

Milestones Trust

77 Gloucester Road North

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

77 Gloucester Road North provides accommodation and personal care for six people. People who live at the home have a learning disability. There were six people accommodated at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. This inspection took place on the 31 March and 5 April 2016.

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.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these procedures. Systems were in place to ensure people were safe. These included risk management, checks on the environment and safe recruitment processes. Staff knew what to do to keep people safe.

People had a care plan that described how they wanted to be supported. These were tailored to the person. Care was effective and responsive to people's changing needs. People had access to healthcare professionals when they became unwell or required specialist equipment. People received their medicines safely.

People's rights were upheld and they were involved in decisions about their care and support. Where decisions were more complex these had been discussed with relatives and other health care professionals to ensure it was in the person's best interest. Staff were knowledgeable about legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty safeguards. Appropriate applications had been made in respect of these safeguards ensuring people were protected.

Sufficient staff supported the people living at the service. Where there were shortfalls for example staff absence or vacant posts, these had been covered with bank and agency staff. The staff told us all staff vacancies had recently been filled and they were looking forward to working as a full team.

Staff had received appropriate training to support the people living at the service. Staff were supported in their role and received regular supervisions. Supervisions are where a member of staff meets with a senior manager to discuss their role, performance and training needs.

Systems were in place to ensure that any complaints were responded to. People's views were sought through an annual survey that was completed by a representative from Milestones Trust. This was done using an observational tool as many of the people living at 77 Gloucester Road North were unable to express their views due to their learning disability.

The staff, the manager and a representative from Milestones Trust completed regular checks on the systems that were in operation in the home to ensure they were effective.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff.

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.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

There were sufficient staff to keep people safe. Safe systems were in place to ensure only suitable staff were employed.

People were kept safe as risks had been identified and were well managed. Staff were aware of their responsibilities in protecting people in respect of cross infection.

Medicines were well managed with people receiving their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles.

People were involved in making decisions. Other health and social care professionals were involved in supporting people to ensure their needs were met.

People's freedom and rights were respected by staff who acted within the requirements of the law.

People's nutritional needs were met and this was kept under review to ensure people were having enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and in a dignified manner. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach. They had a good understanding of how each person communicated their wishes and emotions.

Staff knew people well and were able to tell us how people liked to receive their care. This included interpreting people's body language when they were not happy so their care could be adjusted.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their needs. Care plans described how people wanted to be supported. These were tailored to the person and kept under review.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

People could be confident that if they had any concerns these would be responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

The staff and the registered manager worked together as a team. The staff team were well supported by the management of the service. Staff were positive that the recruitment of staff to the vacant posts would increase morale and improve the quality of the service in respect of record keeping.

The quality of the service was regularly reviewed by the provider/manager and staff.

77 Gloucester Road North

Detailed findings

Background to this inspection

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

This was an unannounced inspection which was completed on 31 March and 5 April 2016. The inspection was completed by one inspector. The previous inspection was completed in May 2014 there were no breaches of regulation at that time.

Before the inspection, we 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 along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. You can see what they told us in the main body of the report.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with four members of staff and the registered manager of the service. We spent time observing and speaking with people living at 77 Gloucester Road North. Only one person was able to tell us about their experience of living in the home.

Is the service safe?

Our findings

One person told us they felt safe and liked living at the home. They told us, it was much better than their previous home and they really did not want to move. People were observed seeking out the staff that were on duty. They appeared comfortable with the staff that supported them. This demonstrated people felt secure in their surroundings and with the staff that supported them.

Medicines were stored and managed safely. Staff confirmed they had their competence checked regularly by the registered manager and were given training on the safe administration of medicines. A new member of staff told us they were unable to give out medicines because they had not received the training as yet to do this. This showed that only staff that had been assessed as competent gave people their medicines.

Each person had information about the medicines they were taking and how they liked to take them. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies for a specific medical condition. This included what staff should monitor in respect of when and how these medicines were to be given. Records were completed in respect of medicines given to people including records to check the stock held in the home. This meant the staff could account for all medicines.

People were kept safe by staff who understood what abuse meant and what to look out for. Staff confirmed they were trained and knew the signs to look out for in respect of an allegation of abuse. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team.

