

Improving Prospects Ltd

St Mary's Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 31 May 2017 and was unannounced. The service provides accommodation and personal care for up to four adults with a learning disability. At the time of our visit there were four people living at the service.

There was a registered manager in post. 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 registered manager was also the registered manager for a sister home two doors away and as such ran both services very similarly aside from recognising and promoting the individuals who lived in each of the two homes.

We last inspected the service in January 2015. At that time we found no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or the Health and Social Care Act 2008 (Registration) Regulations 2009. The service was rated as Good in all five key lines of enquiry and received an overall rating of Good.

At this inspection we found the service remained Good in three of the key lines of enquiry and they had improved to an Outstanding rating in Caring and Well Led. Overall the rating has changed to Outstanding

St Mary's was part of a small organisation which also included an additional small care home accommodating 10 people in total and, a domiciliary care agency providing care and support to people in their own homes. The ethos, vision and values were provider led and, as such, applied across all three services. This included; following current best practice, innovation, plans for the future and continuous striving to be the best. It was evident that the provider and registered managers worked together effectively. However each service was additionally recognised for its individuality. They had a healthy, respectful, working relationship which encouraged each service to strive to provide the best possible care independently, based on their own merits. Two of the providers other services had received an overall outstanding rating following inspections by CQC in November 2016.

Following those inspections the provider and registered manager had continued to improve the quality of the services they provided despite having achieved outstanding status. They continued to put people who used their services at the forefront of this.

The registered manager and staff followed procedures which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Staff had considered actual and potential risks to people, action plans were in place about how to manage these, monitor and review them. Medicines were managed safely and staff followed the services policy and procedures.

People were supported by the services recruitment policy and practices to help ensure that staff were suitable. The registered manager and staff were able to demonstrate there were sufficient numbers of staff with a combined skill mix on each shift.

People moved into the service when a full assessment had been completed and the registered manager was sure they could fully meet a person's needs. People's needs were assessed, monitored and evaluated. This ensured information and care records were up to date and reflected the support people wanted and required.

Staff had the knowledge and skills they needed to carry out their roles effectively. They were supported by the provider and the registered manager at all times. People were helped to exercise choices and control over their lives wherever possible. Where people lacked capacity to make decisions Mental Capacity Act (MCA) 2005 best interest decisions had been made. The Deprivation of Liberty safeguards (DoLS) were understood by staff and, appropriately implemented to ensure that people who could not make decisions for themselves were protected.

People received a varied nutritious diet, suited to individual preferences and requirements. Mealtimes were flexible and taken in a setting where people chose. Staff took prompt action when people required access to community services and expert treatment or advice.

People were confident in their surroundings and with each other. The atmosphere was very pleasant and people were doing their own things to relax and pass the time of day. St Mary's had a family atmosphere and homely feel. Staff were knowledgeable about everyone they supported and it was evident they had built up relationships based on trust and respect for each other. People experienced a lifestyle that met their individual expectations, capacity and preferences. There was an ethos of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support had been changed to accurately reflect people's needs.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective

Is the service caring?

Outstanding ☆

The service had improved to Outstanding

The provider, registered manager and staff were committed to providing care that was kind, respectful, and dignified. Person centred care and promoting independence were key principles on which the service was delivered and this was reflected in the day-to-day practice of the service.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received and, that it was provided in a way they wanted it to be.

People felt all staff treated them with kindness and respect and often went above and beyond their roles. Staff built meaningful relationships with people who used the service

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Outstanding ☆

The service had improved to Outstanding

The service was exceptionally well led.

The vision and values of the home were embedded in the way care and support was provided to people. Feedback was encouraged and improvements made to the service when needed.

People benefitted from staff who felt supported and were motivated to learn and develop. There was a person centred

culture and a commitment to providing high quality care and support.

The provider and registered manager strove to maintain, sustain and further improve the experiences of people living in the home through quality assurance processes.

St Mary's Residential Care Home

Detailed findings

Background to this inspection

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

This service was previously inspected in January 2015. At that time we found there were no breaches in regulations. This inspection took place on 27 and 28 June 2016 and was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit we met and spent time with three people living in the home. We observed people for short periods of time so that they didn't feel anxious about our presence. The service worked closely with various health and social care professionals and, we have considered and referred to the intelligence reports we received from those that visit the service.

