

HMT Care Limited

# Orchard 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

The inspection took place on 22 February 2017 and was unannounced.

Orchard House provides a specialist service for people diagnosed with neuro-disabilities, specifically Huntington's disease. There were 12 people living at the service at the time of inspection. They had complex communication and mobility needs.

The service is a large detached house and a bungalow in a residential area of Herne Bay. Some people had lived at the service for a long time and were becoming increasingly frail. Due to the deterioration in their condition the amount of personal care and support they needed had increased. Other people were more independent, able to make decisions for themselves and go out independently.

There was a registered manager working at the service and they were supported by an assistant manager. They were also the registered manager of another service close by. 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 service is run.

The service was last inspected in January 2016 when it was rated requires improvement overall with five breaches of regulation identified. The breaches of regulations related to staff training, recruitment and supervision, staff not having the guidance they needed to keep people safe, care plans not being updated and audits at the service not identifying the issues found at the inspection. There were improvements found at this inspection. The registered manager had made changes based on the last inspection report and a recent inspection at another nearby service that they managed.

On the day of the visit the registered manager supported us throughout the inspection. The registered manager had been in charge at the service for a long time. They knew people and staff well. People's care plans had been updated with them or their loved ones, they showed the support people needed, what was important to them and how they preferred to be supported. Staff were now continuing to review and update the plans on a regular basis.

Risks to people had been assessed and staff now had detailed guidance relating to minimising risks and keeping people safe. The safety of the premises was maintained by regular and routine checks of the environment and equipment.

Staff were now recruited safely using all the checks required and had access to training which enabled them to support people confidently. Staff had more regular one to one meetings with their line manager. There were enough staff to meet people's needs.

The registered manager and provider had improved the auditing systems they used. Audits were completed

regularly and action was taken to address any shortfalls. Opinions and feedback about the standard of care were sought from people, loved ones and visitors, any issues were addressed and the results of the feedback were shared.

Staff knew people and their families well; they had developed positive and caring relationships. Staff changed the way they interacted for each person but all interactions were empathetic and caring. People's family and friends could visit whenever they wanted and told us they felt like they were all part of one big extended family.

Staff supported people in a way which respected their dignity and privacy such as knocking on people's doors and giving them private time with their families. Staff talked to people about what was happening and what they were doing at all times. People were supported to retain their independence for as long as possible.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them.

People were offered a selection of food which was tailored to their needs, following guidance from the speech and language team. Staff supported people to eat in a gentle and encouraging way. Records were maintained of each person's intake of food and fluids.

Staff were effective in monitoring people's health needs and seeking professional advice when it was required. People received their medicines safely and when they needed them and they were monitored for any side effects. The temperature in the area where medicines were stored was now checked and recorded daily.

People had a choice of activities and told us they could try anything. There was a mixture of trips out and activities in the service. People were encouraged to maintain their interests and continue to try new things.

Staff told us how they supported people to make their own decisions and choices. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The requirements of DoLS were met.

There was a complaints policy in place and staff knew what to do if anyone complained. When complaints were made they were documented and investigated in line with the provider's policy. The CQC had been informed of any important events that occurred at the service, in line with guidance.

Staff and relatives told us that the registered manager and provider were accessible and approachable. Staff were passionate about their roles and felt valued by the service. Staff understood the need for confidentiality and records were stored securely.

The registered manager and provider had links to the Huntington's disease association and ran a local support group. They also worked closely with the specialist medical team for Huntington's disease and shared information from these professionals with the staff team and people's families.

## 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 understood how to recognise abuse and who to report any concerns to.

Risks were assessed and guidance was in place to minimise risks.

Staff were recruited safely and there were enough staff to meet people's needs.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were confident in their roles and had the support and training required.

Staff understood that people should make their own choices and knew what to do if people were unable to do so.

People were supported to have food and drink they liked.

People's health needs were recognised and advice was sought when required.

### Is the service caring?

Good ●

The service was caring.

Staff knew people and their families well.

People's dignity and privacy was respected and people were treated with empathy and compassion.

People were supported to remain independent for as long as possible.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their needs and preferences.

People had access to activities they enjoyed and were encouraged to try new things.

