Turning Point

Reevy Road Care Home

Inspection report

60 Reevy Road West
Bradford
West Yorkshire
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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

We inspected Reevy Road on 14 September 2016. This was an unannounced inspection, which meant that the staff and registered provider did not know we would be visiting. When we last inspected the service in June 2014 we found that the registered provider was meeting the legal requirements in the areas that we looked at.

The home had a manager, however they were not registered. 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 manager told us they had submitted their application to the Care quality Commission and was awaiting a date for their fit person interview.

Reevy Road provides care and accommodation for up to 24 people who have a learning disability. The home is situated in a residential area of Bradford. In addition to residential care the service provided support and encouragement to people to enable them to move onto supported living. There are three separate units within the service; however people are able to access all of the building if they choose. Bluebell unit can accommodate a maximum number of seven people with a view to moving on to supported / independent living. Rose unit can accommodate a maximum number of five people some of who have a behaviour that challenges and Lavender unit can accommodate a maximum number of 12 people who have a higher dependency of needs. At the time of the inspection there were total of 18 people who used the service.

Systems were in place to make sure people received their medicines safely. However, some improvements were needed. Staff had not had their competency assessed on a regular basis to administer medicines safely but the registered provider had already identified this failing and had plans to complete this by the end of 2016. Stock control needed to improve as the current system resulted in lots of wastage. Staff were ordering new medicines for people when some unused medicines could be carried over and used in the next month. The room where medicines were stored was not taken and recorded to make sure it was the right temperature in which to store medicines.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

There were sufficient staff on duty to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. However, on the day of the inspection we identified that the upstairs windows did not have window restrictors in place. The manager took action on the day of the inspection to address this urgent matter and confirmed after the inspection that all upstairs windows had been restricted in the two days following the inspection.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as moving and handling; behaviour that challenged; nutrition and hydration and choking. This enabled staff to have the guidance they needed to help people to remain safe.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards, which meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that staff had received supervision on a regular basis and an annual appraisal.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. People were weighed on a regular basis and received nutritional screening.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Assessments were undertaken to identify people's care, health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care plans were developed with people who used the service and relatives to identify how they wanted to be supported.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff told us how they encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. Relatives told us they knew how to complain and felt confident that staff would respond and take action to support them. People and relatives we spoke with did not raise any complaints or concerns about the service.

There were systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out by the manager with further checks from line management. A senior manager in the organisation visited the service on a regular basis to monitor the quality of the service. However, records of these visits were not available for inspection.

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.

Systems were in place to make sure people received their medicines safely. However, staff needed to have their competency regularly assessed and stock control measures needed to be enhanced to reduce wastage. The registered provider told us they would take immediate action to address our findings.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse. Risk assessments included detailed measures to keep people safe.

Recruitment procedures were in place to help ensure suitable staff were recruited and people were safe. There were sufficient staff on duty to meet people's needs and some people received one to one support from staff to enable them to take part in activities and socialise

Is the service effective?

Good

The service was effective.

Staff had completed training which provided them with the skills and knowledge to support the people who used the service. Staff had received supervisions and an annual appraisal.

People had access to healthcare professionals and services. People had mental capacity assessments and best interest decisions were recorded within care records.

Staff encouraged and supported people at meal times. People were weighed and nutritional screening took place.

Is the service caring?

Good

The service was caring.

People were treated with respect and their independence,

privacy and dignity were promoted. People and relatives were included in making decisions about their care. The staff at the service were knowledgeable about the support people required and about how they wanted their care to be provided.

People had access to advocacy services. This enabled others who to speak up on their behalf.

Is the service responsive?

Good

The service was responsive.

There were activities and outings for people who used the service and people were encouraged to pursue their interests.

People who used the service and relatives were involved in decisions about their care and support

The service had a system for managing complaints. Relatives told us staff were approachable and they felt comfortable in speaking to them if they felt the need to complain.

Is the service well-led?

Good

The service was well led.

The service had a manager who understood the responsibilities of their role. Staff we spoke with told us the manager was approachable and they felt supported in their role.

People were asked for their views and their suggestions were acted upon.

Audits of the service were completed to assess and monitor the quality of the service provided.

