

Forward Support Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 16 May 2018 and was announced. The provider was given 48 hours' notice as the service is a small home for adults with a mental health diagnosis who are often out during the day. We needed to be sure someone would be in during our inspection.

This was the service's first inspection since it registered with us in 2016.

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

Forward Support Ltd is a terraced house in north London. It can accommodate up to six people. At the time of our inspection six people were living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was exceptionally effective in assessing people's needs and choices and supporting them to achieve goals and outcomes. The registered manager was proactive and innovative in developing training to facilitate the most effective care for people who used the service.

The registered manager and support workers were committed to supporting people in innovative ways in order to promote optimal health and wellbeing in a collaborative and personalised manner.

People were supported to have access to healthcare services and receive on-going support. Referrals to healthcare professionals were made appropriately and a multi-disciplinary approach was adopted to support people.

Newly recruited staff received an induction and shadowed more experienced members of staff. Training for staff was specifically designed and relevant to their role and was provided on a regular basis and updated when needed. Support workers told us the quality of training was good.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and these were provided in line with their preferences. One person who had a passion for cooking enjoyed cooking for everyone at the home and they were encouraged and supported to do so. People told us they enjoyed the food.

The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding

adults from abuse and what to do if they had any concerns and how to report them. Safeguarding training was given to all staff.

Risk assessments were thorough and personalised. Staff knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and staff demonstrated they had the relevant knowledge to support people with their care.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely. The service completed audits on a regular basis.

Support workers demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans.

People told us they had the freedom to leave and access the home without restriction.

Positive relationships were formed between support workers and the people who used the service and staff demonstrated how they knew the people they cared for well. People who used the service told us support workers were caring and treated them with respect.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences. Care plans were reviewed regularly, with any changes being recorded.

Concerns and complaints were listened to and records confirmed this. People who used the service knew how to make a complaint.

People who used the service and staff spoke highly of the registered manager and told us they felt supported by him. Staff told us they were proud to work at the service.

Quality assurance practices were robust and taking place regularly.

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 protected from harm.

Risk assessments were personalised and robust.

There were sufficient numbers of staff to meet the needs of people.

Medicines were managed, stored and maintained safely.

Infection control practices were thorough and the home was free of malodour.

Accidents and incidents were recorded and reported accordingly.

Is the service effective?

Outstanding ☆

The service was exceptionally effective. The registered manager was innovative and proactive in supporting people in a person centred way in order to achieve goals and outcomes.

People's needs were assessed prior to admission and a transition period was arranged to ease people in.

Staff had the skills and knowledge to support people effectively. Training and induction was provided to all staff.

People were supported to have enough to eat and drink and people enjoyed the food.

People had ongoing access to healthcare professionals and were supported in a multi-disciplinary way.

The adaptation and design of the home was suitable to people's needs.

Consent was sought in line with legislation.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and

respect.

People were supported to live independently and people's privacy was respected.

People were treated equally.

Is the service responsive?

Good ●

The service was responsive. People received personalised care.

Care plans were individualised and reflected people's goals.

People knew how to make a complaint and the service had a complaints procedure.

Is the service well-led?

Good ●

The service was well led. The registered manager had a clear vision and strategy to deliver high quality care and to use his academic expertise to implement programmes to support people.

Staff meetings and resident's meetings were taking place every month.

Quality audits were completed and used to implement improvements where necessary.

The service worked in conjunction with external organisations to support people who used the service.

Forward Support Limited

Detailed findings

Background to this inspection

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

This inspection was the first inspection of the care home since it registered with us in 2016. The inspection took place on 16 May 2018 and was announced. We gave the service 48 hours' notice of the inspection as it is a small service for adults with a mental health diagnosis who are often out during the day. We needed to be sure people would be in during our inspection.

Before the inspection we checked information we held about the service including notifications the provider had sent us. Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. We also 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.

During the inspection we spoke with four people who used the service, two support workers, the cleaner and the registered manager. We reviewed three care files including needs assessments, care plans, risk assessments, medicines records and records of care delivered. We reviewed three staff files including recruitment, training and supervision records. We also reviewed various meeting records, surveys and other information relevant to the management of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "It's safe here." Another person said, "Yeah, I feel safe." A third person explained, "I feel safe. I'm not paranoid or scared here, I know everyone here."

