staff so they were supported to learn about people and their needs promptly. This was a way of helping people feel confident and comfortable with new staff as quickly as possible. We saw staff who were newer in post knew people's needs and their preferred routines well.

The registered manager had an accountable leadership style and this was reflected in their approach to staff training. They were open with us about how they were continually improving training opportunities for staff and knew where staff had gaps in their training. Staff we spoke with told us they felt supported in their work and would be able to raise any concerns and or training needs at staff meetings as well as at one to one meetings.

Staff we spoke with told us their training was centred on gaining knowledge around meeting the needs of people with learning disabilities and supporting people with their emotional wellbeing. For example, staff told us they had received training in supporting people with behaviour which could challenge. They said this had assisted them in thinking about strategies to use in their caring roles and enhanced people's wellbeing. We heard from relatives this training had been successful and they provided us with examples of how their family member's anxieties and displays of behaviour which could challenge had reduced due to effective staff practices. One staff member told us they had found the training about autism really interesting and said, "I love it here [at Colliers House]."

In addition to this staff had been provided with the knowledge around people's particular health needs, such as epilepsy so people could be confident staff knew how to support a person if they had a seizure. We heard from staff how they had the practical knowledge required to administer a specific type of medicine when required if a person experienced a seizure and to meet the needs of people who may require oxygen and/or suction.

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.

Staff we spoke with were able to tell us how the knowledge they had gained helped them to understand the importance of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty (DoL) in their roles. Staff spoken with told us people's consent to their care and treatment was always sought and we saw this was the case. Where this was not possible this was done in people's best interests with people who knew them well and were authorised to do this.

All relatives spoken with confirmed staff had involved them in the decisions about their family members care. We also frequently heard staff gaining people's consent during the day of this inspection about their everyday decisions including whether people wanted to see and/or talk with the inspectors. Staff used people's preferred styles of communication when they explained to people how they were going to support them, such as, using gestures, short phrases and pictures. People responded to this approach and exercised their own choices as far as they possibly could whether it is around a choice of meal or what they were interested in doing.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

The registered manager and staff team showed they had awareness about DoL. They were able to provide examples of people who lived at the home who had a DoLS in place and knew authorisations needed to be reviewed as was also stated in the PIR by the registered manager. They commented, 'As a manager I ensure that all DoLS are, current and up to date. DoLS are then reapplied for 4 weeks prior to expiry if required.'

Relatives we spoke with told us their family members liked the meals provided at the home. Staff supported people to retain their own levels of independence with their meal planning. People who lived in their own flats were supported to plan, shop and cook their meals with staff support. One person invited us into their flat and we saw information about their food likes and dislikes with an individual menu planner displayed. People who lived in the main unit were involved in choosing their own meals by using their own preferred method of communication. Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences. This included where people's diets reflected their cultural needs, such as halal meat. Records reflected people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Care plans showed people received support from other health professionals and where people required support with healthy eating options in order to remain healthy and well.

From talking with relatives, staff and looking at people's health action plans, we could see people's healthcare needs were monitored and supported through the involvement of a broad range of professionals. This included clinical psychiatrist and the community learning disabilities team. Health action plans reflected people's on-going health needs and provided staff with guidance on how to support people and recognise any deterioration in their health. The registered manager had talked with the doctor about them visiting people at the home at times of medical reviews as for some people it was stressful for them to go to the doctors for a planned medical review. One person had a health need which required regular monitoring. Staff we spoke with were aware of recommendations regarding the person's health issues. We saw staff made sure their health needs were reviewed when they were at home or not. This showed an individual approach was taken so people were supported to maintain their health and well-being which was confirmed by another relative.

Is the service caring?

Our findings

People indicated they liked the staff. We saw staff showed they were fond of people who lived at the home as they talked to us about the care they provided to different people. Relatives we spoke with felt staff were caring and their family members received the care they needed. One relative told us, "It is lovely." "We feel the care is really good because the staff care about [person's name]." Another relative told us, "One of the best things [person's name] is looked after. Staff are very good, not just a job but really care for [person's name]." One staff member told us, "I try to come in with a happy, positive approach. People wouldn't like it if I was miserable."