Staff told us they had confidence in the registered manager to respond to any concerns appropriately. Staff described to us how they monitored people's body language and changes in behaviour, as five of the six people were unable to tell staff if they were being hurt by anyone. Staff recorded any unusual marks such as bruising and reported this to the registered manager. An investigation took place to check if there were any possible causes. Where any allegations of abuse had been made the registered manager had reported this to the local safeguarding team and the Care Quality Commission.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. These covered all aspects of daily living. Risk assessments included the action staff must take to keep people safe. These had been kept under review and other professionals such as occupational therapists and physiotherapists had been involved in advising on safe practices and equipment required. Staff described to us, how they ensured people's safety both in the home and the local community.

Moving and handling equipment was checked regularly by the staff to ensure it was safe and fit for purpose. This was in addition to an external contractor that serviced the equipment. Staff had received moving and handling training. There was overhead tracking in one person's bedroom enabling them to be safely assisted from their bed to their wheelchair.

People's care plans included photographs with an explanation on how they were supported with any moving and handling. This included the equipment required and how many staff to assist the person safely. The registered manager told us they were a moving and handling trainer and assessor. They told us a new annual staff competence assessment tool was being introduced across the Trust to ensure staff were following the correct procedures and supporting people safely.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent interval. There was sufficient stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control. The registered manager had completed an audit on infection control in February 2016 and the service was found to be compliant.

The registered manager told us about the process that new staff underwent to ensure a thorough and robust recruitment process was undertaken. Records relating to recruitment were held at the main office at Milestones Trust with some information held in the home. They told us staff would not commence in post until all their checks had been completed such as obtaining two references and a Disclosure and Barring System (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. An email was sent to the registered manager once all information was in place enabling them to confirm a start date with the new employee. We recently inspected the information held at the main Human Resources department and found a robust system was in place for the recruitment of staff.

Sufficient staff were supporting people. There were always three staff working during the morning and two staff working the afternoon and evening. People were supported by one waking and one sleeping staff at night. This was confirmed in discussion with staff and by looking at the rotas.

The registered manager told us any shortfalls were covered by the team and a core group of bank staff, with agency staff used on occasions. The registered manager said staffing was kept under review and gave examples where this had been increased. For example, when people had a planned social activity or when a person was unwell and in hospital. Additional staffing hours were allocated to support the person safely and respond to their changing needs.

Staff told us about how the service had been short staffed due to staff absence and vacancies in the last year. They told us the staff or bank had picked up the shortfalls. They were positive that they were now a full team and the use of bank and agency would be greatly reduced. The registered manager confirmed this, complementing the staff team on how they had covered the shortfalls during this period to ensure people received consistent care from familiar staff. The registered manager told us they had a core group of bank staff that worked in the home, which again ensured familiar staff were supporting people.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose.

Maintenance had been carried out promptly when required up until January 2016. The registered manager told us the contract for maintenance had recently changed which had caused some delay in some of the maintenance being completed. These repairs included the flooring in one person's ensuite, repairs to the high low bath and replacement of some pavement slabs in the back garden. These had been recorded in the maintenance record as being outstanding since January 2016. Staff told us the high low bath had not been

operational for the last two weeks. Staff told us these had all been chased up and they were aware that these were being responded too.

This was having a negative impact on people in respect of the high low bath not being in use as some people preferred baths and it was the only bath available to people. The registered manager told us the contractor was waiting for the new part for the high low bath and the flooring in the ensuite could not be replaced until the floor had sufficiently dried out. It was evident that this was being actively chased up by the staff and the registered manager.

Is the service effective?

Our findings

Five of the people were unable to tell us about the care and support they were receiving. We observed staff supporting people throughout the day. This included supporting people with making decisions for example, where to sit, what to eat and what activities they would like to do. Staff had built effective relationships with people enabling them to understand when people were happy, sad or in pain. Staff described how they monitored people's body language in respect of their general well-being. Both the registered manager and a new member of staff at separate times commented that a person did not look like their usual self. This showed the staff knew people well and were observant in picking up on people's non-verbal communication and body language. Staff were monitoring this person and this was shared with the afternoon staff who were asked to encourage plenty of fluids as it was felt the person may be coming down with a cold.

