The Villas Care Homes Ltd

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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

The Villas Care Homes Ltd, is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulated both the premises and the care provided, and both were looked at during this inspection.

The Villas Care Homes Ltd, accommodates 16 people in one adapted building, which means the service does not conform to Building the Right Support and Registering the Right Support guidance. At the time of our inspection there were 16 people using the service.

The Villas Care Homes Ltd, had a registered manager. 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. They spoke positively about their involvement in identifying potential risks to their safety and how they worked in partnership with staff to remain safe. Risk assessments were used to develop care plans that identified how staff were to support people in managing risks. People's rights to make informed decisions and the promotion of people's independence was central to promoting their safety. People were supported by staff that had been recruited and had checks undertaken to ensure they were suitable for their role. People's medicine was managed safely and people were aware of the medicines that were prescribed.

People's needs were assessed to ensure the staff could meet their needs before they moved to the Villas Care Homes. People's needs were met by staff that had the skills and training to provide good quality care. People's health care needs were monitored, and people worked in partnership with staff to monitor their health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible; the policies and systems in the service supported this practice. People were aware of their rights and advocates were actively involved in representing some people in making choices and decisions.

People's diversity was recognised and celebrated by staff, people expressed themselves in how they dressed and expressed their life, through a range of music styles and community based activities. Staff's knowledge and awareness of people meant they had developed positive relationships, which included the development of effective communication with those who did not communicate verbally. People spoke positively about the meals, and people's specific dietary needs were met, including the recognising of diets to meet people's values and religious beliefs.

People were involved in the development and review of their care plan which ensured people's needs were met and that staff provided the support and care they required. People made decisions about all key aspects of their lives, which included social and recreational activities. People were supported to be

independent in accessing the wider community, which included the organisation of day trips and holidays. People were knowledgeable about making a complaint or expressing a concern and were confident that their concerns would be actioned. Advocacy support was sought to support people in expressing concerns and making complaints. Concerns and complaints were documented and investigated by the registered manager.

The registered person and registered manager provided an open and inclusive environment for both people using the service and staff to share their views and contribute to the day to day running of the service. Staff worked with stakeholders to monitor and develop the service. Opportunities were provided for students from local universities as part of their study to spend time with people using the service, which had a positive impact on people. Systems to review the quality of the service were in place, covered by a range of audits used to review records within the service and the premises.

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 safeguarded from abuse as robust systems and processes were in place, which were understood and adhered too by all staff. A robust system of staff recruitment was in place to ensure people were supported by suitable staff.

Staff worked in partnership with people to promote their awareness and management of potential risks to their health, safety and welfare.

People's needs with regards to their medicine were identified within their care plans and medicine management systems were robust. People we spoke with understood why their medicine had been prescribed.

Is the service effective?

Good

The service was effective.

People's needs were assessed to ensure the service could meet their needs and expectations.

People worked in partnership with staff in the monitoring and promotion of their health and were supported to attend health appointments.

Staff were encouraged to develop and learn and were supported through on-going supervision and support. Staff accessed training relevant to the need of people ensuring their needs were met.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People using the service, family members and health care professionals were involved in decisions about people's care and support. People had access to advocacy services.

Is the service caring?

Good

The service was caring.

People had confidence and trust in the staff who supported them which had a positive impact on people's health and well-being.

People's diversity was recognised and celebrated by staff, people expressed themselves in how they dressed and expressed their life. People's beliefs and values were respected and upheld by staff.

People understood how information was stored and were aware of their rights to confidentiality and privacy.

Is the service responsive?

Good

The service was responsive.

People worked in partnership with staff to develop and review their care plans to ensure they received the support and care they required.

People were supported to maintain contact with family and friends and take an active part in recreational and leisure activities.

People were aware of how to raise a concern or make a complaint and were supported by advocacy services. Complaints and concerns were documented and investigated by the registered manager.

Is the service well-led?

Good

The service was well-led.

There was an inclusive approach to the management of the service, led by the registered person and registered manager. Opportunities for people using the service and staff to comment upon the service and influence the service were provided through regular meetings.

Systems were in place to monitor the quality of the service, which included a range of audit, which included people's records, staff records and the premises, including equipment.