We spent time with the provider, registered manager and spoke with three staff. We looked at two people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

People appeared to be happy, comfortable and safe in their surroundings. Staff took every precaution to keep people from unnecessary harm, they were kind and protective and they wanted people to be happy and feel safe. One relative recently wrote to the service and said, "My relative always sounds very cheery when I phone. Consistency of your care makes him feel very safe and he has known some of the staff for some time now". Another relative wrote in a recent survey about what the service did well. They wrote, "You give security and attention and help with everyday life. I am sure my relative feels safe".

The registered manager and staff understood their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority and CQC. Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented.

Staff had identified when certain behaviours from people could impact on their safety and, that of other people who lived in the service, staff and visitors. Risk assessments provided information about how people should be supported to ensure safety. Staff considered what triggers may exacerbate certain behaviours so these could be avoided wherever possible, for example loud noises, shouting, pain and distress. Where this had not been possible staff knew how to support people to de-escalate the situation. Staff had the knowledge to protect people safely without being restrictive. This particularly related to supporting people with behaviours that they were unable to control at times.

There were sufficient numbers of staff on duty 24 hours a day. During the inspection the atmosphere was busy and lively. People had made individual plans for the day ahead and staff responded promptly to people's requests for support if required. The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness the staffing levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments and when someone wanted to go out socially. The registered manager ensured there was a suitable skill mix and experience during each shift.

Recruitment was seen as an essential part of keeping people safe whilst ensuring they were cared and supported by staff of good character and demeanour. The provider and registered manager promoted this by encouraging people who lived in the home to be involved in decisions about who worked at the service. Following a formal interview, applicants were shown around and introduced to people living in the home and staff on duty. People were asked for feedback once the meet, greet and informal discussions were

completed so they could express and share their views on prospective new staff. After a few weeks new staff gave people mini surveys asking them their views with regards to their performance. Questions encouraged people to voice their opinions about, 'the way they work, were they meeting their needs, were they helping people reach their goals and were they happy for the new staff member to keep working with them'.

Other safe recruitment procedures were followed. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. One newly appointed staff member told us they were 'quite impressed' with the recruitment procedure and they had received two interviews with the registered manager and the provider. They said the process enabled a 'good exchange of information and was very well organised'.

Policies, procedures, records and practices demonstrated medicines were managed safely. Staff completed safe medicine administration training before they supported people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed.

Is the service effective?

Our findings

People were supported by staff who felt confident and competent to assist and care for people. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. Staff confirmed that the induction and subsequent training they received was effective. One relative recently wrote to the service and said, "I feel so relieved my relative has you all beside him".

New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident within the roles they were to perform. We spoke with the two newest members of staff who told us the induction had been very useful and they had felt supported when getting to know people.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, person centred approaches to care, managing epilepsy and bi-polar awareness. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. The provider appointed a trainer last year to support staff across all their services. Staff had said the trainer was engaging and that sessions had been interactive and a positive, fun way to learn.

The service had a small, steadfast group of staff. They felt supported by the provider, registered manager, and other colleagues. Additional support/supervision was provided on an individual basis. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences.

All staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decision making. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals and independent advocates.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and 'popping out' to local amenities. They chose to spend time in the lounge, the dining room and their own rooms. They engaged with various preferred activities/interests throughout the day. One person who told us they were 'under the

weather' had decided to have a long lie in that day. Staff respected this decision and periodically went to see if they were ok and if they required anything.

Staff ensured people were protected from the risks of poor nutrition and hydration. They offered choices and provided nutritious food that supported people's health needs. People were supported and educated by staff to eat a balanced healthy diet, without compromising their choice and preferences. People were encouraged and supported to plan and prepare meals. There were no rigid menus, meals and mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed eating out and having takeaways. Hot and cold snacks and drinks were available throughout the day. Opinions about meals were always sought to help ensure people were satisfied with the choice, variety and quality of the food.

The registered manager and staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. The home worked in partnership with the hospitals, community social workers, the community mental health teams and the community learning disabilities team (CLDT).

Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People were supported by staff for all appointments they attended. The level of support was individualised and people were empowered to represent themselves at the appointments as much as possible. All appointments were documented and included the outcomes of these. Care plans and risk assessments were updated if this was required.