There was a system to respond to complaints.

### **Is the service well-led?**

The service was well-led.

The service had an open and inclusive culture. Staff felt valued and listened to.

People, staff and relatives told us the registered manager was accessible and approachable.

The management team completed regular audits of the service to identify any issues.

Annual questionnaires were sent out to people, their relatives, staff and other stakeholders so they could give their views about the service, responses had been analysed and acted on.

**Good** ●

# Orchard 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.

The inspection took place on 22 February 2017 and was unannounced. The inspection was carried out by two inspectors.

The registered manager had completed a Provider Information Return in January 2017. 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 looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we met 11 people and we spoke with three of them, we spoke with the registered manager, the company administrator, four relatives and four staff members. We had feedback from two health and social care professionals.

We looked at documents including, four care plans, medicines records, staff rotas, four staff files, audits, feedback questionnaires and minutes of meetings.

We last inspected this service in January 2016. We found breaches of five regulations and required the provider to make improvements. The provider sent us information about actions they planned to take to make improvements. At this inspection we found that improvements had been made. The breaches found at the previous inspection had been met and no further breaches were identified.

## Is the service safe?

### Our findings

People told us they felt safe at the service. One person said, "It's a good place, they make sure I am alright." Relatives told us that their loved ones were safe and they had peace of mind.

At the last inspection there was a breach of regulation as staff did not have guidance to keep people safe or information about how to support people if they displayed behaviours which might challenge. Improvements had been made. People's risk assessments gave staff the information they needed to minimise risks. For example, some people could become upset or agitated at times. The risk assessments showed what could trigger people to be upset. Staff knew these triggers well, for example one person could become upset when having their medicines, the staff member giving the medicines asked another member of staff to support them. The person did become upset and the second member of staff stepped in a calm manner and distracted the person which helped them to calm down and receive their medicines safely.

Some people needed to be supported to move using equipment such as hoists. Staff followed the guidance in the care plans and offered people reassurance when they were being moved using the hoist. When people had equipment in place to minimise the risk of their skin breaking down such as pressure mattresses or cushions, staff checked that the equipment was working correctly and that people's cushions were in the correct place to give maximum benefit.

People were involved in managing their own risks, for example some people would go out on their own. They had agreed that they would take a mobile phone and call the service if they needed help or would be later home than planned. One person told us, "I know if I need them I can just call, someone will always be there."

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly.

People had personal emergency evacuation plans (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency. At the last inspection there had been information related to evacuating people during the day but not at night. Information was now in place to give staff guidance about what to do should a fire occur at night.

Staff knew how to recognise types of abuse and who to report any concerns to. They told us, "I've luckily never seen anything like that but if I was worried I would go to the registered manager. I know they would deal with it, but if they didn't I could go to the provider and if I needed to the Care Quality Commission (CQC)."

People were supported to manage their money safely. The provider worked with people's families or

professionals to ensure people had enough money to buy the things they wanted. Receipts were kept for purchases and regular audits of finances were completed.

At the previous inspection there were shortfalls relating to the recruitment of staff. The correct checks, to ensure people were safe to work at the service, were not being completed. This had been rectified and the breach of regulation had been met. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. These checks included written references, proof of identity and a full employment history. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

There were sufficient numbers of staff to meet people's needs. Staff were allocated tasks on each shift and these were checked to make sure they had been completed. A 15 minute handover took place between each shift to make sure staff were up to date with any changes in people's needs. A cleaner, cook and maintenance person were also employed to allow care staff to concentrate on meeting people's care and support needs. There were contingency plans to cover staff shortages at short notice. The registered manager told us, "We only occasionally need to use agency staff for a night shift. The staff tend to be very flexible."

During the inspection staff spent time talking with people and checked they had everything they needed. Staff did not appear to be rushed. Staffing levels were monitored by the registered manager to make sure there were enough staff, with the right skills and experience, on each shift to meet people's needs and keep them safe. The registered manager told us, "When a person was showing levels of anxiety first thing in the morning we put on an additional member of staff to support them." Duty rotas showed there were consistent numbers of staff throughout the day and night shifts. An on-call system provided emergency contacts for staff out of hours.