Policies and procedures were in place for whistleblowing and safeguarding adults from abuse. Staff were knowledgeable about what to do to if they had concerns about people's safety and told us they felt they would be protected if they needed to 'blow the whistle' on poor practice. One support worker told us, "I know about safeguarding. I'd first contact my manager if I had any concerns, there is always communication with the manager."

Risk assessments were thorough and included information about how to support people if risks were to arise and mitigation processes for support workers to follow. Risk assessments also contained information about mental health crisis intervention and what action should be taken if a person were to relapse. One support worker explained, "We know what relapse looks like for people from their care plans. We will always have a chat with the person, we can't just assume a relapse. Then we speak to the manager." Another support worker told us, "I know what to do in an emergency. I've had first aid training and I know how to handle it if people get angry, a quiet approach works best." The registered manager explained, "Risk management strategies vary all the time. We always attempt to de-escalate things, mainly through conversation as that's what seems to work. If anyone is physically violent we call the police." In relation to relapse, the registered manager also explained people at the service were generally stable and explained, "Everyone here has relapsed at some point but overall we've done well. One person has had various failed placements and arrests but since being here, he has been stable."

Records showed that risk assessments were reviewed every six months. The registered manager told us, "We review risk assessments every six months. When someone is first placed, we will develop their risk assessments and review them after one month just to see if there's any changes from for example, living in a hospital ward to living in the community and we do the same with support plans." In addition, people had health and safety risk assessments in place which were reviewed annually.

Each person had a fire risk assessment in place and fire equipment had been checked and labelled accordingly. The registered manager told us, "Five out of six service user's smoke. If we notice any issues or risks with smoking, we'll have an individual personal plan as well as fire plan. We have a weekly fire alarm and emergency light test and we have an emergency fire plan and do a fire drill every three months." Records confirmed this was taking place.

Medicines were managed and stored safely and records were contemporaneous and up to date. Medicine audits were also being completed on a weekly basis and records confirmed this. Each person had their own medicine cabinet which was securely stored in the office and each person who was supported with their medicines had signed a consent form to this effect. In addition, there were information sheets for each medicine stating the usage and any side effects. The registered manager told us, "One person self-medicates

and the rest are supported with their medicines." One person told us, "They give me my medication at set times. I tell them when it's time and I'm happy with this arrangement." During our inspection we observed people going into the office to take their medicines and support workers recorded each medicine that had been administered. The registered manager told us, "We do a medicines audit once a week and a medication count. We have a self-administration programme with nine stages and one person has completed it, with the support of his consultant. We would never do it without consultant input."

Staffing levels were meeting the needs of each person at the service. The registered manager told us, "There is a minimum of one staff member, plus the registered manager and also floating support, plus there is always someone on call. We have a fairly big staff pool and we have one member of waking night staff. If a service user has an appointment, we will get extra staff to support with this or if someone is relapsing we will also bring in more staff. We always use the same two or three agency staff." A support worker told us, "The staffing levels are very good." Another support worker said, "There's enough staff here all the time, and at night as well."

The registered manager explained that everyone at the service managed their own money and finances. One person told us, "I've got my own money and I look after it myself. I got to the bank."

The service routinely completed a range of safety checks and audits such as fridge temperature checks, first aid, fire system and equipment tests, gas safety, and water temperature checks as well as infection control practices. The systems were robust and effective. A cleaner was employed on a twice weekly basis. The cleaner told us, "I clean twice a week, on Wednesdays and Saturdays. I start upstairs and clean the bathroom, toilet, skirting boards, also kitchen cupboards. The COSHH (Control of Substances Hazardous to Health) cupboard is upstairs." The COSHH cupboard was securely locked and the home environment was clean was free of malodour. The registered manager also explained, "Staff also clean throughout the day. They clean the bathrooms and at the start of every shift everything has to be clean. We provide aprons, gloves and masks. We had an environmental health check recently which we passed."

The service had a robust staff recruitment process in place. People told us and records confirmed that various checks were carried out on staff before they began working at the service. Records showed checks carried out on prospective staff included criminal record checks, proof of identification and employment references. This meant the service had taken steps to ensure suitable staff were employed safely.

Accident and incident policies were in place. Accidents and incidents were recorded and we saw instances of this. Incidents were responded to by updating people's risk assessments and any serious incidents were escalated to external organisations such as the local authority safeguarding teams, police and the Care Quality Commission. The registered manager told us, "We make sure everyone is involved; the police, social workers, care teams, it's a multi-disciplinary approach. For example, we had a service user who used substances such as cannabis and we learnt to be firmer with our policies and saying no to admissions if we need to."