Staff communicated with people in a friendly yet respectful way. For example, when the manager introduced us to people who lived at the home they did this in a warm, tactile way depending upon which people welcomed this kind of communication and those who preferred more formality. One staff member told us, "If they want a hug, we [the staff] give them one. I know who wouldn't welcome this approach." Staff took time to be with people on an individual basis and knew the things which were important to each person. Staff we spoke with told us they would be happy for a relative to live at Colliers House.

We saw several examples of the manager and staff teams focus was on people as individuals. For instance, staff knew how to relate to people who expressed themselves using short phrases and sentences, words or gestures. For example, we saw staff were familiar with people's own communication styles and referred to these to assist people to express themselves. We saw people understood what staff had said and responded positively to their individual styles of communication. Another example was how staff had creatively used Makaton to positively communicate with a person whose first language was not English. Makaton is a form of communication where signs and symbols are used. One staff member told us how successful this had been for both the person and staff. A further example was where people had unique abilities to assist them to move around these were fully accepted and if any exact approaches were required to make this happen these were in place.

Staff were seen to support people in a patient and encouraging way which took account of their individual needs. One staff member told us when they supported people, "I take my time and tell each person what I am doing every step of the way. It's common courtesy." Care plans detailed people's preferences, for example how they liked to dress and how they liked to spend their time. We saw staff understood and respected these wishes as part of their commitment to giving people personal choice and control over their lives.

The registered manager was committed to the approach of placing people at the heart of all their care and this value was shared by staff. The registered manager described how they had organised a Christmas ball for people throughout the provider's services and their families. The registered manager said a red carpet was purchased and each person was offered a non-alcoholic drink. In the PIR the registered manager commented, 'The night sailed through as a dream, with each individual dancing the night away, either on foot or in their wheelchair. The night was a success and the feedback from the individuals and all of their families was amazing.'

Staff were encouraged under the statement of, 'What have you done to change a person's life' to reflect upon how people's best interests were at the heart of their practices. For example, a staff member had noticed one person had a problem which could be potentially life changing for the person. Another example was how a staff member had researched words they thought one person would understand to enhance their communication with them.

We saw examples of staff practices which showed they cared and understood the importance of promoting and responding to people's equality and diversity in the home. People had been supported to meet their particular needs and to value their personal histories. This was promoted in different aspects of people's lives, such as cultural food choices and celebrations. One staff member told us, "We [the staff team] look at people's preferences and promote their choices so they feel involved."

The registered manager confirmed they had links to local advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Staff were friendly, patient and discreet when supporting people with their care needs. People were treated as individuals with their levels of independence promoted. Staff and the registered manager showed they were fully committed to this approach and found ways to make it a reality for each person. People were supported through personalised methods to ensure they could communicate things that mattered to them. For example, people were supported to set goals which could be to wash up independently or to plan their meals and shop for these. Additionally, where people were able to live more independently they had a flat with all the facilities they needed, such as a kitchen area and were supported by staff within their home. Staff recognised the importance of not intruding into people's private space without asking people's permission to do so.

Relatives we spoke with told us they were welcomed by staff when they visited their family members. One person's relative said there had never been any restriction on when they were able to see their family member. They gave us an example: "I can turn up at the home at any time and staff welcome me. It is like a family there." Additionally, we saw one person was going out with their family member.

Is the service responsive?

Our findings

We saw examples of how staff supported people with all the practical everyday support they needed. Staff practices reflected how they attended to people's individual needs and considered each person's preferences. For example, one person liked to play football and they were supported by staff to do this. Another person liked to spend time going out with staff to different places and this had been planned for in their day as they wished.

Relatives we spoke with were positive in their responses to us in how their family members were well settled and happy living at Colliers House. One relative told us, "[Person's name] is very well settled and happy." Another relative said due to the care their family member received from staff, "They are thriving."

People's individual needs had been assessed before they moved into the home to help ensure people's needs; wishes and expectations were able to be met. Relatives we spoke with praised staff practices in how they had responded to their family members needs at the time of transition and moving into Colliers House. One relative described how their family member had really settled in and staff had supported the person with aspects of their behavioural needs to assist in enhancing their wellbeing. Two relatives we spoke with thought the responses from staff to meeting their family member's needs had worked extremely well with one relative confirming to us it was the best move for their family member. Another relative talked about how their family member had become more independent with certain daily living tasks with the support from staff in response to their needs. A further relative said visual boards were put in place to meet their family member's needs before they moved into the home.