The registered person and registered manager worked with key stakeholders to monitor and drive improvement. Opportunities for learning were provided to students from local Universities which had a positive impact on people using the service.

The Villas Care Homes Ltd

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.

The inspection took place on 9 July 2018 and was unannounced.

The inspection was carried out by one inspector, a Specialist Advisor (the Specialist Advisor had experience working and caring for people who require nursing care due to their learning disability and/or mental health) and an Expert 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted commissioners and health care professionals by e-mail requesting feedback about the service.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We spoke with five people and spent time with others who used the service. We spoke with the registered person, registered manager, a nurse and three members of care staff.

We looked at the care plans and records, including medicine records of three people. We looked at the recruitment records of four staff. We looked at staff training records and minutes of meetings for staff. We looked at records which sought people's views about the service. We viewed records in relation to the maintenance of the environment and equipment along with quality monitoring audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. They told us that the topic of abuse was discussed with them. One person said, "I feel secure here. There is no bullying and staff are good with people. Residents and staff talk about abuse." A second person said, "Staff make the home safe. They're very good. I attended an abuse activity workshop and contributed to it."

Meetings involving people who used the service were used as an opportunity to raise awareness of what people should do if they were unhappy about anything or if they didn't feel safe. Minutes of these meetings recorded that people were confident to talk with staff about any concerns they had. This was confirmed by the conversations we had with people throughout the day.

The registered manager responded appropriately when areas of concern were brought to their attention to ensure people's safety and welfare was promoted. Notifications were submitted to the Care Quality Commission (CQC) about potential abuse and safeguarding referrals made to the local authority. The registered manager provided information to the local authority and other agencies involved in the investigation of safeguarding concerns. This was to assist them with their investigations.

Staff had received safeguarding training and other training relating to safety. For example, what action to take in relation to incidents or accidents, such as people having a fall. They understood what procedures should be taken if they suspected or witnessed abuse. This included contacting outside agencies such as the police, CQC and local authority safeguarding teams. A member of staff told us, "I'd report to the manager and to the CQC if needed. We are like a family here and I've never needed to report." Safeguarding was also included as an agenda item in staff supervisions and staff meetings, to raise its profile and to ensure everyone was aware of their responsibilities.

People were involved in decisions as to how to manage potential risks associated with their mental health. One person told us, "My risks are self-harming with a sharp knife. Yesterday I saw a resident with a knife and told staff. We discussed self-harming risks with staff. I tell staff when I am alone or if I'm not alright when my mood changes."

A member of staff spoke of their involvement in managing risk. They told us, "I am involved in risk assessments. I support two people who are at risk of self-harming. We make sure there are no harmful things in their rooms. They are independent, but when they use the kitchen to make coffee or lunch then we stay with them to give support and reassurance." The staff member evidenced how people were aware of potential risks and how they managed this for themselves. The staff member told us. "One resident bought a razor and gave it to me so that he didn't hurt himself."

Staff had a positive approach to risk taking, and enabled people to live as full a life as possible; yet understood how to balance this with people's safety. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, one person's positive behaviour support plan stated that staff were to spend time with the them on a one to one basis, encouraging them to talk about

their worries and concerns and provide reassurance. Another key aspect of supporting the person was a recognition that they liked routine. A person told us how their mental health impacted on their safety and how staff supported them whilst promoting their independence. They told us, "I hear voices in my head. They say bad things. The tablets calm me down. When I go out shopping the staff come with me."

Risk assessments also detailed risks associated with pressure area care due to people's lack of mobility, and the risks associated with smoking. A person spoke to us about risks associated with their mobility and the importance of personal care. One person told us, "I haven't fallen down here. I use a walker. Staff help me shower and dress and I have no sores or ulcers."

Staff ensured people were kept safe and their right to make decisions about their day to day lives were respected and their independence and choices promoted. For example, people made decisions as to what time they got up, what they ate and drank and whether they accessed the services within the local community. Staff worked together as a team which enabled them to respond to people in a timely manner, promote their choices and keep them safe.