The last inspection highlighted that temperatures were not being taken in the area where medicines were being stored. Some medicines need to be stored within a certain range of temperature or they do not work properly. Temperatures were now being taken and were within acceptable ranges.

Medicines were ordered and checked when they were delivered. Clear records were kept of all medicine that had been received into the service and administered. The records were up to date and had no gaps showing all medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

People received their medicines safely and when they needed them and they were monitored for any side effects. When people needed medicines on a 'when required' basis there was guidance for staff about when to give the medicines and the maximum doses people could have. The registered manager monitored the competency of staff in administering medicines through spot checks.

Staff took time when supporting people with their medicines. One person had some of their medicines using a nebuliser. A nebuliser is a drug delivery device used to administer medicines in the form of a mist which is inhaled. Staff explained to the person what they were doing and sat down beside them chatting. The person looked very relaxed and was smiling at the staff member throughout.

## Is the service effective?

### Our findings

People told us, "The food here is great; I can have whatever I want." Relatives told us, "They know my loved one so well they tell me things like what their favourite flavour of foods are now." and "They always notice if my loved one is unwell and they have the doctor straight in. We are always informed, even if it is just to say they are having antibiotics."

Staff were confident in their roles, they knew what was expected of them and were passionate about the people they supported having the best support possible. They told us, "We are a really good team, we support each other and that makes the lives' of the people we support better." A relative said, "You can tell the staff all get on, it really makes a difference. It leads to a lovely atmosphere for my relative and the other people who live here."

At the previous inspection staff had not received regular one to one meetings with their line manager or the training they needed to meet people's needs safely. At this inspection improvements had been made and the breach of regulation had been resolved. Staff told us they felt supported and that they were having meetings more regularly. They said, "I have my supervisions but can talk to the registered manager any time I need to."

Staff had an induction when they started work at the service. This included a combination of training and shadowing experienced staff to get to know people and how they liked to be supported. New staff were also completing the care certificate, which is an identified set of standards that social care workers work through based on their competency.

The provider's statement of purpose noted, 'HMT Care Limited is committed to providing quality services for people delivered by competent and well trained staff'. People received effective care from staff who were trained in their roles. Staff completed training to keep them up to date with current best practice. Specialist training, in topics such as Huntington's Disease and the risks of choking, were provided to support staff. A record of the training undertaken was kept up to date by the registered manager and refresher training was booked as needed. The registered manager worked with staff each day to monitor staff. Regular assessments of staff competency were completed by the registered manager.

Staff were supported to complete additional training to aid their personal development. For example, staff were encouraged to achieve adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability (competence) to carry out their role to the required standard.

Staff told us they had lots of training and it helped them support people and meet their needs. They were confident in supporting people and spoke about what they were doing and why it was important. Staff followed the guidance given to them in their training for example, they had received training around how to support people who were at risk of choking to eat and what consistency their food and drink should be. We saw staff supporting people to eat in the way they had been trained, all staff carried out the task in the same

way and explained to us why the food was given in this way and the benefits for the people they supported.

People's relatives told us that the staff were confident, they said, "I wouldn't have my loved one anywhere else, the staff here really understand Huntington's disease and how to look after people who are living with it."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us that when people needed support from their relatives or advocates this was provided. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. When people did not have the capacity to make complex decisions, meetings were held with the person, their representatives and health professionals to make sure decisions were being made in the person's best interest.

During the inspection people were supported to make day to day decisions, such as, where they wished to go and what food and drinks they would like. When people were unable to make general day to day decisions, such as what to eat or wear, there was guidance for staff on what people's preferences were.

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 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 understood their responsibilities in relation to DoLS. Applications for DoLS had been made in line with guidance. When recommendations had been made by the DoLS assessor these had been taken into account and actioned.

Some people had eating and drinking guidelines in place from speech and language therapists. Staff followed these guidelines and food and drinks were served at the correct consistency. People received the support and supervision they needed to eat safely. People had a choice of meals and staff knew people's preferences well. People were encouraged to eat by staff in a gentle way. Staff explained to people what they were eating and chatted to them sociably whilst they ate. People could have their meals wherever they preferred and their choice was respected by staff.