Is the service caring?

Our findings

Throughout the inspection we saw various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. The registered manager and staff demonstrated a determined, positive commitment to people and would always go that extra mile in order to ensure they felt valued. Staff supported people as equals, their approach was respectful and patient. It was evident that over time staff had built up positive relationships with people that were based on trust and personalisation. They wanted people to feel important and live a life that was meaningful and fulfilling. We found there were key characteristics that made the service exceptional and distinctive in their caring role. There were many examples where this was demonstrated and we have included a small selection for the purpose of this report.

The registered manager spoke with us about one person who had received life changing surgery and how staff had supported them through pre-operation assessment/decision making, surgery and post-operative/recovery. Staff had made remarkable progress with this person particularly around altered body image and gaining self-confidence. It was heart-warming to hear how this person had been supported to understand how they could overcome the surgery and that life could still be 'normal' with the right care and support. The person was keen to meet us during the inspection. Their smiles and whole demeanour struck a chord as to how happy they were since moving to the home and there was an obvious camaraderie between her and the staff.

One person who had recently moved to the home had previously had a traumatic experience in another care facility. This person had complex mental health needs in addition to those needs that had arisen from their previous placement. This included things such as social isolation, the impact of a restrictive lifestyle and being subjected to institutional care practices. We had met this person in their previous care home which was useful because we could see the comparison. Although the new placement was in its early stages, staff had worked extensively to make them feel welcome and introduce 'small steps' to overcome obstacles that had been previously imbedded. On the day of our inspection the person did not want to get out of bed. Staff respected this request and just checked on them occasionally to see if they were ok. Previously this person had not been given choices as to what time they got up. Another 'small step' was where staff informed us the person had walked with them to a local bakery store. This was a huge achievement for them to have the confidence to go out in the community. The social worker had complimented the registered manager and staff for their efforts to support the person and their complex circumstances.

Empowering people and maintaining independence was paramount to the service and their approaches to promote this were innovative. Plans had been finalised to roll out the 'job coaching' training for service users this summer. This training had been developed to help support people to seek employment and to equip them with the skills and confidence to do this. Training will include, how to search for a job that would suit them, how to apply for posts and learning interview techniques for successful employment.

The registered manager spoke with us about one gentleman who continued to enjoy his employment at a local farm three days a week. It was great to hear they were still able to continue with this despite obstacles

such as risk of falls and seizures. The registered manager completed reviews with the staff at the farm, reassessed risks and considered safeguards so they could reduce risks and retain their independence working at the farm. One most recent review considered ways the person could alert staff should they fall and the registered manager was looking at an alarm pendant where the person could call for help.

In addition and following a recent workshop the provider attended by Remploy, the provider had organised for Remploy to come and do a presentation to service users on participating in the Experts by Experience Scheme. This scheme supports CQC inspections by providing experts to assist in the inspection process. The provider had been in discussions with the service delivery manager, who had organised to come and discuss with the service users and staff about how to get involved. The provider told us, "We hope that the people living at St. Mary's will be inspired by the talk and the concept of judging other services as an experienced service user themselves. It is also a great way to gain work experience".

Following previous successes the service will continue with more regular forums that are informative, and continue to promote people's rights in participating in society in the same way as those without a disability. In addition the intention is to promote people's well-being and encourage their own participation in increasing their well-being. The provider told us, "People have shown an interest in increasing good healthy living. We have therefore planned the next event/forum around healthy living, with plans for a 'celebrity' local chef, breakout sessions with our trainer giving a workshop on healthy eating, diabetes management and food choices. Our trainer recently suggested she could also discuss things such as, the best way to prepare and cook food to maintain their nutrients, the importance of eating a healthy balance diet and the negatives of things such as too much sugar. The whole event will be fun and fully interactive!"

There was an emphasis on teamwork amongst all staff at all levels. Staff were 'positive and proud' about what they had achieved as a team. Staff were motivated and inspired to offer care that was kind and compassionate. This was attributed to recognition and praise from the provider and registered manager and was wholly consistent with the values they wished to implement in the care and support of people using the service. This approach in turn provided sustainability of their staff team and subsequently consistency and continuity in care delivery.