Reevy Road 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 checked 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.

We inspected the service on 14 September 2016. This was an unannounced inspection, which meant that the staff and registered provider did not know that we would be visiting. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We sat in communal areas and observed how staff interacted with people. We spent time with six people who used the service. Communication with some people was limited because of their learning disability. We spoke with two relatives after the inspection. We looked at communal areas of the home and some bedrooms.

During the visit we spoke with eight staff, this included the manager, area manager, a team leader and five support workers.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medicine records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe; one person told us that they liked living at the service. They said, "I like it very much." A relative we spoke with said, "I have every confidence in all of the staff at Reevy Road."

At the time of our inspection people who used the service were unable to look after or administer their own medicines. Staff had taken responsibility for the storage and administration of medicines on people's behalf. We checked people's Medication Administration Records (MARs) and found these were fully completed, contained the required entries and were signed.

We checked records of medicines against the stocks held and found these balanced. The manager and staff were able to describe the arrangements in place for the ordering and disposal of medicines. They told us that medicines were delivered to the home by the pharmacy each month and were checked in to make sure they were correct. Records of ordering and disposal of medicines were kept in an appropriate manner. The manager and staff told us they checked these against the medicines received from the pharmacist. These systems helped to ensure people received their medicines safely.

However, we did identify some wastage of medicines as staff ordered new medicines for each person each month regardless of the quantity left from the previous month. Staff had returned unused medicines to the pharmacy, which would have lasted the person for the month ahead and rather than carrying forward this medicine from one month to another. This was pointed out to the manager and area manager at the time of the inspection who confirmed they were taking action to ensure the effective stock control measures were used in order to avoid unnecessary wastage.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Those medicines that required cool storage were kept in the fridge and the temperature of the fridge was taken on a daily basis to make sure medicines were stored at the correct temperature and did not lose their effectiveness. However, we did note that on some occasions the fridge temperature was too warm. We pointed this out to staff who told us they would take action to rectify this. We also noted that staff did not record the temperature of the room in which medicines were stored. Again this was pointed out to staff and the manager who told us they would take immediate action to rectify this.

We saw records to confirm that staff had their medicine competency assessed when they first started to administer medicines but not on regular basis, which was an expectation of the registered provider's policy. The registered provider had identified the need for improvement within their PIR and informed that they were to complete all competency assessments by the end of 2016.

The manager had an open culture to help people to feel safe and to share any concerns in relation to their

protection and safety. Policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding adults and this was regularly updated, so that staff were kept up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected. Staff had a good understanding of the correct reporting procedure. Staff were able to tell us about the registered provider's whistleblowing policy and they were confident that any reports of abuse would be acted upon appropriately. Staff were aware of their responsibilities; they were able to describe to us the different types of abuse and what might indicate that abuse was taking place. One staff member said, "I wouldn't hesitate in reporting any abuse and I am very confident action would be taken."

Staff were recruited safely and there were sufficient staff on duty to meet people's needs. Some people also received additional one to one support from staff to enable them to take part in social activities. Relatives confirmed there were enough staff on duty, however one relative told us that staff don't always answer the telephone when they contacted the service. We also found this to be the case when we contacted the service. This was pointed out to the manager who told us they would take action to address this. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Care records identified individual risks to people for areas such as moving and handling; behaviour that challenged; scalds; nutrition and hydration and choking. Risk assessments detailed measures to keep people safe. For example, one person was identified at risk of aspiration and choking. Aspiration is the medical term for inhaling small particles of food or drops of liquid into the lungs. The oral health care plan for this person clearly identified measures to keep the person safe by informing staff to only use a small amount of toothpaste and water when brushing their teeth.

The building was owned and managed by the local authority and all tasks related to the building were completed by staff employed by the local authority. We found that many areas of the home needed refurbishment, however, the area manager told us that the local authority had been alerted to the issues and were taking action. We saw that parts of the home had been redecorated and people who used the service had been involved in deciding how this was done. On-going decoration was taking place at the time of our visit. One of the lounges had been created to look like a garden area. The wall paper was flowered, the carpet was green to replicate grass and there was a bird table and other ornaments that brought the room to life. People told us they liked this room.