One person told us, "I really enjoy my dinners, there is plenty to eat and lots of choice. Sometimes I decide to nip down to the local fish and chip shop instead, the staff don't mind." Staff told us, "Whilst people are able to have a voice in what they eat we do our best to get it for them, whatever it is steak or pork chops. We know that eventually people's choices will be limited by their condition so we have to help them make the most of it now."

One person had their food and fluids through a tube in their stomach. We observed staff supporting the person with this. Staff took time to close the person's bedroom curtains and let them know why they were there. They chatted to the person throughout giving them their food and joked with them. Half way through the person said to the staff member, "You are a very good man" they smiled and replied, "So are you." Once the person had finished having their food they asked to go to bed. The staff member explained that they

needed to wait 20 minutes to let their food digest, after 20 minutes had passed the staff member returned to the person's room and supported them to get into bed.

People's food and fluid intake was recorded to make sure they were having sufficient calories and fluids to keep them as healthy as possible. People's weight was checked at intervals to make sure that it remained stable. People who had difficulty swallowing were seen by speech and language therapists to make sure they were given the correct type of food, served at the right consistency, to reduce the risk of choking.

The service had good links with local health professionals; the local GP visited regularly and had a good understanding of Huntington's disease. A physiotherapist visited regularly to support people to remain mobile and reduce the risk of falls. Staff sought and followed advice from health professionals as needed. A professional told us, "I always feel welcome and part of the team, my suggestions and opinions are valued."

People's relatives were involved in health appointments if appropriate. Staff made detailed records of any appointments people had and any decisions made which were then reflected in people's care plans. Staff knew the signs to look for with each person that they maybe unwell. People's daily records showed that staff observed people for coughs and other ailments which for people living with Huntington's disease could be related to possible swallowing issues or chest infections.

People had enough room to move around the service in their wheelchairs and adapted armchairs. Corridors and hallways were kept clear. There was a lift for people to use when moving between floors, which had recently been updated. People could access a large garden if they wished, which had seating areas for people.

There were wrought iron gates which were secured at the top and bottom of the stair cases which prevented people falling and continued to let light into the hallways. People could have visitors in their room, in the communal areas or the garden if they preferred. Bathrooms had specialised baths for people to use which were more easily accessible for people who had mobility needs. People's rooms were light and had been personalised with people's own possessions and the rooms had enough space for any equipment people may need.

## Is the service caring?

### Our findings

People told us, "The staff here are great, I get on well with all of them." and "Staff encourage me to do what I can for myself and they just help with the other bits. They help me stay positive." Relatives told us, "The staff are fantastic they care about my loved one and I never have to worry about them. They also look after me which is great." and "It is such a difficult disease to deal with, it is not an easy job the staff do here but they do it so well."

Staff told us, "We really do care about the people we support. We, the people and their relatives are just one big family." A health professional had noted on a recent quality assurance survey, 'I find the staff very patient with those in their care'.

When staff spoke with people they knelt down to their level and leaned in, to ensure people were able to see and hear them. We observed numerous natural, empathetic interactions where staff placed a reassuring hand on the person's arm or hand. People smiled when staff spoke with them, visibly looking calm and relaxed in their presence.

Some people enjoyed laughing and joking with staff, the staff laughed with the person. One person said, "I tease the staff sometimes, I joke about one staff member being the demon barber but they just laugh and they still cut my hair when I ask them to."

People's family members came and went from the service as they wished. They chatted to the staff and other people who lived at the service and clearly knew everyone well. Staff knew people's life stories and what they liked to do or watch. For example, one person loved to watch comedy programmes so staff ensured their television was on the comedy channel. Another person loved boxing and had a boxing DVD playing in their room.

People's rooms were personalised, they had lots of photos of loved ones and other items. Staff knew who all the people in the photos were and chatted to people about their families. They also spoke with people about places they had lived before and jobs or hobbies they had enjoyed. Some people at the service needed to support to communicate and, staff continued to chat to them about their pictures and interests. Staff understood people's movements or facial expressions and responded to them in a way they could understand.