Team bonding was promoted and encouraged through events such as bowling, team meals and fund raising. They rewarded and shared good practice. The provider recognised exceptional care provided by their staff in the management 'rising star' chart. This was used to identify staff with specific potential and to help harness and develop that potential which may lead to skills development, training in a particular area and eventually promotion.

The provider told us, "The registered manager has been a staunch promoter of her staff and passes information to us where staff have done great pieces of work. We recently asked her how we could provide more innovative rewards scheme. She came back with some really useful ideas such as a 'perk box', spa sessions and improved systems for staff recognition. As in the past, we plan to recognise staff achievements in different ways and our current scheme continues where people we support nominate staff and state the reasons why". This year we have planned more innovative and interesting award rewards. In September the reward is a meal for two hosted by 'Events in the Sky'. The winners will be suspended 100 meters off the ground at the Waterfront in Bristol, where staff can enjoy some summer sun and enjoy an afternoon feast from Swoon.

The provider supported everyone who used their services to take part in sponsored events to raise money for national and local causes. People who used the services were asked for recommendations about which charity they would like to sponsor and donate the money raised. Last year they took part in a charity

Christmas hat day and raised money for the Sarcoma Trust. This year staff were taking part in the Colour Obstacle Rush in Bath. They were raising money for a charity called PROPS. The provider told us, "PROPS do some fantastic work with the people we support. We are so impressed with their work that we have agreed to double the donations made". PROPS is a charity which helps people with disabilities achieve their full potential in the community. They work with several community partners and seek to encourage them through a range of resources including business enterprise, social and educational interaction, farming and horticulture, sporting activities and creative arts.

Is the service responsive?

Our findings

The registered manager reviewed the service so that people received support that was responsive, person centred and based on best practice. Assessments were always completed for those people who were considering moving into the home. The information was detailed and supported the registered manager and prospective 'resident' to make a decision as to whether the service was suitable and their needs could be met. Every effort was made to ensure that significant people were also part of the assessment including family, hospital staff, GP's and social workers. The assessments were used to develop care plans based on individual needs and were reviewed and further developed during the first four weeks of admission. People and their relatives were supported through this process by staff.

Plans captured an approach to care that included the support people required for physical, emotional and social well-being. They were personalised and included information on people's life experiences, interests, hobbies and likes and dislikes. There was specific, detailed information about behaviours, personalities and personal backgrounds. This included how people preferred to be spoken to, preferred routines and methods of communication. During our visit we saw people being cared for and supported in accordance with their individual wishes. The information people shared meant that staff knew exactly what people wanted and what was important to them.

Some people didn't always choose to sit down formally each month to evaluate the support they received and this was respected. For this reason alone those people and the staff had adopted a more spontaneous approach to planning for the future and discussed support required and any preferred changes on a daily basis. There was a multi-agency approach to annual care reviews to help ensure people continued to receive support that was responsive. Different people were invited to the reviews dependent on need and included family members, advocates, psychologists, GP's and social workers. People were encouraged and supported to attend their meetings; equally, staff respected those occasions where people chose not to take part.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to the registered manager or person in charge. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. These accounts also provided a good level of detail for all staff to read, they told a story and informed staff about what had happened during the month.

The complaints policy and procedure was available in written and picture format. It helped people understand how to express what they were feeling and what they could do if they had any concerns. The registered manager and staff encouraged people to express any concerns or anxieties and dealt with these

promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling. Because staff knew people they supported very well they recognised when they were unhappy about something. People had one to one support throughout the day. This gave them the opportunity to speak or communicate with staff about anything that may be worrying them.

Each person had a transfer fact sheet. This was a detailed, concise overview about people and was used when they transferred between services for example hospital admissions or when attending appointments. These provided other care providers with essential information to help support consistency in care and promote people's safety. Essential information included triggers that may change someone's behaviour, pain and distress indicators and things that would make a person feel safe and comfortable. In addition to this it provided emergency contact numbers, previous and current medical history, current medicines, people's capacity and communication needs.

Is the service well-led?

Our findings

The service was exceptionally well led. The ethos, vision and values were provider led and, as such, applied across all three of their services. This included, current best practice, innovation, plans for the future and striving to be the best. It was evident that the provider and registered managers worked in collaboration. However each service was additionally recognised for its individuality. They had a healthy, respectful, working relationship for each to strive to provide the best possible care independently, based on their own merits, in addition to those at organisation level.