The provider engaged external contractors to maintain and service equipment, which included electrical and gas systems, the fire system, passenger lift and equipment used to support people in the delivery of their personal care, such as hoists and other mobility aids. All systems had a certificate to evidence they had been assessed as safe at the time of the inspection. Individual personal emergency evacuation plans (PEEPS) were in place, which provided guidance on the support people would require should they need to evacuate the service in an emergency.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Prior to being employed, all new staff had an enhanced Disclosure and Barring Service (DBS) check, two valid references and health screening. (A DBS is carried out on an individual to find out if they have a criminal record which may impact on the safety of those using the service).

People spoke to us about the staff and told us how they helped them to be safe and meet their needs. One person told us, "If I need help to wash and dress they help you. They are gentle." A second person said, "Staff are trained to do their jobs. They can hoist you but I don't need that. I can understand what staff are saying." A third person spoke about attending training with staff. They went onto say, "Staff are brilliant at their job, especially the cook. I went with staff to do some fire training, mental health training, first aid and challenging behaviour awareness. My certificates are on the wall." A fourth person said, "They (staff) are busy. There's enough staff here, including weekends. I don't have to wait long when I use the buzzer in my room"

People were involved in decisions about their medicine and they why it had been prescribed. One person told us, "My medicines are for mental health, anaemia and for pancreatitis. I have had reviews with the doctor and changed my medicines." A second person said, "I get my medicines alright. I get them for schizophrenia. They are helping me." People confirmed staff managed their medicine for them. One person told us, "The staff give me medication. The one in charge (Nurse). I take them and they watch me. They (staff) check the medicines are alright with me."

People had an assessment which identified their medicine needs. We looked at the medication and medicine records of some people who used the service and found that their medicine had been stored and administered safely. This meant people's health was supported by the safe administration of medicine. Nurses administered and managed people's medicine and they had their competency assessed in medicine management.

We found a high proportion of support for people was targeted on the de-escalation of situations with an emphasis on any use of medicine as a last resort. People's plans of care included information about the medication they were prescribed which included protocols for the use of PRN medicine (medication, which is to be taken as and when required). This ensured people received their medicine consistently. People's medicine records contained a photograph of each person and held information about health conditions and any known allergies.

Where some people had declined to take their medicine, their capacity to make an informed decision had been undertaken. Where it had been found a person did not have the capacity to make an informed decision about their medicine a best interest meeting was held. These meeting involved health care professionals, a member of staff from the service and where appropriate a family member of the person. The outcome of these meetings was in the best interests of the person they were to have their medicine administered covertly (without their knowledge). Care plans had been developed providing guidance on the administration of their medicine covertly and how this was to be implemented.

We found the clinic room to be clean and tidy and there were daily recordings of temperature checks of both room and the medication fridge. Medication was being stored correctly and the Nurse was able to give a clear account of what they would do if the room temperature exceeded the recommended storage requirements. Regular audits to ensure the premises were clean were carried out. An independent stakeholder had undertaken an audit and actions resulting from this had been actioned by the registered person and registered manager.

Good

Is the service effective?

Our findings

People's needs were initially assessed by the funding authority, who shared their assessment with the registered manager. The registered manager upon receipt of the assessment reviewed the information and undertook their own assessment of the person's needs. The registered manager's assessment involved meeting with the person or a family member and was confirmed by people we spoke with.

One person told us, "I came [was admitted] as an emergency. I had a visit and a care plan was made." A second person said, "My daughters came to visit the place first. I came here from another home." This provided an opportunity for people to discuss their needs and enabled the registered manager to determine whether staff could meet the person's needs and expectations of their care. Staff spoke to us about the assessment of people's needs. One member of staff said, "The manager visits with a carer before people come here and does an initial assessment. The person visits us and may stay overnight first."

The needs of people who used the service were met by staff that had the right knowledge, skills, experience and attitudes. A member of staff spoke about the induction of new staff. They told us, "I handle induction for new staff. We have less staff turnover now. New staff learn how to increase people's independence. Initially new staff do joint work with a more experienced staff member so they pick up skills, hands on. They also read the care plans."

Records showed newly appointed staff completed an induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the completion of the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. Experienced staff had attained or were working towards a vocational qualification in care. A member of staff told us, "Since working here I have had lots of training, including mandatory training in health and safety topics and training in mental health and learning disability communication skills that's helped me with people's care plan needs."

