

Moor Park House Limited

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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 29 January 2016 and was unannounced. We last inspected the service on 09 October 2013 and the service was judged to be fully compliant with the previous regulatory standards.

Moor Park House is a 53 bedded purpose built home, situated on a main road position near to the city centre of Preston and opposite a large park. Other amenities are within easy reach. The home provides personal and nursing care for young adults and older people, specialising in care for people needing support with complex needs, physical disability and acquired brain injury. Car parking spaces are available and public transport links are within walking distance of the home.

At the time of our inspection there was 52 people who lived at the service.

There was a registered manager in place. The registered manager assisted throughout the inspection and received feedback. 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.

People told us they felt safe at the service and with the staff who supported them. They told us that they felt safe from abuse; harassment and their human rights were protected. We observed staff speaking to people and they spoke in a respectful and dignified manner.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. The service had a whistle blowing policy and this was understood by staff.

People were risk assessed against avoidable harm and injury. Care records showed continual review of people's needs and care plans were in place to highlight how known risk would be managed.

We raised concern during the inspection about wedged doors. Immediate action was taken by the registered manager and consequently advice was sought from Lancashire Fire and Rescue. The service had a fire risk assessment and fire testing was undertaken as planned.

We found that staff recruitment was safe and staff were supported throughout their induction process. We raised concern about staffing levels on the ground floor unit. During the inspection we found that staff were very busy and call bell response times were delayed. The registered manager took immediate action and deployed staff accordingly.

We found that medicines management systems were in place and closely monitored. We observed a staff

member administering medicines during the inspection. We saw this was done in a competent manner and noted the staff member handled people's medicines carefully and safely. Careful checks of the records were made each time a medicine was administered and the records were updated accurately at the correct times.

We found the home to be clean and odour free throughout the day of the inspection. Staff we spoke with were knowledgeable about infection control practices and told us they were provided with the necessary protective equipment to carry out their role.

Records and certificates of training showed that a wide range of training was provided for all staff.

We found staff knowledge of MCA and DoLS was sufficient. The service had robust procedures in place for assessing a person's mental capacity inline with the MCA 2005. Staff understood these procedures and showed good knowledge of people's needs who were subject to a DoLS order.

We found that the service promoted healthy eating and nutritious food was provided. People were assessed on an individual basis and nutrition care planning showed people's needs and preferences. The service engaged with external health care professionals such as dieticians, speech and language and diabetic screening services.

On the day of our inspection, we saw that staff interacted with people without exception in a compassionate and respectful way. It was clear from talking with staff and observing interactions, that they knew all the people who lived at the home well.

We saw within people's care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing. Examples included referrals to social workers, tissue viability, physiotherapists and GP's.

Information about advocacy and other services was displayed around the service and staff were aware of the need for promoting advocacy and involving next of kin when appropriate.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. We saw that the home had an up to date complaints policy which was on display in the reception area.

Records we saw reflected people's needs accurately and we observed written instructions from community professionals being followed in day to day practice. People were encouraged to participate in the care planning process.

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the service. Staff confirmed that they had handover meetings at the start of each shift, so they were aware of any issues during the previous shift.

We saw evidence of a wide range of audits being undertaken by the registered manager as part of the quality assurance process in place. These included; medication, care plans, health and safety and infection control. The registered manager was committed to improving the service and auditing tools showed how improvements had been made.

There was a positive culture throughout the service. Staff told us that they enjoyed working at the service and felt supported.

Visiting professionals provided positive feedback about partnership working and how the service committed to providing safe person centred care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns.

People were effectively assessed against risk on an individual basis.

Environment safety checks and maintenance work was undertaken. The building was clean and a good standard of infection control was maintained.

Medicines were managed safely and improvements around medicine stock control had been sustained.

Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The menu offered people a choice of meals and their nutritional requirements were met.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and depriving people's liberty where this was in their best interests.

People were supported to maintain good health and had access to healthcare services.

Is the service caring?

Good ●

People were treated in a kind, caring and respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated clearly with

those they supported and were mindful of their needs.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

The service followed an accredited end of life care programme. People were supported at end of life and the service was working towards improving care planning around people's end of life care needs and preferences.