Following successfully achieving an outstanding overall in their two other services they continued to demonstrate a strong emphasis on the values for continual improvement. People benefited from receiving a service that was continually seeking to provide a service that they were at the centre of. There were many examples where this was demonstrated and we have included a small selection for the purpose of this report.

This year the provider and registered manager had focused on current trends and news and considered how they could support their service users around their understanding and right to vote in the recent elections. This led to the development of an easy read voting information booklet which was shared and discussed with the people they supported to ensure it was accessible and they could understand it. The provider told us, "The registered manager was instrumental in helping us do this. We then got the voting information booklet finalised and shared it with other providers, the local authority and the Community Care magazine. It was good to have a document which the people we support had an input in developing and which was shared and featured in the wider social care community". Their efforts were even of interest to the local media and the work they had completed was covered in the BBC local television news channel.

Following their previous success of the themed activities, for example raising safeguarding awareness, the provider and registered manager decided to focus on more open days as improved informative events. One event included promoting the rights of people with disabilities to vote in the coming general election held on 8th June. People at St. Mary's joined other people the organisation supported at an 'Election Information Forum'. During the forum they had election discussions, copies of the voting handbook was produced in different sizes to suit different visual needs. The provider told us, "We had election themed cakes, election word searches and extra computers and staff to help people to register to vote. This was a great success. One of the people who attended from St. Mary's was so excited she wore a birthday badge insisting it was her birthday and the forum was her birthday party. She seemed to enjoy the day and its activities".

The provider and registered managers were still in the process of introducing and further developing Critical Reflective Practice based on a framework developed by Kim (1999). A policy had been developed to explain the principles of reflective practice and how this would develop further improvements in the support people received. People who used the service and staff were to be supported to adopt this approach. The thinking behind its implementation was to promote change in staff approach to care, to promote self-awareness and to improve communication skills for all involved. Reflective practice is a way of considering and examining ones thoughts, actions and reactions, in order to gain a better understanding of yourself and to identify

more effective ways of responding in future. We look forward to seeing the progress and impact for people on this initiative at our next inspection.

Meetings were seen as a valuable way to share ideas and new initiatives and evidenced that the impact of these produced positive outcomes for people. During a recent managers meeting they discussed what improvements could be made in the home that would increase the involvement of the people they supported. This particularly pertained to management decisions and how the home was run. The provider told us, "We discussed that we would start to look at ways in which we could make the home and organisation a client as well as provider led service. We already involve the people we support in procedures such as the interview process, but as an organisation we are always looking at ways we can continually improve. We plan to ask people to be involved in a process of internal checks on the environment of the home e.g. property inspections and to put forward their recommendations on the décor, quality of furnishes and repairs – inspections that normally would be only left to senior management. This is something we will trial this summer".

The registered manager demonstrated effective leadership skills within their role. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was evident. The registered manager led by example. Although they were supernumerary on each shift they were readily available to offer support, guidance and hands on help should carers need assistance. The registered manager also covered vacant shifts, when other staff members were not available. This promoted continuity of care and kept them up to date with people's needs. There had been no agency staff used for over three years. The providers spent time at the home on a regular basis. They knew people individually and interacted with people in a familiar, relaxed approach. They supported and joined people in social occasions and outings. The provider recognised they had responsibility to ensure people and staff were happy and felt supported.

The provider communicated with the registered manager, staff and if required people who use the service on any local issues, weather warnings and other safety matters. When they received alerts from the local authority the information was shared with everyone. This would include things such as being aware of bogus CQC inspectors, or other unauthorised visitors that may try to enter people's homes fraudulently. The provider encouraged and supported a wide range of communication methods in order to reach out to every individual. This included text messages, popular social networking sites and emails as well as traditional methods such as face to face conversation, group meetings and written memos.

The service worked in partnership with other organisations to make sure they were following current practice. The organisation is a member of Care and Support West. The provider is also a director and attends various board meetings and meetings regarding the current topics within the care sector. To the providers delight they told us that unknown to them their whole staff team had nominated them for employer of the year. In addition seven staff in total were finalists for this year's Care and Support 2017 awards. Senior staff attended various workshops and seminars in relation to the care sector that are organised and attended by experts.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the

provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.