Staff were supported through regular supervision, which provides a means to identify and develop staff through training. Staff supervision took the form of a one to one meeting with a team leader or the registered manager and observed practice. A member of staff told us, "The manager supervises me. She asks me how it's going and if I have any concerns. I get supervised every 3-4 weeks. It's a good team here." Staff records contained information about training.

People spoke with us about the meals at The Villas Care Homes. They told us, "The food is good. The cook is marvellous. I definitely get enough to eat and if I want more I just ask. I can help myself to drinks if I want." A second person told us, "The food is tasty." A third person said, "The food is beautiful. You can get biscuits if you want and help yourself."

We spent with time with people at lunchtime, thirteen people sat in the dining room who were supported by four staff. The lunchtime dining experience was a pleasant and social time. People listened to music, which played quietly in the background. People sat in small groups talking with each other, and made decisions

about they wanted to eat and drink. Staff asked if people wanted more and maintained pleasant conversations with everyone. People had access to drinks and people's meals were served based on their individual needs. Adaptive cutlery and crockery was provided for those who needed it to promote their independence, and specialist diets, include soft or pureed diets were provided for some people to meet their needs. Staff supported people to eat who required assistance and at pace to suit the person.

People's records included a 'hospital passport plan', which provided a holistic overview of people's care and areas of potential risk. The document accompanied people when they attend emergency or routine visits to hospital and was used to inform hospital based staff about the person's needs. Information about routine health checks were recorded within the document. Staff told us they booked health care appointments for some people. A member of staff said, "Staff will make appointments if approached by residents or if staff notice a need. Residents might ask staff to go with them. A member of staff spoke of the importance of positive relationships developed between people who use the service and staff when supporting people to attend appointments. They said, "For psychiatry we go to the resource centre and try for the same staff to go with residents as they will know that staff member and have trust in them."

People spoke with us about their health needs and the support they received. One person told us, "If I need to see the doctor the staff will arrange the appointment that I need. The one in charge is very good." A second person said, "My keyworker will take me to the doctor. I don't have to wait long. I've had my cataracts done. The optician visits here and so does the hairdresser. I have false teeth. They are comfortable." Two people spoke about health support services for their mental health. One person told us, "I've seen a psychiatrist, a psychiatric nurse and a social worker. The social worker comes here often. I get transport to take me to appointments. The home does a good job." A second person said, "I get visits with the psychiatrist for my voices."

People in some instances had ongoing physical health conditions, we found these were being actively monitored with the involvement of external health care professionals. On the day of our inspection visit we heard first-hand how the service responded to people's changing health needs. The nurse from The Villas Care Home was heard speaking with a nurse specialising in diabetes, about altering a person's dose of Insulin, based on the person's level of sugar found in their blood, following tests taken at the service over the previous days. The person's dose of Insulin was revised and records updated to reflect this.

People shared their views about the décor of the service. One person said, "The home is pretty spacey so I'm not stuck in one room. I'm free to move around. I have my own things in my room. The home is kept clean. We have a good cleaner. She's a good one." A second person said, "I like the building. A new toilet is being put in. The home is well decorated. Some of my paintings are up on the walls." A third person said, "The walls in the lounge shouldn't be yellow but that's my taste, isn't it? My bedroom is kept clean and tidy."

The provider had a plan in place for the refurbishment and decoration of the service. At the time of our inspection visit a ground floor bathroom was being refurbished. The registered person told us that once this had been completed then the refurbishment of the main kitchen would begin.

The premises provided communal areas for people to spend time together and relax. People's bedrooms in some instances had an en-suite facility. There was outdoor space to the rear of the service, leading off from the lounge. Many people using the service sat outside, enjoying a hot drink, a cigarette and a chat. To the side of the rear courtyard was a garden area, providing additional seating and an area for people to relax.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Where they lack mental capacity to take 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 so that they can receive care and treatment when this is in their bests interests and legally authorised under the MCA. The authorisation process 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 condition on authorisations to deprive a person of their liberty were being met. We found people's rights to make decisions were understood by staff and people received the appropriate support. A few people using the service were represented by an advocate (a person who speaks or writes on behalf of another). Advocates had supported people in making decisions about their lives, where people, due to their capacity to make informed decisions needed an independent person to represent them. A member of staff told us that one person's advocate used posters and pictures to promote their understanding, and that they met with the person in the evening as they found it easier to make decisions in the evening.

