

## Real Life Options

# Real Life Options - 2 Frederick Street

### 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 inspection took place on 7 December and 21 December 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 21 December 2015.

We last inspected the service in January 2014 and found that it was not in breach of any regulations at that time.

Real Life Options - 2 Frederick Street provides residential care and support for up to three people who live with a learning disability. 2 Frederick Street is a purpose built bungalow. People who use the service live in one half of the building; in the other half of the building (4 Frederick Street) the registered providers run a supported living service. Externally there is a well maintained and specially adapted garden. 2 Frederick Street is situated close to local amenities within a 5 minute walk to the town centre and a 15 minute drive to a large retail park which has a cinema, restaurants and bowling.

The home had a registered manager in place. 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.

At the time of our inspection the registered manager for the service was also acting as a divisional manager for the provider. We were told that this was a temporary arrangement that had been formally put in place from 1 June 2015 and was due to cease in January 2016. Whilst the registered manager was performing this additional role a senior member of staff from had been tasked with overseeing the day to day running of the home. The registered manager still had regular involvement and visited the service at least once or twice a week.

During our inspection we saw that people were relaxed and smiling and engaged with staff in a positive way. From our observations it was clear that staff knew the people who lived at the service well and we saw that they responded to their care needs accordingly.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing procedures and all said they felt confident to report any concerns without fear of recrimination. The registered provider has a whistle blowing hotline and information regarding this was clearly displayed within the home.

We looked at care plans and found that they were written in a person centred way and included easy read documents and pictures. The care records we viewed showed us that people had appropriate access to

health care professionals such as dentists and opticians. We saw that individual risk assessments were not in place in place to cover all of the key risks specific to the person however we saw evidence that this was addressed following our visit.

We observed that people were encouraged to be independent and to participate in activities that were meaningful to them. We saw people having their nails painted and engaging in craft activities during our inspection. We were also told that in good weather people enjoyed spending time in the garden. People were supported to go out into the local community and during our visit one person went to a local shop with staff.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work. The checks included obtaining references from previous employers to ensure that staff were safe to work with vulnerable people.

Staff received appropriate training and demonstrated that they had the skills and knowledge to provide support to the people they cared for. Staff also received regular supervisions and annual appraisals.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

We saw that people were provided with a choice of healthy food and drinks to help ensure their nutritional needs were met. We saw that there was a four week menu in place offering a good variety of dishes and staff also demonstrated knowledge of people's likes, dislikes and special dietary requirements.

There was a complaints procedure in place and this had been produced in an easy read format with pictures.

The registered provider and registered manager had systems in place for monitoring and assessing the service. Action plans were produced to address any issues identified during the quality assurance process and any necessary changes were implemented.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and electrical safety.

We spoke with staff who told us they felt supported and that the registered manager was always available and approachable. Throughout our visit we saw that people who used the service and staff were comfortable and relaxed with the registered manager and each other. Staff were observed to be caring and respected people's privacy and dignity. There was a relaxed atmosphere and we saw staff interacted with each other and people who used the service in a very friendly and respectful manner.

## 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.

Staff we spoke with knew the different types of abuse and how to identify signs that people may be victims of such abuse. They also knew what action to take if they wanted to report anything they were concerned about.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. There were sufficient skilled and experienced staff on duty to meet people's needs.

Appropriate arrangements were in place for the safe storage, management and administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support the people who used the service. Most training was up to date with outstanding refresher training already booked.

The service understood and followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The home had been thoughtfully decorated to reflect people's individuality and well adapted to suit the needs of people with sensory loss.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their independence, privacy and dignity were respected.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

We saw staff engage with people in a way which was tailored to ensure each individual's communication needs were taken into consideration.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans were tailored to meet each person's individual requirements; they were written and planned proactively from the point of view of the person who received the service. We saw that work was being undertaken to make these support plans even more person centred.

People had opportunities to take part in activities that they enjoyed. They were protected from social isolation and enabled to maintain relationships with relatives and access the local community.

The service had an 'easy read' complaints procedure and every person had their own copy. Relatives were also given information about how to make a complaint should they wish to.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff and relatives we spoke with told us the management team were approachable.

Staff said they felt supported in their role and both staff and relatives said they were confident that comments they made were listened to and taken on board.

There were effective systems in place to monitor and improve the quality of the service provided. These looked at things such as medication, finances and care records as well as accidents and incidents.