Staff knew people's needs well which one staff member told us helped them to respond to people's needs in the best way for each person. Another staff member said, "They [people who lived at the home] have all got their own different needs and it's about responding to these as they would like us to." Staff were able to tell us about people's individual needs and how they would respond to these. For example, one person had epilepsy and there was a risk they might experience seizures. One staff member was able to tell us about this person's epilepsy and how to manage their seizures. What we were told matched the guidelines that were in place in the event of this person experiencing a seizure and how a seizure was to be responded to by staff.

Staff told us some people could put themselves or others at risk of harm if they became anxious or distressed. There was information for staff to follow to support people with their behaviours and emotions to reduce anxiety or distress. We were given consistent information by all staff members we spoke with about the behavioural guidelines they followed. We also saw how staff managed and supported people with their behaviours and emotions which were in line with people's care and risk plans. Additionally, staff knew for some people following routines was important for their emotional wellbeing. For example, a person liked to use the computer at certain times and staff supported the person to do this. Another person did not always like to be around people and when they indicated they did not want the inspectors to be near to them staff responded to the person's wishes to support their emotional wellbeing.

Staff we spoke with described how the arrangements in place supported people to receive consistent care

which took account of their any changes in their needs. For example, people had dedicated members of staff who were known as their keyworker and were responsible for the person's welfare which were valued by relatives. One relative told us, "Keyworkers are brilliant" and referred to a keyworker as a, "Superstar." Additionally, we listened to the handover meeting and there was a good exchange of information from staff leaving to staff coming on to shift. We saw that they discussed how people had spent their day so far. They also checked people's medicines. Staff we spoke with showed a good understanding of people's needs.

People were supported to lead lifestyles of their choosing with staff support. We noted some people continued their learning at educational establishments. We also saw people were supported to pursue interests and hobbies they like doing. For example, one person shared with us they were going out for a something to eat. We saw from their facial and verbal expressions and body language they were excited and enthusiastic when they shared this experience with us. The person was also keen on football and staff shared this passion with them which we saw enhanced their wellbeing. People's social wellbeing needs were discussed regularly and this aided options of new interesting things to do to be considered, such as, when planning holidays and outings around people's likes and dislikes.

Relatives we spoke with were confident they could raise any concerns and they would be dealt with. One relative told us they were confident the registered manager would respond to any concerns they had and issues would be, "Resolved to their satisfaction". Another relative told us, "I am sure they would listen to me" in the event of having a complaint about the service provided. A further relative had communicated their concerns to the registered manager about aspects of their family members care. The relative was currently in on-going discussions on their concerns with local authority commissioners so these could be responded to.

The provider had a complaints procedure which was available in formats people could understand. We saw people had regular access to these as they were displayed. We noted some people would be unlikely to be able to make a complaint due to their communication needs and level of understanding. If people were unhappy about something their relative may have to complain on their behalf. People's care plans contained information about how they would communicate if they were unhappy about something. Staff told us they would observe people's body language or behaviour to know they were unhappy.

In the PIR the registered manager told us they had received eight complaints and we saw these had been followed through using the provider's complaints procedures. We saw people who had raised a complaint this had been listened to, issues addressed and resolved. The registered manager told us any complaints regarding people's care, concerns and complaints were welcomed and would be addressed to ensure improvements where necessary. Additionally, they confirmed this within the PIR, 'As a management team we take criticism just as positively as we do praise. The service always strives to improve and takes all feedback as recognition, be it positive or negative an outcome is always achieved.'

Is the service well-led?

Our findings

People showed us they knew the registered manager and liked living at the home. We saw the registered manager communicated with people who lived at the home and with staff. They had good knowledge of the care each person was supported with. We saw there was warmth between people and the registered manager during communications where people smiled and touch was used. People were involved in the running of their home which included doing daily tasks around their home which we saw one person enjoyed doing on the day of our inspection visit to one with a passion for training and helping people was being supported to undertake training on abuse. This was so the person could support other people by sharing their knowledge.