People's records contained capacity assessments for issues that included consent to residing at the service, finances and there were two best interest decision meetings with regards to covert medicines. Staff from the service supported people, who had been discharged from hospital, whose treatment was supervised. The details of their supervised treatment were recorded within a community treatment order (CTO), which meant the person had to follow the conditions of the CTO. This was to support them to stay well.

Good

Is the service caring?

Our findings

People shared with us their views as to whether they were treated with kindness, respect and compassion and whether they were provided with emotional support. One person told us, "Staff are alright and all speak in a friendly and nice way." A second person told us, "Staff are friendly. They can do the job. I'm quite private and they are not too personal." People told us they were happy and the staff were lovely. We saw staff and those using the service, engaged in conversation, laughing and joking with each other.

Staff were able to communicate with people who had specific communication needs. A member of staff spoke to us about how the development of a positive relationship with them had enabled them to develop an effective and caring way of communication so they the person's needs were met. A staff member told us, "I have been here six months. I worked in care homes before and have a family member with Parkinson's. [Person's name] has speech difficulties and is hard to understand. I use a visible word / letter chart to communicate with them and work on a 1:1 with them. I have learnt that their hand gestures for asking for the toilet and don't leave them alone. I learnt when they have gotten frustrated because of how they communicate and how to help them to calm down and to communicate easier. They have a learning disability. I respect their needs and what they want to do. [Person's name] loves football so I play (soft) football with them and they enjoy listening to music in a quiet place."

The nurse and staff on duty were able to give a good, clear and detailed account of people's needs, which included historical information. They were able to explain comprehensively about the support of each person, taking into account their choices and preferences. We observed how staff's prompt responses had a direct and positive impact on a person. Staff were seen to quickly support people when they became anxious or distressed, which had a positive impact on their wellbeing. Staffs' response to people was co-ordinated. Support was provided in a calm and confident manner and showed staff's understanding and knowledge of people and how to recognise the signs people's behaviour may become challenging. For example, a person was encouraged to move to quieter area providing them with an opportunity to relax and manage their anxiety.

A visitor who had come to visit their friend at the service, told us the Villas Care Home was a wonderful place and that they were always made to feel welcome.

A few people using the service had regular support from an advocate (a person who speaks or writes on behalf of another). The involvement of advocacy services for people had been used to support people in making decisions about their lives. For one person, this meant supporting them in making a decision as to where they wished to live. For a second, it had meant they had secured additional funding so additional staff were provided during the night so their needs were met. People we spoke with were aware of advocacy services, one person said, "I can make decisions myself, so I don't need an advocate. The social worker helps me."

People we spoke with were aware of their rights. One person explained to us what it meant to them. They said, "I know you should have a right for your privacy, not to be bullied or abused and for confidentiality. A

resident asked me for money and I told staff and they (staff) acted on it." A second person said, "My personal information is kept locked in a cupboard. You can read your own care plan. Other people can't read my personal information. Everything is kept confidential." The minutes of a residents meeting recorded everyone had been provided with a booklet on human rights.

The registered person and registered manager was aware of changes to legislation with regards to the storage and accessibility of people's information, covered by The General Data Protection Legislation. The registered person told us all information held had been reviewed in line with the legislation to ensure the services compliance.

The registered manager informed us they were waiting to hear if they had attained the Derbyshire Dignity Award.

People's diversity was recognised and celebrated by staff, where people expressed themselves in how they dressed and expressed their life, through a range of music styles and community based activities. The registered manager told us a party had been held at The Villas Care Home earlier in the year to celebrate Diversity Day.

People's beliefs were understood, which for some people included dietary needs, with people not eating certain foods, such as pork. A person had received additional funding to support them to meet their spiritual needs. This meant paid staff from a different service supported the person to access a number of activities each week, within the wider community associated with a number of Churches in the area.