Is the service effective?

Our findings

The service was exceptionally effective in assessing people's needs and choices and supported them to achieve goals and outcomes. The registered manager was proactive and innovative in developing training to facilitate the most effective care for people who used the service.

Care plans contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to them being placed at the home. People's history and needs were documented clearly and assessments contained information about people's clinical diagnosis, symptoms, warning signs and action plans as well as a physical assessment. The registered manager explained, "Before people are placed here they have trial days at the service, like a transition period. If someone is being placed from hospital, we will do ward rounds before discharge so by the time they're discharged, we have all of the information we need."

Care plans were personalised and contained individualised information about people, their needs and preferences. They also contained information about people's goals and what they wanted to achieve. For example one person's care plan stated, "To support [person] to maintain stability in his mental state. To support and encourage [person] to remain compliant to his prescribed medication." Each person had different goals according to their needs and this was reflected within care plans. The registered manager explained, "If it's someone's goal to move on, we do that and it tends to work really well. We've had quite a few successes where people have moved on and we keep in touch with one service user who visits us all the time." The registered manager also told us, "One person wanted to quit smoking so we supported him to quit. This person told us, "I've stopped smoking. I was on 40 a day. I got the patches and inhalers and went to the GP every week for 12 weeks. I feel much better." This meant the service was supporting people to achieve effective outcomes.

The registered manager had designed bespoke training for support workers by using his knowledge and experience gained whilst studying for his PhD in Health Psychology. The registered manager explained, "In 2016 and 2017 I provided bespoke training I designed as part of my doctorate which was accredited by my university. This included training in motivational interviewing, cognitive behavioural therapy and nutrition in residential care. I am currently in talks with the director about providing the training in 2018." Motivational interviewing uses a guiding style to engage people, evoke their own motivations for change and promote autonomy in decision making.

Records showed that staff had received certificates upon completion of the training designed by the registered manager and staff told us the training was very beneficial. The registered manager explained, "The main benefit of this bespoke training is that we all develop therapeutic relationships with the service users and build a rapport. For example, the training has facilitated to help one service user with the cessation of smoking and for another service user who was having difficulty with budgeting, as they had never had access to their own money before and would only purchase lighters. We worked with this person to understand why they only purchased lighters and found, through the use of motivational interviewing that it was because they wanted to move into their own home and thought it was a way of 'stocking up' on

items. Instead of questioning them about it, we worked collaboratively with them to ascertain their goals and now this person budgets better and instead of purchasing lighters, they purchase other items which they can use in their own home when they eventually move, which is something we are working towards." This meant the specifically designed training facilitated support workers in helping people identify their goals and effectively achieve them.

In addition, records showed that staff had received training in infection control, fire drills and evacuation and mental health. The registered manager told us, "We also use a company that provide DVD's [for training], they're very thorough and we do refresher training as well." Records showed the most recent refresher training took place in January 2018. A support worker told us about the training they received and said, "There is a very high standard of training."

Permanent and agency staff received ongoing training upon commencement of employment and records confirmed this. The registered manager told us, "Everyone is interviewed and we make it clear the challenges they may face working here. Most of our staff have previous experience working in a mental health setting. We're very hands on with staff, everyone will have an induction which is for three days and it's very comprehensive. They will have an experienced staff member doing the induction with them and I am on hand to provide support." One support worker told us, "I had an induction when I started here and they showed me everything. I did shadowing."

Records showed that staff supervision was taking place every three months, as well as an annual appraisal. Supervision discussions included talking about staff achievements, workload, concerns and areas for improvement. The registered manager explained, "I do supervision every three months and an annual appraisal. We talk about issues and I'm a sounding board for staff. Lots of staff have been involved in education whilst working here so they can develop and as an organisation we are supportive of that." A support worker told us, "I get supervision every three months and it's very useful." Another support worker said, "I get supervision, it's very good. The registered manager is supportive in every way."

In addition, the registered manager was supported by the company director and received supervision every three months. The registered manager told us, "The director supervises me, they are a registered mental health nurse with 50 years' experience. I feel supported and if there are any issues I can call them at any time." The registered manager also explained how they have been consistently supported by the provider during their academic commitments, "Forward Support semi-funded my master's degree and I have funded my PhD. They've offered me lots of support and have been very flexible. I have been able to apply what I have learnt in my studies to the people here receiving care as I get so much patient contact and I'd like to carry on with that and put my PhD into practice."