Is the service responsive?

The service was responsive.

A person centred care ethos was embedded throughout the service.

People we spoke with told us they knew how to raise issues or make complaints.

We saw that care plans were regularly reviewed and contained information pertinent to each individual.

Good ●

Is the service well-led?

A wide range of updated policies and procedures were in place at the service, which provided the staff team with current legislation and good practice guidelines.

A good range of audits were in place that feedback into service provision.

People who lived at the service were aware of the lines of accountability. Staff spoken with felt well supported by the management team and were very complimentary about the way in which the service was being run.

Good ●

Moor Park House Limited

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 was carried out by three adult social care inspectors, a specialist nurse advisor whose expertise was neurology and brain injury and two experts by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of caring for a relative who lived with dementia.

Before the inspection visit we reviewed the information we held about the service, which included information such as notifications informing us about significant events and safeguarding concerns, any contact from other professional's and contact from people using the service and/or family or carers.

During the inspection we spoke with a range of people about the service; this included 17 people who lived at the service, six relatives and 10 members of staff. We contacted the Local Authority contracts team to gain their views on the service and other professionals who visited the home such as the spinal injury outreach team, physiotherapists, general practitioners, speech and language specialists, dietician and the safeguarding lead from the local clinical commissioning group.

We spent time looking at records, which included 10 people's care records, seven people's medicine records, seven staff files, training records and records relating to the management of the home which included audits for the service.

Is the service safe?

Our findings

We asked people who lived at the service if they felt safe. People told us; "There is always someone about. If I need anyone I only have to push my buzzer and someone comes". "I feel quite safe, the general environment means I'm not worried about my safety". "Absolutely, there's no reason to think otherwise, it's a secure building with sensible staff".

We asked people if they felt the care they received was kind and protected them from abuse, avoidable harm and harassment. The majority of feedback was positive. People told us; "The carers look after me well". "Staff never walk by my door without saying 'hello' and 'how are you'. They are very attentive. They are very responsive to the call bell, especially at night. Calls are answered very quickly". "Oh yes, anything I want them to do, we really are well looked after". However one person told us "Sometimes, you are very often dismissed if you have an opinion".

We observed staff speaking to people and they spoke in a respectful and dignified manner.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. One member of staff told us, "Safeguarding is about protecting people from abuse. There are various types of abuse for example physical, financial and emotional. I would raise my concerns with the nurse in charge or the manager". A registered nurse told us "I am very confident in dealing with safeguarding concerns, I would contact Lancashire County Council and report to the manager".

Staff and people who lived at the service had access to information about safeguarding adults. The service was working towards an action plan developed by the local clinical commissioning group safeguarding team, this included training for staff in safeguarding children. At the time of the inspection over 80% of staff had completed safeguarding adults training. The training matrix showed that some casual staff had not obtained this training however the registered manager had an action plan to show how they would ensure this was achieved.

We found the service had a whistle blowing policy and staff we spoke to showed awareness of the policy and where it applies. They told us they would feel confident using the whistle blowing process if needed.

We looked at how the service made safeguarding referrals to the local safeguarding authority. We found that comprehensive safeguarding records were maintained by the registered manager and a notification was submitted to CQC in line with regulatory requirements. For example two safeguarding alerts were made prior to our inspection in relation to potential theft of residents belongings. The registered manager informed police and the local safeguarding authority. Steps were taken to prevent abuse and information was provided by the police for people who lived at the service about safe keeping of belongings.

We looked at 10 people's care plans. We found that risk assessments had been completed in a person

centred way. Risk assessments had been reviewed on a monthly basis and clear care planning was undertaken to reflect how the service would mitigate and manage known risk for each person on an individual basis. For example one person was admitted in December 2015. A pre-admission assessment was undertaken to determine if the service could meet the person's needs. On admission various risk assessments were undertaken and care plans were written to identify safe and preferred care.