People told us their diversity and spiritual needs were understood by staff and that they received support where necessary. One person told us, "I like to get some Jamaican food from a shop around the corner. They went onto tell us how they relieved their stress, saying, "I get sensory toys to help me relieve my stress. I'm not religious. I got thrown out of church when I was young. My life needs respecting. Staff here respect me and I don't mind staff asking me personal questions." A second person told us, "I am Catholic but I'm not a church person. A Priest does come here and we pray."

Good

Is the service responsive?

Our findings

People's care plans were developed with their involvement and regularly reviewed. Reviews of people's needs were held with those involved in their care, which included the person themselves, health and social care professionals and where appropriate people's family members. People's care plans focused on all aspects of their lives and contained the views of the person or their representative. Each aspect of a person's life was considered, which included their personal care, social activities, physical and mental health needs, dietary needs and relationships. Care plans were reviewed monthly and any changes and updates were clearly evidenced to ensure staff continued to support people to achieve the best outcome for the person.

At the time of the inspection no one was in receiving palliative or end of life care. Discussions about people's end of life care and wishes were not routinely sought, however as people became older their views were sought.

People shared their views about their care plans and their involvement in their construction and review. One person said, "I was involved with my care plan. I go to the day centre on Wednesdays. I had to sign that I didn't want my photograph used. I'm fine with my care plan. We discussed the risks for me with knives and we agreed a backup plan to reduce my risks with staff." A second person told us, "Yes, I have a care plan. I have said what things I like and get them done for me." People shared their views as to the impact having a care plan had on them. One person said, "I like colouring and painting. I go to art classes on Wednesday. (The person pointed to their artwork displayed on the wall). I enjoy watching coronation street and Emmerdale farm." A second person said, "I'm discussing going for a holiday to Paris next year."

Staff spoke of the collaborative of approach of developing and reviewing care plans with people. A staff member told us, "We review care plans four weekly. Any updates are written up and we talk about them for example medication. Residents sit in on the reviews and can talk through their views. The bottom of the care plan pages has a section called 'My View'." A second member of staff said, "We follow the care plans agreed with residents. I do a daily log and feedback to the managers. If any incident occurs it goes onto the ABC (recording of people's behaviour) charts."

We observed how staff's prompt responses had a direct and positive impact on a person. An electronic piece of equipment owned by a person had broken, the person used the device as part of the mechanism to cope with external factors and reduce their stress. The person spoke with the registered manager, who in turn spoke with the registered person. A replacement device was ordered and collected and was given to the person at lunchtime. The person was very happy and appreciative. Staff asked the person if they required assistance in setting up the device, to which the person said, they could manage themselves.

People were supported to take part in activities, both independently and with support. We observed a person, come and speak with the registered person asking them to organise two days trips on their behalf. The registered person, contacted the trip organiser and secured place on both trips. A number of people as a resident meeting had expressed their interest in a range of activities, which were being planned for, and included day trips to seaside resorts and a zoo. One person had chosen a location for weekend trip, this had

been planned and a member of staff was accompanying them.

Peoples' independence was encouraged and people had the opportunity to develop skills by using the rehabilitation kitchen. The registered manager told us a member of staff worked for four hours on two days of the week and provided people with support and guidance, in using the kitchen for cooking, baking and for their personal laundry.

People were encouraged to maintain contact with family and friends, in some instances people had a mobile phone, which they used to say in contact with people they knew. People we spoke with told us about their family and friendships and about the activities they took part in. One person said, "I don't have close friends here but I do talk to everybody. I have my own phone. If I wanted to use a computer, I could, but I don't want to." A second person said, "I have friends. Plenty of friends. I go to painting with [person's name] (another resident), she's a close friend."

Organisations that provide publicly-fund adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. We found information had been made available to people using the service to meet their communication needs where appropriate. One persons tailored communication care plan, detailed how the person expressed themselves through non-verbal communication. Information about the noises the person made and their physical gestures were recorded in detail, and information as to what the gestures and noises meant. This meant staff were able to respond to their needs.

People shared with us their awareness of raising concerns and complaints and what they would do if they were not happy, those spoke with said they had not raised a formal complaint. One person told us, "I'd go to the office to complain. I'm confident I'd be listened to." A second person said, I'd go to staff and they would listen to me. I am happy here. I'm alright here." A third person told us, "I know about making complaints. I would talk to the manager."