The registered manager had also developed a 'self-medication' programme which had been successfully implemented for service users at the request of their multidisciplinary team and the results were presented at the British Psychological Society's Annual DHP conference in September 2017. The registered manager explained, "Because I am a health psychologist, I attend a lot of conferences. I recently did a presentation on the adherence of anti-psychotic medicines. The involvement I have works really well. Health psychology gives you an overview of how physical health and mental health works together and I receive a lot of resources through my doctorate programme, for example on supporting people to stop smoking, which we have successfully done with one service user." They also explained, "Improving the health of the service users is at the centre of many aspects of the therapeutic relationship at the home. This is achieved through the emphasis on communication techniques designed to augment an uptake of engagement levels, enhancing standards and delivery of care and conceivably serving as a pathway, which could potentially impact on overall well-being throughout the home. This is evidenced by the example of a service user whose

[medicine] dose had been reduced due to physical health concerns. [We] provided him with smoking cessation sessions at the home and he subsequently quit smoking, with the reduced tobacco levels negating the impact of the reduced [medicine] levels." This meant the registered manager was collaboratively working with people's health professionals in a proactive and innovative way to support people and deliver person centred care as well as achieving results to enhance their overall health and wellbeing.

People's health care needs were clearly documented in their care plans and the service supported people to access healthcare professionals as needed. Records showed people had access to various healthcare professionals including GP's, psychiatrists, mental health teams, recovery teams, district nurses and dieticians. Records were kept of all blood tests required for people who used the service and the registered manager explained, "Certain medicines can cause weight gain, hence why we monitor people's weight if they consent." Records showed that people who consented to having their weight monitored had this information recorded and any changes were reported to the relevant health professionals. The registered manager also told us, "We escort people to appointments but not in an overbearing way. Only if they request this support."

People were supported to have enough to eat and drink in line with their preferences. The fridge and freezers were stocked with fresh food, including vegetarian options for one person. There was a bowl of fresh fruit available for people to snack on. The registered manager told us, "The staff have always cooked and helped people out with making snacks but one of our service users is a really good cook and likes to be the centre of the kitchen so he now cooks for everyone, which has been great for his self-esteem ." This person told us, "I love cooking and I cook for everyone once a day. I cook lamb, chicken, seabass. My lamb chops are proper! It makes me feel good cooking, especially when they all tell me the food is marvellous." The registered manager told us they had explored the option of this person attending a catering course and also employment opportunities relating to cooking but they did not wish to participate.

One person said, "There's lovely food, plenty of food, always enough food. [Person] does the cooking, he knows what to cook, I don't like curry so he makes me lamb chops, my favourite. He makes it all for us, seabass, roast potatoes, we get a chicken roast on a Sunday. There's no place better than this." Another person said, "I'm happy with [person] doing the cooking."

People's religious and cultural needs were respected in relation to food and the registered manager told us, "[Person] doesn't eat pork and prefers Halal meat." This person told us their religious preference to Halal meat was respected and during our inspection we saw that the meat that had been purchased for this person was Halal.

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 found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations.

The registered manager told us, "There is no one here on DoLS. Everyone has capacity." Care plans

contained consent forms signed by people consenting to the treatment and support with their care. One person told us, "I can come and go as I please. Every day I get up, shower, shave, get dressed, and every day I go out." They also said, "I've always got choice." Another person told us, "I can go down the pub when I like." A third person said, "They don't get in your face too much. They don't force you into anything here." A fourth person explained, "They never force me into anything. The freedom here is fantastic. There's no restriction. I can walk out the door any time I want, smoke any time I want."

The adaptation and design of the home was suited to people's needs and included six bedrooms and bathrooms. There was a front room with a computer for people to use, a large lounge and kitchen area as well as garden. One person told us, "My bedroom is alright. Yeah, it feels homely." Another person said, "My room is alright. I'm not materialistic. I've got a fridge in my room and that's a good thing, and I've got my own little radio." Another person told us, "My room is to my taste. I've got my own shower and sink. It's a homely place."

Is the service caring?