People had access to other health and social care professionals. Staff told us they had a good relationship with the local surgery and would not hesitate to contact the GP for advice and support about a person's general health. One person on the first day was noted to be not well and staff were concerned they had a chest infection. Staff promptly contacted the GP and requested a home visit. This person was unable to tell the staff how they were feeling and it was evident the staff were monitoring their well-being.

People were supported to attend medical appointments. People attended regular check-ups with the dentist, opticians and other health practitioners. Clear records were maintained of the outcome of the appointment and any follow ups. People attended an annual health check with the GP and were offered a flu jab. This was confirmed with the GP who told us, "I have always found the staff caring, well informed about the symptoms they are seeking advice about and interact well with their clients". They told us that some people could feel anxious about the experience of attending the surgery and the staff were very good at putting them at ease.

People had a health action plan which described the support they needed to stay healthy. This was where staff recorded information about any appointments that people had attended and the support they required.

People's nutritional needs were being met. Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved in supporting people with their dietary needs. This included speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan. The registered manager told us in their provider information return there were no concerns in respect of meeting people's nutritional needs and no one was at risk. Staff told us people had a healthy appetite and this was monitored especially where people refused meals.

Staff told us all the food was freshly prepared and they were aware of what people liked and disliked. One person told us they liked the food, there was a choice and always enough to eat. People were weighed monthly and any concerns in relation to weight loss we were told would be discussed with the GP and other

health professionals.

We observed during the meal time that a person was offered an alternative as it was evident from their non-verbal communication that they were not happy with the food initially offered. Staff knew the person well including their likes and dislikes. A member staff told us that sometimes the person liked what was on offer and other times refused to eat it. People were offered support at their own pace. For example one person was supported hand over hand when using their fork, this was done at the pace of the person with the staff talking with the person explaining what was happening and what they were eating. The food that was provided looked appetising and healthy. A professional told us, "I was impressed by the fact that the quality of food that they offer appears to be of a very high standard".

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us they had submitted applications in respect of Deprivation of Liberty Safeguards (DoLS) for five of the six people living at 77 Gloucester Road North. One person had the mental capacity to make the decision on where they lived. The registered manager had a system to monitor and keep under review each authorisation ensuring where this needed to be renewed this was completed in a timely manner.

Each person had been assessed to determine whether an application should be made. The registered manager had notified us about the outcome of the authorisations. Information about these safeguards were clearly described in the person's care plan on the reasons for the authorisation. Staff told us that most people needed constant supervision when in the home and the community and that they could not make the decision on whether they wanted to live at 77 Gloucester Road North. Some people required the use of wheel chair straps which was clearly documented in the person's care plan.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Whilst staff acknowledged how important it was to involve people in making decisions they acknowledged this was not always possible for more complex decisions. For example, those relating to medical treatment or large purchases. Where decisions were more complex meetings were held so that decisions could be made which were in people's best interests involving other health and social care professionals and relatives where relevant. Records were maintained of these discussions, who was involved and the outcome.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLS) and there was a MCA and DOLS assessment and referral policy.

Staff clearly understood the need to seek consent from people before any care and support was delivered. Staff told us people could clearly indicate using non-verbal communication when they were not happy or

did not want support. Information was available in care files about how each person communicated using non-verbal communication.

Staff confirmed they received regular supervision with their line manager. Supervision meetings were where an individual employee met with their manager to review their performance and any concerns they may have about their work. Staff meetings were held monthly. These provided the opportunity for staff to discuss a range of issues and to keep up to date with information about the people who used the service.

The registered manager was able to demonstrate new staff were supported through a formal induction. Staff completed the Care Certificate that was introduced in April 2015. There is an expectation that all new staff working in the care industry should complete this induction. New staff members were subject to a probationary period at the end of which their competence and suitability was assessed.