A member of staff told us, "We inform them (people using the service) of the complaints procedure and that they can make a complaint. Residents may need help to write it so that they get a written outcome. Their family members or an advocate can help."

The registered manager had received one complaint from someone who used the service. The registered manager had investigated the concern and written a letter as to the outcome of their investigation to the complainant. The complainant was supported by an advocate throughout the process.

Good

Is the service well-led?

Our findings

A registered manager was in post and the registered person regularly visited the service. The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints. The provider's website and the service itself displayed the rating awarded following CQC inspections.

The open approach by the registered person and registered manager ensured people using the service and staff were kept informed about any changes and events as well as providing an opportunity to influence the service provided. People in some instances participated in staff training events, which showed a commitment to empower people.

We asked people using the service if they had confidence in the management of the service and sought their views as to the approachability of the registered manager. One person told us, "I can talk easily with the manager. Her name is [name]. She walks around all the time and she knows me by name." A second person said, "I get on with her and she says hello to me."

Regular meetings involving people who used the service took place, these provided an opportunity for people to share their views and influence the service they received. We sought people's experience about their involvement in the day to day running of the service, and whether their views were sought. One person told us, "We have meetings and can say what we like and dislike. You can get your opinions out. Just discussing summer holidays and trips at the moment." A second person said, "Yes, we have meetings. Staff listened to us about the food. A lot of the pictures on the walls are what people have done themselves." A third person said, "We have a residents' meeting every month. I think they are good. We talk about holidays. I'm going to enjoy the shopping when we go at the end of August."

Staff spoke positively about the registered manager and the management of the service. A member of staff told us, "The management is approachable. We work with them to get the best outcomes from them (people who use the service). I feel staff have a voice."

Regular staff meetings took place and the minutes of these showed a range of topics were discussed to ensure the people received good quality care. Minutes of meetings had recorded where people's needs had changed. They showed staff reflected upon any changes in the level of support a person required along with the involvement of health care professionals where concerns had been identified. Meetings were also used as an opportunity to comment and influence the day to day running of the service.

The registered manager and the staff team undertook a range of audits to ensure systems and processes worked effectively and that people were receiving good quality care and were safe. Areas which were audited including the premises and focused on equipment and the environment. An action plan had been developed that identified the areas for improvement. At the time of our inspection visit, the ground floor

bathroom was being replaced with new facilities to better support those using the service. The registered person told us, that once this work had been completed then the main kitchen would be fully refurbished, with new equipment and flooring. Audits monitored documents and information held within the service, which included people's care plans, medicine records and staff records to ensure all were up to date and contained the relevant information.

External audits had been undertaken by stakeholders, which included a medicine audit by a pharmacist who provided medicine for those using the service. The most recent audit carried out in May 2018, showed the service to be complaint in relation to the management and storage of people's medicines.

Students, studying for a degree in social work at Derby University had as part of their studies and curriculum spent time working with people at the service. The registered person and registered manager spoke of the positive impact this had. They told us people using the service had benefited from their input, and were able to show us information of the student's involvement, which included producing information about their understanding of equality and diversity and what it meant to them as people using a service. The information provided was displayed on the wall of the dining room. The Provider Information Return (PIR) stated a continued commitment to continue to support students on their placement at the service from the local university.

The (PIR) had been comprehensively completed and provided information as to how they monitored the service to ensure it delivered good quality care. The PIR identified planned areas for development over the next 12 months, which included improvements to the environment and additional training for staff in person centred care.

The registered person, registered manager and member of staff attends Care Home Consultation Meetings, organised by Derby City Council. The registered person and registered manager told us it provided an opportunity for them to be offered information in any changes, relevant to the service.

We contacted a number of external stakeholders who had professional involvement with people using the service and sought their views. Of the stakeholders who responded, a majority were complimentary about the service, its staff and the care provided to people. They informed us that staff from the service work well with them as external professionals, and support people in a way that reflects their rights and choices. They told us staff had a comprehensive understanding of people's needs and worked in collaboration with those using the service to provide good outcomes.