We found that people who received high dependency care, for example tracheostomy, oxygen therapy and enteral feeding by PEG (Percutaneous endoscopic gastrostomy) tube were appropriately risk assessed and a high standard of specialist nursing care was provided. Care staff had received training in tracheostomy suctioning to keep people safe.

We received mixed feedback from people who lived at the service regarding staff levels. People told us; "There is a high turnover of staff and they do not always know what they are doing". "I never have to wait a long time". "I never have to wait long for anything". And "Sometimes they're a bit short staffed, but it's not very often. You can always find someone".

We asked staff if they felt the service was staffed sufficiently enough to meet the needs of people they cared for. Some staff told us the service was well staffed and if additional staff was needed the registered manager organised agency staff to support. However staff who worked on the ground floor unit told us that they often felt short staffed. We observed people had to wait for support from staff at lunch time on this unit and call bells were answered as soon as staff were available, however there were two occasions when we observed a delay in staff response times. This did not cause the individuals distress, however it did show that staff were constantly busy and did not have time to sit and talk to people.

We discussed this with the registered manager who listened to our concerns and assured us that they would review staffing on the ground floor unit. Immediate plans were agreed for 'floating' staff to be deployed.

Staff from the middle and top floor units told us that they felt staffing was sufficient to meet the needs of people they cared for. This view was shared by professionals who visited the home on a regular basis. One professional told us "There tends to be a lot of staff when I go there". "I feel like it's one of the well-staffed services that I support".

We looked at staffing rotas which showed staff were deployed as planned. The registered manager booked agency staff when staffing was short and rotas showed how continuity of the same agency and casual staff was planned in advance.

We looked at how the service ensured that staff were safely recruited. We examined the personnel records of seven members of staff. All files showed that staff had an application form and references on file to show that they had been through a formal recruitment process. When speaking with staff they all confirmed they had been through a formal recruitment process. The files we looked at were in good order, easy to navigate and showed that the necessary checks were in place to ensure competent staff were employed at the home.

We had received numerous safeguarding notifications in the last 12 months that showed medicine errors had occurred at the service. We looked at the systems in place for managing people's medicines. We found that a very good standard of management oversight and continual monitoring had facilitated improvements within medicines management. A new pharmacy provider had been arranged and multi dosing systems had assisted in improvements around the safe administration of medicines.

We looked at medicine management systems on the ground floor and middle floor unit. We examined

medicine administration records for seven people who lived at the service. We also checked storage and medicine stock levels for the same people. Medicines were stored in people's bedrooms in individual locked cupboards. A good standard of administration recording was found across the seven medicine administration records we looked at.

We found that medicine care planning was to a good standard on the middle floor unit. Clear care planning for medicines prescribed on an when required basis helped staff identify verbal and non-verbal signs for rescue remedy type treatments. Records on the ground floor unit showed basic instructions around as and when required treatments however we found two examples when people had as and when required prescriptions for pain relief and records did not effectively included the person's ability to request such treatment or non-verbal signs that it may be required.

Medicine administration records on the middle floor unit showed when variable doses of medicines had been given. This wasn't clearly recorded on the ground floor unit. We stocked check seven people's medicines and found that the correct stock was held at the service. We did not find any examples of people missing their medicines.

We found that the service did not always promote people to remain independent with self administration of medicines. One person had come to the service for a period of respite, they told us that they would had preferred to maintain their independence around medicine regimes but had not been provided with the option to do so. The providers medicine policy showed procedures around self administration. We provided feedback to the registered manager who agreed to look into this.

We observed administration of medicines on the ground floor unit at lunch time. A very good standard of safe administration was seen. Staff maintained good hand hygiene and communicated in a positive way with people explaining to them what their medicine was and waited for people to consent before administrating. Record completion was accurate.

We found that all staff who administered medicines had received training in medicines management. Other care staff had also received training in medicines awareness. However not all staff had been assessed for competency when administrating medicines. It is important that staff are assessed against best practice on a regular basis to ensure that people receive their medicines in a safe way. We discussed this with the registered manager who assured us that competency assessments would be undertaken.