# Real Life Options - 2 Frederick Street

## **Detailed findings**

### **Background to this inspection**

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

The inspection took place on 7 December 2015 and 21 December 2015, the first day of the inspection was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service including statutory notifications we had received. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also spoke to the commissioners who raised no concerns about the service.

The registered provider was not asked 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 plan to make.

At the time of our inspection visit there were three people who used the service. During our inspection we observed how the staff interacted with all three people. Because the people using the service were unable to fully verbally communicate with us we used our observation to see whether people had positive experiences. We also reviewed a range of records. This included staff files, training records, medicine records and records relating to the management of the service such as audits, surveys and policies. We reviewed the care plans of three people to check that the records matched with the support we observed and the information provided by staff.

During the inspection we spoke to the registered manager, two senior support workers and three support workers. After the inspection we spoke on the telephone to a family member and a social worker who

visited the service.

## Is the service safe?

### Our findings

Staff had all received safeguarding training and could demonstrate a good knowledge of the principles. They told us the various types of abuse and what signs they would look for to indicate someone may be a victim of such abuse. One member of staff told us, "I would look out for obvious signs such as cuts and bruises but I would also notice any change in character or difference in the sounds people make." Another staff member said, "I would pick up on mood changes and would always be mindful of how their money added up, checking receipts and things."

The home had an up to date safeguarding policy in place which was also available in an easy read format for people who used the service.

All of the staff members we spoke with said they would report any concerns they had without fear of recrimination. They told us that they knew how to escalate any concerns if they felt it necessary and who they could report these concerns to. One staff member told us, "It is about making sure they [people who use the service] are protected in any circumstances"

We saw details of the whistleblowing hotline clearly displayed on a poster in the service. Whistleblowing is when a person tells someone they have concerns about the service they work for. One member of staff told us, "I would whistle blow without hesitation if I had to." They also said, "I feel our policy covers our back as well as the service users – that gives you confidence to air any doubts."

We saw that people did not have individual risk assessments within their support plan other than one for burns and scalding which related to water temperatures when bathing or taking a shower. We were told that the risks were addressed within the daily support plan however this did not seem to address all risks. For example, we saw that two people were at risk of choking and whilst this hazard had been identified no clear, written guidance as to how to mitigate this risk or what action staff needed to take in the event of a choking incident was in place. When we discussed this with the senior support worker we were told that risks such as this were being incorporated into the new daily activity and support plans (DASP) that were being written for each person. The acting manager said that risk assessments could be put in place until the new documentation had been completed and after our visit copies of these were sent to us.

Each person had a personal emergency evacuation plan (PEEP) on their file. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. One person had two of these documents containing slightly different information, there was no dates on the documents so it was not possible to tell which was the most recent or if they were still up to date. We brought this to the attention of a senior support worker during the first day of our inspection and it had been addressed by our second visit. The PEEPs had also been placed in an emergency file kept by the exit so they were easily available to the emergency services if necessary.

We saw that medication was kept in a locked cabinet. There was no separate fridge for medication but when

it was necessary to refrigerate medication these were placed in a locked box in the kitchen fridge. The temperatures of the area where medication was stored and of the fridge were taken daily as per NICE guidelines Managing Medicines in Care Homes 1.12.2. These were within the recommended range meaning that medication was being stored safely.

Medicine records contained detailed information about all of the medicines prescribed for people living in the service, what they were used for and possible side effects. There were clear protocols in place for each person that detailed the name of the drug, what it was used for, the prescribed dose, time and method of administration. We saw that medication administration record (MAR) charts were correctly completed. Staff told us, "People have their meds wherever they want to, we always get two people to sign."

The receipt and return of medicines was clearly documented. Staff told us that they received a good service from their pharmacy and that the ordering and returns system worked well which ensured people's medicines were available when they needed them. Staff were all up to date with their medicines training and we saw that medicines competencies were also completed annually for all staff. Medicine audits had been completed weekly, including a full stock check and no issues had been discovered.

Clear protocols were in place for medicines prescribed to be taken 'as required' (PRN). We also saw PRN support plans in people's records which contained information for staff to help them recognise when these medicines were needed. A list of the 'homely remedies' used at the service was also on file giving details of what was kept in stock and dates any unused medicines were disposed of. These were things such as pain killers, cold and cough treatments and diarrhoea relief that could be bought over the counter without prescription. We saw that there were letters on the file from each person's GP giving consent to these homely remedies being used. This showed that there were systems in place to ensure medicines were managed safely.