Our findings

People who used the service spoke highly about support workers and that they had formed positive relationships with them. One person told us, "I like it here, I don't want to move out, it's easy going." The person also told us about the support workers and stated, "They're alright, they're caring. They respect you, I have good relations with the staff. I'd like to stay here as long as I can." Another person told us, "The staff are good. No complaints. They are respectful." One support worker explained, "Respect is very important and respect is reciprocal. For example, one person likes to be called 'uncle', he likes that a lot so that's what I call him."

The registered manager told us about their aim to create a homely environment, "The overall environment and atmosphere; we try and make it friendly and treat people with respect." One person told us, "They're [support workers] respectful and they understand me. It's homely here, better than being in hospital. I'm happy here." Another person said, "This is the best place. I ain't been nowhere better. The staff treat me with respect, they try to listen. The very much so respect my privacy, it's not a problem."

Support workers spoke passionately about their role and how they supported people. One support worker said, "I enjoy this [job]. It's a very lovely home. We talk together and see each other as a family, that's why I like this place." They also told us, "This job is a profession and I love to help people. I don't run away if someone needs help."

People were supported to be independent and their privacy was respected. One support worker told us, "We can't force anyone to do anything. They're all quite independent." Another support worker said, "It's very important to give people independence and freedom. We support and supervise to make sure they're safe. We never force people but for example we will prompt with personal care and tell them the reasons why it's important."

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. Staff gave us examples of how they valued and celebrated people's differences. The registered manager explained, "No one is homosexual here at the moment but we have had someone in the past who was open about their sexuality and everyone respected him. We support people from the LGBT [lesbian, gay, bisexual and transgender] community in any way that we can." A support worker told us, "We treat anyone who identifies as LGBT the same. We don't judge people."

In addition, the registered manager explained how people's cultural and religious beliefs were supported, "One person describes themselves as Muslim so we celebrate Eid. Some service user's go to Church on Sunday." This person told us, "I'm Muslim and don't eat pork. We'll all celebrate Eid. I can't fast because I take medication."

Is the service responsive?

Our findings

Care plans were personalised and contained individualised information about people, their needs and preferences. They also contained information about people's goals and what they wanted to achieve. For example one person's care plan stated, "To support [person] to maintain stability in his mental state. To support and encourage [person] to remain compliant to his prescribed medication." Each person had different goals according to their needs and this was reflected within care plans. The registered manager explained, "If it's someone's goal to move on, we do that and it tends to work really well. We've had quite a few successes where people have moved on and we keep in touch with one service user who visits us all the time." The registered manager also told us, "One person wanted to quit smoking so we supported him to quit. This person told us, "I've stopped smoking. I was on 40 a day. I got the patches and inhalers and went to the GP every week for 12 weeks. I feel much better."

Daily records of care were updated and included information about medical appointments, activities and any significant events from the day. All entries were personalised in relation to each individual person.

Care plans contained a 'needs assessment checklist' that was updated every six months. Information contained in people's 'needs assessment checklist's' included behaviours, mood, thoughts, motivation, sleep, appetite and diet, physical health, substance use, religious belief and social contacts. The six monthly reviews helped the provider to support people if their needs changed and for any relevant health professionals to be involved where necessary, in particular around people's mental health needs. Records showed that people were included and involved in their six monthly reviews and had signed them upon completion.

Support workers told us they knew the people they supported well and that support plans were detailed. One support worker told us, "The care plans are very good. I've built good relationships with people, especially [person]. I tap into what I know he likes, I compliment his clothes and accessories. It's about adapting to people." Another support worker told us, "The care here is personalised to individual needs. From the care plans we know people's preferences and we always think about that, we don't put everyone in the same box."

People participated in activities according to their preferences. One person said, "We celebrate birthdays, we watch tele. I like going out for walks." A support worker said, "This is not a bored place. We play music, everyone's happy and laughing." During our inspection we observed a lunch time BBQ taking place in the garden and people were engaged and happy for the BBQ to take place. One person was observed listening to music on their headphones and they spoke to us about their preferred musical genres.

The service had a key-working system to support people who used the service and the registered manager explained how they matched each person who used the service with the most appropriate support worker, "I get the staff members I think work best with people and each person has a support worker they know quite well." Key-worker sessions were recorded in people's care plans and contained details about whether the person was happy and if they wanted to change anything about their support. Records showed key-

worker sessions were taking place on a weekly basis and the registered manager told us, "There's no one here that we don't speak to every day but it's good to have conversations recorded. It's something that happens naturally anyway and it's an opportunity for service users to voice concerns or suggestions." One person who used the service told us, "My key worker is [member of staff]. He's good."