We found the service to be clean and odour free throughout the day of the inspection. Staff we spoke with were knowledgeable about infection control practices and told us they were provided with the necessary protective equipment to carry out their role. We also saw that staff had attended infection control training. Formal infection control audits were also being completed to ensure staff were following safe practice.

During our inspection we asked the manager to take immediate action to ensure that wedged doors were addressed as this placed people at risk of avoidable harm. Immediate action was taken at our inspection. The Lancashire Fire and Rescue Service visited after our inspection and had advised the provider regarding safe door closures. The service had a fire risk assessment and were in the process of implementing individualised personal emergency evacuation plans for each person who lived at the service. We asked people who lived at the service if they were aware of fire procedures and people told us that they felt safe and had been informed of what to do in the event of a fire.

Is the service effective?

Our findings

The majority of people we spoke with were complimentary about the care they received. People told us; "The staff know what I like". "I am satisfied with the care here." "The care assistants here are so helpful. They are lovely people". And "Whatever you ask, the staff will carry it out".

Two people told us that agency workers were less effective in providing care that was person centred. We found that the service did use agency care workers, however the registered manager showed us ongoing recruitment plans and there was a person attending for interview during our inspection.

We asked people who lived at the service and their representatives if they received support to maintain good health including access to health care services. People told us; "Yes I can talk to staff if I feel my health needs change". "My mum has made tremendous progress in the short time she has been here". "My weekly treatment in the hydrotherapy pool is superb". And "The support I receive here is so much better than the hospital".

Staff told us they underwent a robust induction process. This included shadowing experienced staff and completing an induction work book in order to learn people's specific care needs and internal policies and procedures.

We looked at seven staff files which showed that people received regular supervision sessions and an annual appraisal of their performance. New staff were scheduled for annual appraisal as well as three monthly supervisions. When speaking with staff they also told us that staff meetings and handover sessions at the beginning and end of each shift took place to ensure they were aware of how people had been and had the information they needed to provide care and support.

Supervision notes confirmed that people had the opportunity to discuss their work performance, achievements, strengths, weaknesses and training needs.

Staff we spoke with were happy with how supervision and appraisals were undertaken and we saw that these took place frequently.

We looked at the providers training matrix which covered multiple courses including moving and handling, safeguarding, health and safety, fire awareness, the mental capacity act and infection control. We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role and responsibilities.

The service maintained very good links with the spinal injury unit at Southport General Hospital. The spinal outreach team provided comprehensive training for staff that supported people in their care. Training included tracheostomy care and spinal injury. We received professional feedback from a member of the spinal injury outreach team. They told us "We work very well with Moor Park House. When we issued them with the tender we provided them with training. We have regular contact with the service and get continuous feedback from staff requesting guidance".

We spoke with two registered nurses during the inspection. They told us that they were happy with the support and training provided and found senior management responsive to their requests for extra staffing and training when needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager had a good working knowledge of the MCA and DoLS. We observed people were asked for their consent before receiving care.

We looked at people's care records and found comprehensive mental capacity assessments with supporting best interests decisions where needed. We found that staff demonstrated a good understanding of the MCA and DoLS. Some people had DoLS orders in place for agreement to placement or continual supervision. We asked staff about these people's needs and they were able to tell us what the person's restriction was about and why it was important to understand this level of information.

We looked at the training matrix and found that staff had received training in DoLS. Ongoing training for MCA was scheduled.

We found that the service was pro-active in supporting people to have sufficient nutrition and hydration. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences.

We spoke with the chef who held a very good understanding of people's nutritional needs. They received regular updates as people's needs changed and felt involved in the planning of people's nutritional care.

Care records showed liaison with external health care professionals for nutritional support. Dietician and speech and language professionals were contacted and their advice followed. Many people living at the service received enteral feeding by PEG (Percutaneous endoscopic gastrostomy) tube. We looked at relating care records which showed effective management and review of the PEG site.

One person was insulin dependent. Their care records showed effective blood sugar monitoring. Calibration of testing equipment and annual review from the diabetic retinal screening service.

A visiting dietician told us "Staff maintain good communication with us and if they are concerned they get in touch with us quickly. Documents and records of nutrition interventions are well maintained. The staff team follow the guidelines that we give them. I have no concerns".