New staff worked alongside more experienced staff and were not counted in the staff numbers. This enabled them to gain confidence and get to know the people they were supporting. Two new staff told us they had been well supported since working in the home. They told us they were attending their corporate induction at the Trust headquarters the week following the inspection. They told us during their induction they had opportunities to read care plans and work alongside more experienced staff.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling and safeguarding training. A training plan was in place to ensure staff received regular training updates. The registered manager told us they liaised with the Trust's training department in respect of the training courses available and more recently with the local council who also provide training. They told us they were planning to send some staff along on courses such as healthy eating, diabetes, epilepsy, mental health, mobility and falls and postural management which was being organised by the local council. Staff told us the training they had completed had equipped them for their role.

77 Gloucester Road North is a small residential home close to local amenities. The home was suitable for the six people presently accommodated. Three of the six bedrooms were on the ground floor. There was a lift to the first floor.

Bedrooms had been personalised to suit the person and they had available to them an ensuite containing a walk in shower and toilet facilities.

All areas of the home were comfortably furnished and decorated to a good standard. There was a refurbishment plan in place as part of the annual business plan. The registered manager told us they were planning to redecorate two of the bedrooms, the hallway and the lounge. This would include replacing the carpet and the chairs in the lounge. The registered manager told us there were some volunteers that worked across the Trust who actively got involved in the redecoration of homes.

Is the service caring?

Our findings

One person told us they liked living in the home and the staff that supported them. They told us they did not want to move and it was their home. A visiting health care professional told us, "I find the staff have a good knowledge of the residents who use non-verbal communication and appear to be able to anticipate their needs well and seem to have a good relationship with them".

Throughout the two days we saw that people were treated with dignity and respect. People were comfortable and relaxed in the presence of the staff and when staff approached them. Staff were heard to speak to people in a caring manner using suitable volume and tone of voice, listening to and responding to their requests in a timely and considerate way. The atmosphere in the home was relaxed, calm and friendly.

Staff addressed the person by name and clearly explained to them what was happening. For example, when they were going out, staff clearly explained where they were going and how they were getting there. When staff were communicating with people we saw the staff member ensured they were at the level of the person they were talking to. This was important as some of the people were in wheelchairs or adapted seating and this ensured eye contact was maintained.

Staff were aware of people's routines and how they liked to be supported. Staff talked about people in a positive way focusing on their positive reputation rather than behaviours that may challenge. Staff evidently knew people well and had built positive relationships. Some staff and the registered manager had worked in the home since it opened 9 years ago. They described how over the years the people had changed and appeared more settled and relaxed since living at 77 Gloucester Road North.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with people on a one to one basis. One person told us about their key worker and how much they liked this particular member of staff. The person was actively seen seeking out this member of staff and talking with them about their planned activities for the afternoon.

People were given the information and explanations required, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. Care records included information about how people could be involved in making decisions. It was evident from talking with staff that people could clearly indicate when they were not happy. For example one person clearly indicated they did not like what was for lunch and alternatives were offered. Staff told us that one person did not particularly like noise and would indicate that they wanted to go to their bedroom or the conservatory. Care plans included information on how people communicated using non-verbal communication enabling staff to respond appropriately.

People were well supported over the lunchtime period. People were supported to use wet wipes prior to eating their lunch and after to wash their hands. Staff were engaged with people explaining what they were eating and staff were patient taking the time to ensure it was at the pace of the individual. People were

supported in an individualised way and encouraged to be as independent as they were able. Staff were observed verbally encouraging some people rather than doing for them. Protective aprons were offered to people before they commenced their meal. After the meal people were supported to change their clothing where required.

A member of staff told us that when people went into hospital the staff would stay with the person. This was because people could not express their care and support needs and found the experience of staying in hospital frightening causing them increased anxiety. They told us how it was important because if the person was anxious it would not help their general well-being enabling them to make a speedy recovery. This showed how much the staff cared for the people living at 77 Gloucester Road North when in their care and other settings such as hospital.

Some of the people needed support with all aspects of their personal care due to their learning and physical disability. Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff were observed knocking prior to entering a person's bedroom and waiting before they entered. This ensured people's privacy and dignity were maintained.

People's cultural and religious needs were taken into account when planning their care. Two people regularly attended the church which is situated a very short walk along the main road.

People all looked well cared for, were smartly dressed and clean. They wore clothing that reflected their age, gender and lifestyle and were well groomed. Where clothing had been soiled staff promptly assisted people to change.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. One person was supported to telephone their relative on a daily basis as this was important to them. This was clearly recorded in daily records and in the person's care plan.