We saw that accidents and incidents involving the people who used the service or staff members were recorded appropriately. These events were very low in number and therefore there was no evidence of any pattern, however there was evidence that action had been taken following incidents to minimise the risk of repeat. Accidents and incidents were also logged at the registered provider's regional office where monthly analysis was completed by a Real Life Options' health and safety officer.

Guidance about safe water temperatures was clearly displayed in the bathroom next to both the bath and the shower and we saw evidence that water temperatures were regularly recorded and were within safe temperature limits.

Equipment such as wheelchairs had been regularly serviced. The home had an up to date gas safety certificate and comprehensive COSHH (control of substances hazardous to health) assessments were carried out six monthly. Portable appliances testing (PAT) had also been completed on all relevant electrical items.

The service had a disaster plan in place that covered all essential business continuity in case of an emergency, for example fire evacuation, power failure or the building not being habitable. The disaster plan also contained copies of people's hospital passports and PEEPs along with basic care information for emergency situations and an essential telephone contact list.

We looked at the fire safety file which contained a fire risk assessment which was updated on 13 October 2015. The fire alarm was tested weekly and the whole fire alarm system had been tested by a fire officer in August 2015 with no faults found. Fire extinguishers had been serviced in March 2015 and were tested

weekly. Records showed that fire drills were conducted monthly and staff and people who used the service were evacuated; staff we spoke with confirmed that these drills had taken place.

A senior carer told us that they were in the process of obtaining a sensory aid that smells of fire so that one person living in the home who had a sensory impairment could be quickly alerted that they needed to evacuate.

We looked at three staff files and saw that safe recruitment processes and pre-employment checks were in place. Documentation such as application forms and interview records were held at the registered provider's head office but documentation we saw showed that identification had been checked and references had been received. Disclosure and Barring Service (DBS) checks had also been undertaken for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

We were told that staffing levels were organised according to the needs of people using the service and the recommendations of the local authority and during our inspection we observed there to be sufficient staff to meet the needs of people using the service. We saw staff rotas that clearly indicated those staff on duty and those who were on training courses and these were prepared well in advance. The service did not use agency staff. We were told that if cover was needed for holiday or sickness then staff from the neighbouring service or one of the registered provider's other services in the local area would step in. The registered manager told us that staff members from these services knew the people who live at 2 Frederick Street and provided cover in this way to minimise disruption for people. A staff member confirmed that this was the arrangement and said, "If we were ever short staffed and a member of staff came in they have never met they would react in a way that demonstrated they were distressed."

There was a very low level of staff turnover with the majority of staff having worked for the service since it opened. The people who use the service had also been living at the home for that length of time which meant that staff knew the people they were caring for very well.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection everyone who used the service had been assessed as lacking capacity and were being deprived of their liberty. DoLS had been put in place as the people using the service were all under continuous supervision and control, were not free to leave and lacked capacity to consent to these arrangements. Staff at the service had made appropriate applications to the local authority and the relevant authorisation had been received.

All staff had had received training in MCA and DoLS and demonstrated a good understanding when we spoke with them. One staff member told us, "MCA is about what capacity service users have to make their own decisions about anything in their life." Another staff member said, "DoLS are in place so that they can enjoy a fulfilled life with some limitations to keep them safe."

Staff demonstrated a good understanding of best interest decision making. Staff told us that if best interest decisions had to be made they would involve as many relevant people as possible. Staff said, "We try to get family on board with the decisions, we glean information from all areas and there are always advocates available. A full discussion always takes place." One member of staff told us, "Best interest decisions help to make sure people can live their life in as joyful a way as possible."

People's rooms had been thoughtfully decorated to meet the needs of each individual. One room included three dimensional tactile murals for a person with sensory impairment and another was decorated in a musical theme with disco lights. We were told that one person preferred their room to be simply decorated and without too much clutter and when we looked around the service we saw this was the case. There were also other tactile features to help people with a sensory impairment navigate their way around the home.

We spoke to a social worker who had visited the service, they told us, "It is clear that a lot of thought has gone in to the way bedrooms are decorated and some of the other adaptations too, they have really thought about how best to care for people."