We observed lunch time meal service across two units. We found that a good standard of dining was maintained on the second floor unit. However on the ground floor unit staff were busy and did not have time to support people in the dining area. Most people were independent, however we observed one person was unable to cut their food and staff were not available to provide assistance.

People gave mixed feedback about meal times; "Yes the food is ok". "I'm not always keen on the menu but we get a choice". "The food isn't always cooked to my standard, but I understand there are a lot of people to cater for". And "The food is fresh and we get plenty".

We found multiple examples across the 10 care records we looked at of people being referred for external health and social care support and professional advice being followed. The service maintained good working relationships with external professionals and sought guidance when needed. A visiting professional from the spinal injury outreach team told us "We hold three weekly meetings with the manager. The relationship with the service is positive".

Care records for one person showed how the service had maintained effective communication with the domiciliary care provider to ensure that care services would be maintained when the person was discharged back to their home.

Is the service caring?

Our findings

We received consistent feedback about the care people received. People told us "I am in very capable hands". "Staff are very attentive". "I have never met anyone here that isn't kind". And "I have never had anyone care for me here that was unkind".

People told us that they were cared for in a respectful way. We observed staff maintain people's dignity and engaged with them in a courteous manner. For example we observed a staff member assisting one person to eat their lunch. The person was encouraged to eat well and the staff member spoke to them in a kind and compassionate way. The person told us that they enjoyed their meal.

People's relatives told us; "The care is good. It has helped (name) get back to good health so (name) can come home". "The home works well with us, we can say what we prefer and staff are understanding about our involvement". One relative told us that they were concerned about staffing levels on the middle floor unit; we did not receive any further concerns about staffing levels from relatives.

On the day of our inspection, we saw that staff interacted with people without exception in a cheerful and pleasant way. It was clear from talking with staff and observing interactions, that they knew all the people who lived at the home well. Staff addressed people by the names they preferred. We saw that staff were gentle and patient when supporting people to take medicines or eat and drink or simply to walk to their bedrooms. All care staff responded to individual people in a way that showed they knew them well and were concerned for their welfare.

Staff we spoke to showed good awareness of confidentiality, privacy and dignity. Staff told us; "We are here to help people, provide them with the best ways to help them communicate". And "Knowing the residents individual needs and life story helps us care for them in a kind and dignified way".

Information about advocacy and other services was displayed around the service and staff were aware of the need for promoting advocacy and involving next of kin when appropriate.

We looked at one person's care plan whose health had recently declined. We found that end of life care planning had not been fully considered; however staff knowledge of this person's needs and preferences were very good. The registered manager reviewed the person's care plans to ensure they were reflective of current needs.

Another person's care plan showed an up to date and signed Do Not Attempt Resuscitation Order (DNAR). This was signed by the person's general practitioner and was completed in line with the Mental Capacity Act requirements. The person also had an organ donor card held on file.

We looked at how the service ensured people were provided a good standard of end of life care. We found that the service followed an accredited end of life care programme (The Gold Standards Framework) and had policies and procedures in place for staff to follow. Training in end of life was an area requiring

improvement to ensure that staff were suitably trained and aware of current best practice.

Is the service responsive?

Our findings

People's needs were being met in a person centred manner and reflected their personal preferences. A relative told us "We have no complaints whatsoever. The staff here are outstanding from the reception team, to the cleaners and care assistants. My mother has made real progress during her brief transition stay here".

We observed people maintaining their independence and rehabilitation was a core speciality at the service. People had access to specialist services such as hydrotherapy and the service employed physiotherapists to ensure that regular support to re-enable people to best health was available.

We examined the care files of ten people, who lived at the service. We saw that people had been involved in their development and thorough needs assessments had been conducted before a placement was arranged at the service. These included people's likes and dislikes and this helped to ensure the staff team were confident they could provide the care and support people required. Care staff confirmed that they had read the care plans for those they supported, to ensure they knew what each individual required. We found plans of care to be person centred, which outlined clear aims, objectives and actions to be taken.