People had access to an advocacy service. The registered manager told us that advocacy services had been recently used in enabling people to decide whether 77 Gloucester Road North was the right place for them to live in respect of the Deprivation of Liberty Safeguards application process. In addition it was evident the staff actively advocated for people in respect of their rights to fair treatment in hospital. Staff had raised a complaint that one person had not been treated very well when they were in hospital in respect of their treatment and the care that was provided.

Is the service responsive?

Our findings

Throughout the inspection staff were observed responding to people's care and support needs. One person asked if they could go to the local shop to buy their daily newspaper there was no hesitation from staff who accompanied them straight away. The person confirmed this was important to them and they were supported daily to go to the local shop. They told us there was always a member of staff available to help them do this. Another person using body language indicated they wanted a cup of tea; staff promptly went to the kitchen to get this person a drink.

Staff described to us how people communicated enabling them to respond to their support needs. A member of staff told us it was important there were regular staff working in the home as people had a very individual way of communicating their needs.

People were supported to have care plans that reflected how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and aspirations. They showed that people were involved and were enabled to make choices about how they wanted to be supported. Where people were unable to make these decisions this had been done in the best interest of the person. For example activities were planned knowing what the person enjoyed. Staff confirmed this was kept under review enabling people to try different activities.

Care plans were person centred and detailed the individual's personal preferences in relation to daily routines. This included information about how the person liked to be supported and what they liked to do at specific times throughout the day and night. The information included what was important to them. For example, one person liked to carry a particular object around with them. They were carrying this with them on the day of the inspection. Another person liked their bedroom door open at night. Staff confirmed this was important to the person as sometimes they were anxious at night.

A visiting health care professional told us, the staff had been monitoring the behaviour and moods of two people and they had been effective in recording behaviour in the ways that had been requested, so that a clear picture was produced. This enabled the visiting health care professional to respond appropriately in respect of the treatment of the person.

Individual daily reports about people's care and support were written by staff. This helped to ensure that staff were kept up to date with people's needs. The reports showed changes in people's well-being and how these had been responded to by staff. This meant there was information available when people's support was being reviewed. However, it was noted that whilst the care plans were being reviewed staff had often recorded 'no change'. There was no update on what progress to any goals such as holidays, planned activities and the learning of new skills. For example one person had set a goal to go to the theatre. The review made no reference to whether this had been achieved. The registered manager told us they would record this in the daily records but this information may get lost over time. The person told us they still wanted to go to the theatre but there had not been any shows they wanted to see. They confirmed staff often discussed with them what was going on at the local theatre.

Care reviews were held at regular intervals involving the person, relatives where relevant and other professionals. Staff told us they were in the process of updating some of the care documentation as part of their key worker role. A member of staff was able to show us the updated electronic records that they were intending to print off and put in the person's paper file.

Staff told us about a person's needs that had recently changed and meetings were being held with other health and social care professionals to ensure all appropriate equipment was in place and their medicines were suitable. They told us a new profiling bed had been purchased. This was so that the person could continue to get in and out of bed safely as this could be lowered. This could also be raised if the person needed to be supported whilst in bed. We were also told this person's support needs could change from day to day and their support was adjusted depending on how they were feeling. Staff said sometimes two staff were required to assist the person from a seating to a standing position. Other times it would take one staff. It was evident from the conversation the staff were responsive to this person's changing needs and circumstances. This information was reflected in the person's care plan.

Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. A handover is where important information is shared between the staff during shift changeovers. Written records were maintained to enable staff to keep up to date. This was useful if staff had not worked in the home for a period of time.

People were being supported on a regular basis to go out in the community and participate in meaningful activities. Activities included meals out, shopping trips, walks and trips to places of interest. Staff told us now the warmer weather was here, they would be planning some day trips for people. Some people attended community social groups including a group called the 'golden oldies'. In addition activities were organised in the home including aromatherapy and film evenings. A visiting professional told us, "As it is a relatively small home this appears to allow the staff the opportunity to offer 'spur of the moment' activities to the residents". Some people received support from day care staff from another organisation. Day care workers were working in the home on both days of the inspection supporting people to access the community. Staff told us they liked to get people out and about every day as it breaks the day up for people.