Outside the service there was a sensory garden that contained fragrant plants and tactile objects. There was a swing seat which staff told us was particularly popular with one person and a small summer house that had been specially adapted as a sensory area. Due to the time of year the garden was not in use during our visit but we were told that it was used a lot during the summer months.

Daily notes were kept for each person in a hardbound A4 diary with the person's photograph on the front. The use of a diary to record these notes made it easy to monitor that entries were made every day and we saw that they had been completed consistently throughout the year. Comprehensive entries were made twice every day by staff on both the day shift and night shift. The notes included details of food intake, behaviour and finances along with details of bathing and showering and a record of the water temperatures for these activities. We also saw that people were weighed monthly. This provided evidence that the staff communicated with each other effectively so that they could carry out their roles and responsibilities.

A staff handover book is also in use this includes a comprehensive shift plan and a brief service user update along with a finance check and a medication stock check. This book, combined with the daily notes, provided an effective handover tool for staff and a good record of the person's care on a day to day basis. We saw contracts on staff files for monthly supervision but the acting manager told us that this was now going to take place every other month with staff meetings being held on alternate months. We saw records of regular supervision with staff that contained detailed records of conversations reflecting areas of concern and positive feedback along with action points with target completion dates. Staff also received annual appraisals.

We looked at the training matrix for the service which detailed all of the training staff had received and when this was due for renewal. The majority of the training [Health and safety, infection control, first aid and food hygiene] was up to date. Two staff members were overdue refresher training for MCA and DoLs and Safeguarding by three months but we were told that this training had already been scheduled for January 2016.

Staff we spoke with felt that they had received a good standard of training. One staff member said, "I feel the training for this company is absolutely brilliant, really spot on." Another told us "If there is any training you think you need then you just need to ask. I requested end of life training and I'm just waiting for a course to come along. People's needs change and you have to keep up to date."

The acting manager told us that training needs are assessed annually based on the needs of the individual staff and the specific needs of the people using the service. They told us that staff from other services who provide cover also need to undertake the specialist training necessary to care for the people living at 2 Frederick Street.

Staff received specific training to help them deal with behaviour that challenges. They told us, "The Team Teach training we get is excellent. It provides help to deal with challenging behaviour, we rarely need to use it though as we can often talk people down."

We asked staff how they obtained consent to carry out daily care tasks. One staff member told us, "I would ask [person's name] if they wanted a shower. If they didn't they would push you away. I always ask."

The service had a four week menu in place that was prepared by staff to ensure good nutrition and with the knowledge and experience of what food the people using the service like and dislike. Staff prepared the food in the kitchen and told us that people help when it is appropriate and safe to do so. A pictorial menu was on display and showed the correct image to match the food on the menu on the day of our visit.

People had a Health Monitoring form that included details of all the health professionals involved in their care and records of appointments with them, including dentists, GPs and psychiatrists. The information on these forms was not always up to date for example one person had a dental/oral hygiene appointment recorded as due in January 2015 but there was no further information to indicate whether or not this appointment had taken place.

There was a hospital passport on each person's file. These were easy read documents containing clear information regarding the health and support needs of each individual. These documents had been reviewed and updated within the last four months. We also saw details of people's advocates on hospital passports.

## Is the service caring?

### Our findings

The people who used the service had complex needs which meant they were not able to answer questions about their care, however, during our inspection we saw that people were relaxed and smiling and engaged with staff in a positive way. From our observation of staff we could see they knew people who lived at the service well and it was clear that they responded to their care needs accordingly.

We spoke with a social worker who told us, "All staff were able to give updates on people. They have a really good relationship and there is a very homely atmosphere."

One staff member said, "The way staff work and the care that's given is how I would expect a family member of mine to be looked after." Another member of staff told us, "At the end of the day you want to enrich someone's life when they face so many obstacles. All staff come together to do that, everyone has the same aim."

The service had produced one page profiles for all staff which were displayed in the home. These included photographs of the staff and images that depicted their hobbies and interests. The home also had clearly displayed a board showing photographs of those staff that were on duty on the day of our visit this meant that people using the service knew which staff would be providing care for them that day.

There was a document contained within each support plan file called 'This is How I Communicate' which was used to help staff understand the people they cared for. These documents contained a good level of detail very specific to each person. We noted that some pages were not completed and staff told us that some pages were not applicable and had therefore been left blank. We discussed the possibility of taking out any blank pages that were not applicable in order to avoid confusion.