We saw that the upstairs windows did not have window restrictors in place. The manager contacted the local authority staff on the day of the inspection and asked that this was addressed as an urgent matter. The manager contacted after the inspection to confirm that all upstairs windows had been restricted in the two days after the inspection.

We saw records to confirm that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. Checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire extinguishers, hoists and gas safety.

We saw records to confirm that portable appliance testing (PAT) were up to date. PAT is the term used to

describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that regular analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

Good

Is the service effective?

Our findings

People and relatives told us that staff provided good quality care and support. One person said, "I like it. I'm happy." A relative said, "The think Reevy Road is an excellent place and I can't praise them [staff] enough. [Name of person] was quiet and into herself before going to Reevy. They [staff] have done a marvellous job [name of person] is a completely different person, she is sociable, happy, goes out more and enjoys life." Another relative said, "I have every confidence in all of the staff at Reevy Road."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff told us they were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received over the last year, such as moving and handling, infection control, meeting people's nutritional needs and safeguarding, amongst others. Staff felt the recent training sessions had been extremely beneficial. They told us they felt able to approach the manager if they felt they had additional training needs and were confident that they would facilitate this additional training. One staff member said, "We get loads of training. The best training I have had was on epilepsy. This was very interesting and I feel confident to put into practice what I have learnt." They also said, "Our folders are crammed full of certificates of training."

Staff told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. One staff member said, "Name of registered manager] is really supportive. In supervision we talk about how I am getting on with my job, annual leave, any sickness, any concerns and if we want to progress in our career." Staff told us they received an annual appraisal and records were available to confirm this to be the case. One newly appointed staff member told us induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff. The manager told us that induction packages were linked to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

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 found that the staff had a very good understanding of the MCA and what actions they would need to take to ensure the home adhered to the code of practice. We saw staff received regular refresher training around the use of this legislation.

The care records we reviewed contained assessments of the person's capacity to make decisions. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. When people had been assessed as being unable to make complex decisions, there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

At the time of the inspection, we found that, no one was subject to a DoLS authorisation. The manager explained that most people would need this form of authorisation and they had submitted the applications but the supervisory body had not yet processed them. They confirmed that action had been taken to chase this up and none of the people actively sought to leave the home.

Staff had a good understanding of DoLS and why they needed to seek these authorisations. We found that they had recognised that people may have disabilities, but were able to retain the capacity to make decisions about their care.

The manager showed us a four week menu plan which provided two choices at each meal time. In addition to this people who used the service could always have soup, sandwiches, salad or jacket potatoes. Staff told us that menus and food choices were discussed with people who used the service on a regular basis. We saw that there were pictorial menus to help those people choose who had limited communication. The manager told us how the majority of food shopping was purchased on line; however, there were some people who liked to go food shopping to the local supermarket and staff supported them to do this. Those people who were more able on Bluebell unit and Rose unit chose their own menu each weekend and went shopping to buy the food that they needed to prepare the meals.

During the inspection staff told us people were supported to enjoy their food and were offered choice and variety, which respected people's ethnic, cultural and dietary requirements. People were consulted regarding their preferences and choice of food. Staff told us how they could accommodate special diets such as diabetic and how if needed food and drink could be liquidised or thickened. One relative we spoke with told us a person who used the service required a blended / liquidized diet, however, rather than presenting the different foods on a plate separately how staff blended this together which made the food look unappetising.

We saw that staff supported people who used the service who were unable to maintain adequate nutrition orally and as such had a PEG tube (Percutaneous Endoscopic Gastrostomy). This is a way of introducing foods and fluids directly into the stomach. We reviewed the care records of a person who was fed via a PEG. Records clearly detailed the type of feed, how to give the feed and the amount to be given. The manager told us that care staff were responsible for giving these feeds to people and only those who had received PEG training from the community nurses completed the task. The manager understood that the community nurses retained accountability for staff practice and although they routinely checked staff they had not completed any formal competency assessments. The manager said that they would address this and speak with the community nurses to formalise competency assessments.