Staff told us some people had been supported to go on an annual holiday to Butlins in 2014. However, this did not happen in 2015 due to the staffing levels and two people were not well enough. They told us now they were fully staffed it was hoped people could be supported again to have a holiday. It was noted that this was one person's goal for 2015 and they continued to express an interest in going away on a holiday.

Most people living at 77 Gloucester Road North used non-verbal communication and the registered manager told us that resident meetings were not very productive. As one person was able to communicate they were offered opportunities to attend the first part of the staff meeting when general matters were discussed relating to the running of the home.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. This was available in an easy read version for people living at 77 Gloucester Road North. There had been two complaints one from an agency nurse and the other from a day centre. Both complaints were fully investigated and not substantiated. However, learning was taken from the complaints to improve the service. The registered manager told us in the provider information return that they had liaised with the agency to update the profile of the home. This was so appropriate agency were sent that had the right skills and knowledge. They had also informed us and the local safeguard team of one of the complaints.

Is the service well-led?

Our findings

Staff told us the last year had been a difficult year in respect of recruiting staff to the vacant posts and covering staff absences. They said often they were working alongside bank or agency staff. They said that whilst the standard of care had not been compromised they did not always have time to update records. They told us this had recently improved with the recruitment of two new care staff and an assistant team leader. The registered manager was positive the recruitment of the new staff would improve morale enabling staff time to update some of the documentation that had slipped. A member of staff was in the process of updating the inventory of a person's belongings as part of their key worker role when we first arrived. Another member of staff told us they were also planning to do this on the afternoon. They said this had not been a priority recently due to the staff shortages. It was evident from these discussions staff knew what improvements were required. They were aware of the home's business plan and told us they were asked for their views and could make suggestions for improvement.

Staff told us they felt the service was well managed. They told us the registered manager was a very much hands on, working alongside them in supporting people. Staff told us they felt supported by the registered manager and were kept informed about any changes. Staff were able to contact an on call system if managers were not available for advice and support.

People were actively seeking out the registered manager during the course of the inspection. Health and social care professionals confirmed the registered manager was approachable and supported people to attend healthcare appointments. A health care professional told us, "The manager has always attended my out-patient appointments and has all the necessary information plus she has had clear views about medication and other issues". This showed the registered manager was knowledgeable about the people that lived in 77 Gloucester Road North and advocated for them in respect of their healthcare needs. This demonstrated that the registered manager promoted an ethos of working alongside other health and social care professionals in meeting people's needs.

Staff told us meetings were regularly taking place and they were able to participate in discussions about the running of the service and the care and welfare of people. Staff told us any changes to the care practice, the running of the home and key policies were discussed. They confirmed the meetings ensured staff were kept informed about the service and their individual responsibilities. Records of these meetings were maintained. Staff were able to read these if they were unable to attend the meeting so they knew what was discussed and any agreed actions.

The manager told us a quality auditor visited the service annually and completed an observation of how staff were supporting people. This was because many of the people could not express their views about the service. Where people were able to verbally communicate the auditor would speak with them about their opinion of the service such as staffing, food, activities and environment. Feedback from the audit was positive. There were no recommendations from the last visit. The auditor found the staff were engaged with people and responding appropriately to their needs throughout the visit.

Staff told us they had designated responsibilities in respect of the running of the home. These included health and safety, fire checks, finances and maintenance of the homes' vehicle. A member of staff told us there were clear guidelines in respect of their roles and these were discussed during their one to one supervisions. Supervisions were a process where staff met on a one to one basis with a line manager to discuss their performance and training needs.

The Trust had a clear management structure which included a board of trustees, directors, heads of service and area managers who were based at the Trust office. They provided advice and support for staff in relation to human resources, finance, training, health and safety, quality, service user involvement and positive behavioural support. The chief executive visited the service annually to meet with staff and people who use the service. The registered manager told us the chief executive had recently visited and confirmed that the front door could be replaced. This was because the bottom plinth was rotten.

The provider carried out checks on the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed and were followed up at subsequent visits.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.