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. People who used the service told us they knew how to make a complaint. One person explained, "I'd go straight to the manager if I wanted to complain but no need to complain." Another person said, "If I had a complaint, I'd tell the manager, if not I'd like to see the ombudsmen." A third person told us, "If I had a complaint I'd tell the registered manager but I've got no complaints." The registered manager told us there had been no formal complaints and records confirmed this.

The registered manager told us that currently no one using the service was being supported at the end of their life. However, the service had the relevant policies and procedures in order so that staff understood this important aspect of care should it be needed to ensure people had a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

People who used the service and support workers spoke positively about the registered manager and their management style. One person said, "He's alright. He's understanding." Another person said, "The registered manager is 'top dog'. He's very educated, he has common sense." A support worker explained, "The registered manager has helped me a lot. The training he gave everyone was very good. I'm very proud to work here." Another support worker told us, "The registered manager is brilliant. One of the best manager's I've ever had. He nips any issues we have in the bud. I'm very happy working here."

The registered manager told us about their experience and expertise and stated, "I've been here since 2008. My background is in psychology. I'm here all the time and lecture at universities two or three times a semester. I am a trainee doctor in health psychology." The registered manager explained that they were currently undertaking training to become an Associate Fellow of Higher Education and specialise in lectures on mental health, therapeutic communication, behaviour change techniques and motivational interviewing. The registered manager explained that this had enabled him to develop training programmes customised to the staffing needs throughout the organisation and records showed this bespoke training was provided to staff across the organisation in August 2017.

In addition, the registered manager explained how their academic commitments had benefitted people who used the service and said, "As part of my doctorate, I specialised in communication. I lecture at various universities and I apply those skills to my role here. For example, motivational interviewing works really well, it doesn't feel like a 'session'. We apply motivational interviewing in every conversation, for example I used it with [person] when he stopped smoking. It's basically a behaviour change technique developed through addiction counselling. It's about working collaboratively with people, never telling anyone what to do."

The service was proactive in engaging with external organisations to provide support for people who used the service. The registered manager told us, "We have two groups; drugs and alcohol and a recovery club which is funded by one of the local authorities. Two of our service users attend. In addition, the charity 'Mind' have gardening sessions that one person attends. We actively search out groups and work with care coordinators to find things that are suitable for our service users."

Staff meetings were taking place on a monthly basis and records confirmed this. The most recent meeting in April 2018 included discussions about each person who used the service, maintenance of the home and staff punctuality. One support worker told us, "The team meetings are very good."

Resident's meetings were taking place every month and records confirmed this. One person told us, "We have resident's meetings once a month on a Friday. It's useful." The most recent meeting discussed food and shopping, activities and hygiene. One person was quoted as saying, "[Person] likes the vegetarian options that are available, he is happy as he likes to eat the vegetarian sausages."

The service monitored the quality of care provided by asking people, their relatives and professionals to complete an annual survey. The registered manager told us, "We send a quality survey every October or

November. We wait for replies and discuss any issues." During our inspection we looked at responses from the 2017 survey and feedback from a health professional stated the care provided was "good" and that, "The manager regularly updates the team immediately, any concerns are observed which is key to risk management. The home environment is clean and tidy as the patient's report feeling safe in the care home. No concerns about the service." Another health professional stated, "I find the staff very warm, welcoming and always prepared to answer and questions. The manager is doing a good job."

The registered manager showed us a catalogue of compliments and thank you letters they had received from people who used the service and their relatives. For example, a recent letter from Christmas 2017 said, "I would like to say thank you for all the care, kindness and love that you have shown [person] throughout his time at [service] As his [relative] I have always felt that you have always wanted the best for him. You have always made me feel comfortable and welcome."

Quality assurance practices were taking place by way of weekly medicine audits, spot checks and environmental checks which records confirmed were taking place. In addition, records showed that the director completed a quarterly audit and the registered manager told us, "The director will visit every three months and do a 'designated person review' which looks at the experiences of the people living and working at the home, the environment, training, complaints and safeguarding." Records showed the most recent audit took place in March 2018. The registered manager explained, "The results from this audit are put into our business plan."

Policies and procedures were up to date and available for all staff to access. The registered manager told us staff were required to read policies and procedures and sign once they had read them and records confirmed this.