In July 2016 a dietician who visited the service had raised some concerns with the manager about the monitoring and system for the recording of PEG feeds. Following this the manager reviewed and improved the recording system and ensured staff received additional training. At this inspection we found that there were good systems in place for checking if people had received their PEG feeds and that staff maintained an

accurate record of this

The manager told us that staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. We saw records of such visits to confirm that this was the case. In addition staff completed nutritional assessment documentation.

We observed the lunch time for some people who used the service. Those people who needed assistance were provided with this from staff. Staff were eating at the same time as people, which created a social occasion with people chatting and enjoying their food. One person required feeding and we saw that staff were patient in their approach, giving small mouthfuls and lots of drinks in between.

One person who used the service told us that they liked the food provided but they also liked to go out with staff to cafes and restaurants. They told us they had been out for their lunch on the day of the inspection. They said, "I've been to McDonalds and I've had chicken nuggets and chips." The person smiled and told us how much they had enjoyed their lunch.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The manager said that they had good links with the doctors and nursing service. People were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. Relatives told us that staff were extremely knowledgeable about the people they cared for and were good at spotting the signs and symptoms if people were unwell. Relatives told us staff contacted health professionals very timely and communicated well with relatives. One relative who told us they were responsible for supporting and making decision about health and welfare said, "They [staff] are very good. I am kept well informed about all matters relating to health and involved with decision making. Communication is very good."

People had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Good

Is the service caring?

Our findings

People who used the service told us they were supported by kind and caring staff. One person said, "They [staff] are lovely." Another person described the staff as "Nice." A relative said, "[Name of person] feels that Reevy is part of her family. At Christmas she would rather stay at Reevy than come and spend time with her family." They also said, "There is no way we [family] could do or provide the same level of care and support that they do. The care staff are excellent."

During the inspection we spent time observing staff and people who used the service in the lounge and dining area. Throughout the day we saw staff interacting with people in a very caring and friendly way. On one occasion we saw a staff member stroking and holding the hand of a person who used the service, we saw from the person's facial expressions that this brought about comfort and reassurance.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well. During the inspection we spoke with people who used the service and on some occasions we had some difficulty in understanding what they were telling us. However, staff respectfully intervened and helped us to understand what people were saying, which helped to ensure any frustration for the person was reduced or alleviated. Staff took time to talk and listen to people. This showed that staff were caring.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. They also told us the importance of enabling people to make choices and encouraging independence. We saw this on the day of the inspection when one person who used the service was working with staff to do a list of everything they needed and wanted to take on their holiday. The staff member (who was actually on their day off) sat patiently with the person carefully listening and writing down the clear description of the items they wanted to take with them. The staff member was seen to support the person to be independent with their choices and decision making. The staff member told us, "I just love my job it is so rewarding." We observed that staff were discreet when asking people if they wanted to go to the toilet or needed any other support. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The manager and staff showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff told us they enjoyed supporting people. One staff member said, "This is a great place to work with a good team of staff." We noted when new staff came on duty how they greeted and smiled at each person who used the service. This helped to ensure people who used the service felt valued.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. Relatives told us they were made to feel welcome and encouraged to visit at any time.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The manager was aware of the process to follow should an advocate be needed.

Good

Is the service responsive?

Our findings

Staff and people told us that they were involved in activities and outings. One person said, "I go out all over." They told us how they were to go on holiday in the next few days to Blackpool and that they had been shopping that day for clothes and toiletries they needed to take. They also told us they had been out for lunch.

Relatives told us that people who used the service were involved in a plentiful supply of activities. One relative laughed as they told us, "I have to ring up to make sure [name of person] is in. I can honestly say that he has a better social life than I have." This relative told us how they were funded for additional staffing to ensure the person was supported to take part in activities and outings. We were told that this person regularly went bowling, out to the park, used public transport and enjoyed a meal in the pub." Another relative we spoke with said, "[Name of person is always out shopping and she is actually on holiday at the minute."

During the inspection we sat with one person who used the service who told us they liked to look at books and for staff to read with them. This person also liked to draw and was provided with paper and pencils to do this during the inspection. Some people who used the service were part of a singing group and attended regular rehearsals and performed concerts. We saw pictures of this singing group displayed around the home

In the garden room we heard that soft music was playing in the background and that one person who used the service started to sing. We saw that staff encouraged them with their singing.