Staff told us how they respected people's privacy and dignity. One member of staff told us, "We talk through everything we are going to do before we do it; we always make sure the doors are closed when providing personal care." Another member of staff said, "I pull the shower curtain round for them and make sure they are covered as much as possible."

We saw in support plans that daily activities, appropriate to each person, had been identified in order to encourage people to be independent. These included tasks such as doing their own laundry, setting the table for meals and taking out the rubbish and recycling. We were told that one person was able to make their own sandwiches with supervision. A family member we spoke to confirmed that staff do encourage independence.

During our inspection we observed people using the laundry facilities with the support of staff. One staff member told us, "[person's name] used to just shove their washing in the machine but we have talked them through which buttons to press now." Staff told us they felt this involvement in tasks had a positive effect on people. One member of staff told us, "[person's name] receives their personal allowance on a Friday, we sit with them and give them the money to put in their tin; they smile from ear to ear." The acting manager told

us, "It is our job to keep the three people who live here as independent as possible. It's about realising people's potential."

Staff told us that the Citizen's Advice Bureau (CAB) was used as a source of advocacy and people had named advocates detailed on their support plans. An advocate also visits the service monthly.

At the time of our inspection, there was no one who used the service who was receiving end of life care and support. People had a 'When I Die' form on file which documented in easy read format the wishes of the person in respect of the end of their life and funeral arrangements. An end of life booklet had also been completed and on one form we noted it said that the person had given consent to making the book 'by smiling'. This indicated that the person was involved in the process and that staff were reading their body language as a form of communication.

Positive behaviour management plans were in place for people and these contained very detailed and person centred de-escalation techniques however some forms were not fully completed or dated making it impossible to tell whether the information they contained was up to date.

We were told that people who used the service had monthly meeting with their key worker to review and make decisions about their care. The records we saw of these meetings showed that they were not always happening on a monthly basis however they were taking place fairly regularly across the year and everyone had a meeting recorded for November 2015. We were told that people may not always wish to engage on a monthly basis but no record was made to reflect this. The meetings that did take place were well recorded and contained things such as 'showed empty toiletries bottle to [person's name] to explain needed to buy new ones.'

## Is the service responsive?

### Our findings

We looked at the support plans of all three people using the service. These had been regularly reviewed and dates for the coming year's quarterly reviews were all clearly documented. The support plans contained easy read documents to make the plans as accessible as possible for the people they related to.

Each file contained a one page profile which was a good, person centred summary of people's likes, dislikes and the best way to support them. We noticed that these were not dated and it was therefore not possible to tell whether or not they were up to date. There were two of these documents on one person's file and they varied slightly, as they were not dated it was not possible to tell which was the most current. This was discussed with a senior care worker during our first visit and on the second day of our inspection we saw that the documents had all been dated.

We saw recent person centred reviews on peoples support files. We asked how these were completed and we were told that staff all participated by saying how the person was at the time of the review and what they liked and disliked. This document was then used during the support plan review to help ensure person centred planning. Whilst the support plans were mostly person centred some of the plans required more detail, for example one document stated '[person's name] participates in the community' but gave no further information as to how or when. We discussed this with a senior support worker and they explained that new format support plans were being introduced to address this.

One of the support plans we looked at had been recently reviewed and updated using the new format and the information was more detailed than the other two. There were daily activity support plans (DASP) which included comprehensive information relating to care, activities and risk for every day of the week. We were told that this new style of DASP had been developed using a person centred planning tool that was now being used by Real Life Options. One senior staff member we spoke with told us that they had attended specialist training on the use of the tool and was very enthusiastic about the change, seeing it as an opportunity to provide an even greater level of person centred care. There were pictures included on the documents making them easier for the person using the service to understand and the information included was very detailed and specific to that person. The senior support staff member we spoke to told us that the other two files were about to be reviewed and rewritten in this format.

One member of staff told us, "The best thing about the service is being so person centred, they are the centre of our universe and I'm very proud of that." A family member we spoke to told us, "Staff ask us questions about [person's name] and about how they were when they were younger. I always feel like they really listen."

There were learning logs on each person's file which linked to the support plans and gave detailed descriptions of specific activities the person had been involved in, what went well and what could be improved. Staff told us that these documents had been a very useful point of reference when supporting people.