Staff supported people to maintain their relationships for example, each year on their anniversary, one of the people at the service and their spouse had a special meal prepared for them to celebrate. Another person was supported to visit the local garden centre, to choose a flower to give to their spouse on Valentine's day.

When people had visitors or special occasions the cook would prepare special cakes for them. The cakes would be in their favourite flavour and would often be decorated to reflect their interests.

People were treated with dignity and respect at all times. Staff knocked on people's doors before entering and always told people what was happening. People's care plans said things like 'I prefer to have a neat and tidy beard.' Staff supported the person to retain their beard and keep it trimmed.

People were encouraged to remain independent for as long as possible. Staff understood Huntington's disease well and encouraged people to undertake activities which would help them remain independent. Staff spoke really positively about people and how well they were doing.

Staff checked on people to make sure they had everything they needed. People's confidentiality was respected, conversations about people's care were held privately and records were stored securely.

People's care plans had details of their wishes in relation to end of life care. Some people had chosen to have a relative take on a lasting power of attorney (LPA); this gives the relative legal control over decisions for the person. The staff at the service knew who had LPAs in place and who they were.

Some people had made advanced decisions about the amount of intervention they would like at the end of their life. These had been discussed with the person, their families and medical professionals. Staff knew who had made these decisions and what this meant for them when supporting the person.

When people were admitted to hospital staff from the service accompanied them and stayed with them unless the family requested they leave. Staff were aware who needed to be informed if someone's health deteriorated, how to contact them and whether they wanted to be contacted, if needed, during the night.

Staff told us, "One of the best things about working here is that if someone is admitted to hospital we go with them. I have never had that at other places I have worked. Even if you are just there to hold someone's hand that matters, especially when people are very ill. We make sure they get what they need and that the hospital understands their needs." and "It is a hard part of this job knowing people will pass away, we just do our best for them. I supported someone at the end of their life at the hospital and it was a privilege."

The registered manager told us, "We are really proud to support people and their families through a very difficult process. The families know that we grieve for their loved ones too, often we keep in touch, they can always contact us for support or a chat even after their loved one has gone. When people are nearing the end of their life the staff volunteer to come in and sit with people."

## Is the service responsive?

### Our findings

People told us that the staff listened to them about the support they wanted. One person said, "I just tell them what I need them to do and they do it." A relative told us, "My loved one can struggle to deal with losing their independence, the staff understand that and they encourage them to be in control of their support as much as possible. It is all on [my relative's] terms."

Professionals told us, "They look really closely at people's needs, they are honest about what they can offer people and if they can't meet someone's needs they help them find someone who can." and "I can see that the care plans have lots of detail and have been regularly updated, they clearly show the needs of the person."

People's needs were assessed before they moved into the service by the registered manager and provider. Once it was agreed that the service could meet the person's needs they were invited to visit and meet the other people who lived there. Assessments covered areas such as the person's life history, interests and what was important to them along with details of their medical and care needs. People's initial care plan was written using the information from the assessment with the person and their loved ones. People's care plans included information about their life history, who was important to them and what they were interested in.

At the last inspection people's care plans did not have enough detail about things people could do for themselves or how to support people if they were becoming distressed or agitated. At this inspection the breach of regulation had been resolved. The care plans now showed what people could do for themselves and how to encourage them to maintain these skills for as long as possible. One person's care plan noted, 'I am trying to stay as independent as I possibly can. I will tell you if I can do it myself and would like it if you let me try'.

Some people could become distressed or angry; their care plans gave staff details about the triggers which could make them upset and how to help the person to calm using distraction or reassurance. The registered manager told us, "It is natural for people to be angry or frustrated as their health deteriorates. We work hard to ensure they keep as much control over their lives as they can for as long as possible."

Staff communicated with each other when supporting people with things which could distress them. When one person became upset they were offered a cup of tea and a cigarette, another member of staff then supported them to the garden to smoke and have some quiet time. They appeared settled after this.

People's care plans included details of their wishes for when their health deteriorated. The care plan focussed on the things which were most important to them. Staff now regularly reviewed and updated people's care plans to show their changing needs.