Records we saw reflected people's needs accurately and we observed written instructions from community professionals being followed in day to day practice. We spoke with members of the care team about the assessed needs of the people's care record we looked at. We found that the care team held a very good understanding of people's needs and preferences. One care worker was able to describe a person's life history, occupation and family connections as outlined in their person centred care plan.

Detailed assessments were in place alongside appropriate risk assessments. These covered areas, such as the risk of developing pressure wounds, the risk of malnutrition, the use of bed rails and falls. Staff understanding of risk to individuals was robust. Staff told us a good standard of communication at shift hand over on all units was maintained.

We discussed the needs of people living at the service with high dependency nursing input. Registered nurses told us that they felt confident to provide the specialist care and had worked alongside the spinal injury outreach to develop a safe and effective service. Care records for people with such needs were maintained to a high standard and were easy to follow.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. With the exception of one person who told us their concerns were listened to by the manager however they did not always get a response regarding action taken.

We saw that the home had an up to date complaints policy which was on display for people to access the information. We saw that a complaints file was kept in the office. We looked at complaint management and found evidence of actions that the registered person had taken when concerns were raised by people who

used the service. We found evidence of complaints procedure being put into action by the registered manager. Complaints were dealt with transparently and people were given outcomes of the complaints they raised.

Staff we spoke to had awareness of complaints procedure within the home and told us how they encourage people to raise concerns using resident's meetings, surveys and care plan reviews. Records showed residents meetings were held and people received copies of the minutes. Meeting schedules are advertised for the year ahead.

People told us that they felt confident to raise their concerns.

The service employed a full and part time activity co-ordinator. People told us that they were provided stimulation and opportunities to go on day trips in the mini bus. During our inspection we did not observe any group based activities. The activity co-ordinator was off duty. However we did observe staff interact with people and sit with them in bedrooms and communal areas.

People on one to one support mainly resided in their bedrooms; some people were of younger age. We found that a very good standard of personalised decoration in bedrooms had been achieved. People had access to large televisions and appeared to enjoy the channel selection, one person we observed enjoying the music channel. People's bedrooms had been personalised with family photographs and their individual belongings.

Is the service well-led?

Our findings

We checked whether the service was committed to improving standards. The service had clear aims and objectives and also a 'service user's charter', which included information about how the service would promote people's dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

We found that the staff team worked well together and staff told us that they felt supported.

We looked at policies and procedures relating to the running of the service. These were in place and reviewed annually. Staff had access to up to date information and guidance procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

Staff spoke about the positive ethos throughout the team. Staff told us; "It's a great staff team". And "Staff know what they are doing and they do it with pleasure".

We found the registered person manager was familiar with people who lived in at the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in her care. For example the registered manager was able to identify people nearing end of life and risks associated to individuals. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a person centred way.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. Staff were kept informed in a variety of ways including shift handover, staff meetings and supervision. We looked at staff meeting minutes, they showed staff were involved in discussions about improving the service and management input was motivating to encourage the staff team to provide good standards of care and support.

We looked at how the service assured quality and development. We found that the service had a robust quality auditing system in place. The registered manager carried out regular audits in areas such as, infection control, health and safety, medication, personal care equipment and care planning. We saw audits had been completed on a monthly basis. Areas such as medicines management were audited more frequently when issues had been identified. Action plans were in place to address findings from the audits and these were signed off when the actions were completed.

Environment maintenance at the service was carried out routinely and records were kept to evidence safety and repairs. This showed that the registered manager ensured that maintenance systems at the service were tested and fit for use.

We found the registered manager receptive to feedback and keen to improve the service. They worked with us in a positive manner providing all the information we requested.

The CQC registration certificate was on display along with a copy of the most recent inspection report. The service worked in a transparent way and showed commitment to keeping people who accessed the service up to date with any changes.

We looked at how the service worked in partnerships with other agencies. We spoke to professionals who visited the service regularly and they told us; "The staff are really good". And "The staff listen to professional guidance we give them and follow it in the day to day care of people". A safeguarding professional from the local clinical commissioning group told us that the registered manager worked in partnership and was committed to maintaining professional relationships and improving the service.