There was open communication with people and their relatives because the registered manager and her staff team regularly spoke with relatives about their family members care. This was also confirmed to us by relatives we spoke with. Relatives told us they felt very much part of their family members care and felt able to make suggestions whenever they needed to and spoke with staff regularly when they visited the home and their family members went home. Relatives provided us with their thoughts about how the home was run and the impact on their family member's wellbeing. Comments included, "[Family member's name] is amazing, happy and smiling just what he needed. Enjoys quiet and calm" and "The home is extremely well managed."

We saw relatives views were captured about the services provided in various ways which included in a parents/family forum held in February 2017. One relative we spoke described to us how they had appreciated the opportunity of sharing ideas and experiences with other relatives. They summed this up as it was, "Nice to get involved." One of the ideas shared at the forum was the new project the registered manager had been progressing which was a venue for people to experience 'soft sensory play.' One relative told us this was a really good initiative for people with learning disabilities. Additionally, we saw in a questionnaire it was suggested it would benefit people if there was garden furniture and other equipment to provide interest and we noted this was on order.

There was clear leadership and staff understood this together with their individual roles and responsibilities. We saw the registered manager was very much part of the staff team and spent time with people. When we spoke with the registered manager they showed they knew people well and the staff team. They told us they were supported by the three team leaders and we saw this happened on the day as we spent time with two team leaders. The team leaders were very knowledgeable about their roles and responsibilities which included the management of people's medicines.

Staff said they were well supported by the registered manager. They were confident they could speak with the registered manager if they had any concerns about another staff member. One staff member told us the registered manager and the operational director were 'Hands on' and "Will talk to you about things if you are not sure." Another staff member said, "[Registered manager's name] is very knowledgeable. Manages service very well" and has some "Good ideas." The staff member went on to say the registered manager was, "Very approachable" and "Does not just sit behind a desk" but offers practical support. Staff were

appreciative of this way of working and valued the support offered in order to be as effective as possible in their caring roles. Another staff member said, "I love my job."

We found the registered manager had a good overview of the service and could show us where improvements had been made or where they were needed. The registered manager told us that she understood the requirements of the duty of candour regulation which requires all health and adult social care providers to be open with people when things go wrong, offer an apology and to state what further action the providers intends to take.

Throughout our inspection we saw the registered manager led by example which reflected a supportive approach to their staff team. We noted the registered manager was actively involved in providing people with support and consequently had a very good knowledge of the help each person was receiving. They also knew about important points of detail such as which members of staff were on duty and which tasks they were going to complete. This level of knowledge helped the registered manager to run the service effectively so people could be supported in the right way.

We saw staff worked together in a friendly and supportive way. One staff member said, "Teamwork is good here." Another staff member told us, "Training... Enjoyable... gives correct skill set. Would recommend working at the home to others." There were regular staff meetings and staff confirmed these were a good forum for sharing their views. A staff member told us, "We are encouraged to air any issues openly in the staff meeting." Staff showed a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the service. Staff knew about the provider's whistle blowing procedure. They said they would not hesitate to use it if they had concerns about how the running of the home, which could not be addressed internally.

Support was available to the registered manager to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw help and assistance was available from the team leaders and their line manager, the operational director. Records showed the operational director visited the home on a regular basis to monitor, check and review the service and ensure good standards of care and support were being delivered. This included identifying areas of the home environment where improvements in cleaning and replacements of items were required. For example, the operational director had noted on their quality checks there was no television in the communal lounge area so people did not have the option of watching programmes if they wished to. We saw action had been taken and there was now a television in place.

In addition to these measures, people had benefited from the registered manager's keen interest in supporting people to experience different things for fun and interest. In doing so the registered manager had pursued the idea of an external venue which offered sensory equipment for people to use for fun being opened for the day solely for people with learning disabilities and associated needs. One relative we spoke with told us this was really positive for people. The registered manager had made this happen due to their enthusiasm of expanding the accessibility of community provision for people with learning disabilities. This vision was shared by staff which was summed up by one staff member as, "A better quality of life to reach their goals and achieve things."