There was good evidence of people being involved in activities. This included booking tickets to go to gigs, shows, museums and animal parks. People were asked which staff they would like to support them with

their trips out. Each person also had structured activities so they knew what they were doing from day to day. People told us, "I have my favourite places to go and things to do. One of the staff always comes swimming with me, other staff come for walks. Sometimes I meet one of the staff when they walk their dog."

People were encouraged to try new things; one person had always wanted to see their favourite football team play a match, staff were working with them to plan a few nights away and a trip to see a match along with a tour of the home stadium. The person was very excited about this.

The provider had a complaints policy which was displayed in the service. When a complaint was received the manager followed the policy and procedures to make sure it was dealt with correctly. Any complaints or compliments received were shared with staff and used as a learning opportunity. There had been no complaints received in the last 12 months. People and relatives told us they knew how to complain and who to if they needed to. A relative said, "I haven't had to complain but I certainly would and I know they would take action." There was no information in an easy to understand format, available for people, about how to make a complaint. This is an area for improvement.

## Is the service well-led?

### Our findings

People, relatives and staff told us the registered manager was approachable and available. One person said, "If there are any issues I pop in and see [registered manager's name] and they sort whatever it is out."

Relatives said, "I have a mobile number for the provider and the registered manager and I know they are always available to me, they give me reassurance if I need it and always listen." and "I know I can always talk to the registered manager, they really understanding Huntington's disease and what we and our loved one are going through."

Staff said, "The registered manager is part of the team, always there if needed. They listen to ideas and understand if we are finding things difficult emotionally too."

At the last inspection there was a breach of regulation relating to quality assurance audits not identifying shortfalls in the service. Improvements had been made, regular quality checks and audits were carried out on key things, such as, health and safety, infection control and the environment. These were recorded and action was taken to address any shortfalls. The registered manager carried out 'spot checks' during both day and night shifts to monitor staff. Care and support plans were updated as people's needs changed and were now regularly reviewed to make sure they were up to date. The breach of regulation from the last inspection had been resolved.

The registered manager told us they promoted an 'open door policy' to encourage staff to share thoughts and ideas. They said, "Staff are in and out of the office all day. We work really closely as a team". There were staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings, including any actions needed, were taken so that all the staff were aware of discussions.

The provider had a clear vision about the quality of service they required staff to provide which staff understood. The registered manager led by example and supported staff to provide the level of service they expected. Staff understood what was expected of them and their roles and responsibilities. Staff were allocated specific duties on each shift and these were monitored throughout the day to make sure they had been completed and to check if there were any concerns.

The provider's statement of purpose noted, 'We will involve people in the planning and review of the services that are provided for them to ensure that their needs are met. Enabling and empowering people to influence the service provided in the home by giving them a real say in how services are delivered'. The registered manager told us it was not possible to hold a residents meeting due to people's complex healthcare needs. Staff said they sat with people individually to gain feedback. Records of one to one monthly meetings confirmed these took place and things, such as, food, furnishings, social outings, staff and complaints were discussed. Staff told us that some people were not able to communicate verbally, but that they knew people well and were able to use body language and eye movements to communicate. One person's monthly review noted, 'Asked X if they enjoyed the food here. They didn't answer but their eyes lit up when staff mentioned chocolate cake and a cup of tea'.

The provider held senior management meetings which addressed any concerns regarding topics such as the premises, the environment, staffing, financial matters and health and safety.

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

The provider and registered manager ran a support group for people affected by Huntington's disease in the local area and until recently had facilitated appointments for a Huntington's specialist from London. This meant people could see the specialist locally rather than having to travel to London for appointments. The registered manager had worked with people living with Huntington's disease for over 14 years and they and assistant manager were supported by the provider who had many years of experience in supporting people living with Huntington's disease.

The provider's statement of purpose noted, 'We will consult with people about their satisfaction with the service and suggestions for improvement through the regular issuing of satisfaction questionnaires for people, their families and representatives and other stakeholders'. The results of these were analysed to check for common themes. Actions were taken when needed. For example, a pattern identified, following the last relatives survey, that some people did not know how to contact the Care Quality Commission if they needed to and also that people were not sure if their loved ones were on the electoral role. A letter was sent to relatives giving them the information they needed to address this.