Staff told us there were sufficient staff on duty for people to take part in the activities and outings that they wanted to. People had been on recent holiday to Blackpool, Bridlington or Primrose Valley. One person told us how they looking forward to going on their holiday. They said, "I can't wait. I'm excited." They told us how they were going on holiday with their friend who was another person who used the service and staff. They told us about the full itinerary that they had planned.

During our visit we reviewed the care records of three people. Each person had assessments, which highlighted their needs. Following assessment, care and support plans had been developed. Care records contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. The relatives we spoke with told us they had been involved in making decisions about care and support and developing the care plans.

Care plans were person centred and contained very detailed information on how the person liked to be cared for and their needs met. For example the mobility care plan for one person clearly described how to transfer the person in and out of bed whilst maintaining the persons comfort and safety. Care plans clearly stated how people needed to be supported to start and spend their day, what they needed help with and the support needed from staff. This helped to ensure that people were cared for and supported in a way

that they wanted to be.

The manager and staff were able to explain what to do if they received a complaint, but commented that they rarely received complaints. We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. Some people who used the service had limited communication but staff told us many people had used the service for a number of years and staff could determine from their body language if people were unhappy. The manager told us they spent time with people on a daily basis to make sure they were happy and their needs were met. The relatives told us that the manager and staff were approachable and should they feel the need they would speak with them. One relative said, "The manager is approachable and always open and honest. Her door is always open and she will even do a late shift so I can speak with her." Another relative said, "I don't have any concerns but if I did them I would speak with [name of manager] or with the staff."

Good

Is the service well-led?

Our findings

The home had a manager but at the time of the inspection they were not registered. The manager had submitted their application to the Care Quality Commission for registration and was awaiting the date of their fit person interview. They told us they had worked at the home for 10 years and had been promoted to manager just over nine months ago.

Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found that the manager understood the principles of quality assurance and completed audits in all aspects of the service. The manager also had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. They told us how they strived to continuously improve the care and services provided to people.

The manager completed an annual self-assessment audit based on the CQC five domains. The self assessment was then checked by the line manager, and subsequently validated by the risk and assurance team, usually via a service visit. However, we noted a range of issues to do with the upkeep of the building but these were not covered in the registered provider's assurance process. Therefore no action plan was in place. The area manager was addressing the concerns via meetings between the clinical commissioning group and local authority but did not have minutes of these meetings to evidence the work they were doing. The area manager acknowledged that action plans were needed.

Staff and relatives told us the culture in the home was good and the manager was approachable. One staff member said, "[Name of registered manager] is very easy to speak to and always makes time for you." Another staff member said, "[Name of manager] is very approachable and open to our ideas. She recently suggested a change to the rota and that staff worked for two weeks at a time on a unit, but we felt this was too much and suggested one week. [Name of manager] was fine with this." Staff told us they felt they could approach the manager with anything as they were so encouraging and supportive. Staff told us the morale was good and that they were kept informed about matters that affected the service.

Relatives told us the manager operated an open door policy and made herself available to speak with whenever needed. One relative said, "[Name of manager] is very good. If there is the slightest concern or just need to speak to her she makes herself available."

One relative told us they attended the parent carer meetings and found them to be a useful event where they could raise any issues and be kept informed about the day to day running of the service. The relative told us their views were taken into account at meetings.

We saw records to confirm that staff meetings had taken place on a regular basis. We saw that discussion had taken place about care plans, record keeping, safeguarding, complaints and issues and other areas relevant to the needs of people who used the service. Staff told us meetings were well attended and that they were encouraged to share their views and speak up.

The area manager visited the service on a regular basis to monitor the quality of the service. This involved spending time with people and staff, in addition this included looking at care records, complaints, meeting minutes and medicines to make sure safe practices were followed and everything was up to date, however records of these visits were not available for inspection.

We saw that the registered provider asked for feedback from people who used the service, relatives and visiting professionals. We saw that all of the feedback was very positive. For instance relatives recorded 'We want to express or thanks for all the support we have had over the last 15 years.' And 'The support offered is excellent." A visiting healthcare professional commented "Visiting with my mentor I realised how little I knew about how to work well with people who have learning disabilities. Coming here has been a massive eye-opener and I have learnt so much.'