The activities people took part in were documented in individual support plans and were person centred. They included things such as baking, hair and beauty, disco and arts and crafts. During our visit we saw two people involved in craft activities, making Christmas cards and decorations. We also observed one person having their nails painted in their room and another person went out for a walk with a member of staff. Staff told us, "A lady comes in once a week to do aromatherapy; they also like to be in the fresh air and spend time in the garden."

We asked a member of staff if people were at risk of risk of social isolation, they told us, "No, I think so. Socially they are involved in enough. There are certain things they can't do as it may distress them but what they are involved in matches their capabilities."

We were also told that the rota was written in a way that best matched staff to the service users' needs. One member of staff told us, "[person's name] likes to go out in the car so we try to make sure that there is a driver amongst the staff on duty."

We asked staff how they provided people with choice. Staff told us they would present people with items such as toiletries and let them choose which ones to use; they would also give people the choice of which staff member provided their personal care. One staff member told us "I gain consent by observing someone's response to a question. For example I might say 'Do you want a shower or a wash down?' and then they will walk to the shower or the sink." Staff also explained that one person liked to choose their own clothes but they were limited to a choice of two tops as they became upset and agitated if they were given too much choice. One member of staff told us, "We centre everything around the service user, their life choices, how they want their daily tasks carried out. Every one of them is an individual."

There was a pictorial complaints procedure available which explained in a way people could understand what to do if they wanted to complain. A relative we spoke with told us they had been given details of the complaints procedure but had never felt the need to make a complaint. They said, "We've got no complaints as a family. If I did have a problem I would go in and talk to the girls. There may have been a few little niggles over the years but they have always been dealt with."

## Is the service well-led?

### Our findings

The home had a registered manager in place who had been registered with the Care Quality Commission since 1 October 2010. We were informed that they had also stepped in to the role of acting divisional manager on 16 May 2015 to provide temporary cover, this was made official on 1 June 2015 and the registered manager told us that this would continue until 18 January 2016. At the time of our inspection management responsibility was being shared between the registered manager and a senior support staff member who was acting manager during the registered manager's secondment. We were told by staff that the home had not been affected by this temporary change, they said "It's had no impact at all on care, [registered manager] comes in regularly to see that the wheels are still turning."

Staff told us that they were happy working in the home and the low staff turnover provided good evidence of this. The staff we spoke with all said they felt the culture was open and honest and during our visit we saw good rapport between staff, people using the service and management. Staff said that although they did have regular meetings and supervision sessions they also felt able to go to the registered manager to discuss things at any time outside of these forums. One member of staff said, "I feel like I can discuss things whenever I need to, basically it's like supervision every day." Another told us, "you have got to be able to voice your opinion, I will say if any issues need to be aired, at the end of the day you want the service to flourish."

We were also told that staff felt supported by management. One member of staff told us, "The management is brilliant. [acting manager] has been amazing and [registered manager] they are both easy to talk to and approachable." Another staff member said, "It has been brilliant here, since 2011, it just gets better and better."

The registered manager told us they felt well supported by the registered provider. The acting manager also told us that the regional manager and directors were all very supportive and approachable if there were any issues that needed to be raised.

We were told that quality assurance was carried out in the home using a 'Managers Weekly Spot Check' document. This looked at medication, environment and management of finances as well as care records. We saw evidence that these checks were being conducted regularly. The registered manager told us that the registered provider's quality team also came every two months to conduct an audit. Action plans were produced to address any issues identified during the quality assurance process and any necessary changes were implemented.

The law requires registered providers to send notifications of changes, events or incidents at the home to the Care Quality Commission and they had complied with this regulation.

Staff meetings were held on a monthly basis however the written notes from these were very brief and therefore did not give a full account of what had occurred at the meetings. Staff told us that the staff meetings helped them feel involved. One staff member told us "The manager is open to any feedback, if

something new is suggested then they will try it." Another said "The management here support you fully but sometimes staff don't engage in meetings" The acting manager told us that these meetings were an opportunity to discuss with staff what was working well and what was not working.

Meetings were held quarterly for people who used the service. The most recent had been in October 2015. The minutes of these meetings showed that staff attempted to include everyone. It was noted that the July meeting was due to be held in the dining room but as one person was reluctant to join in they moved into the lounge to accommodate them. The minutes show that the meetings were kept informal with 'coffee and goodies' and discussed all aspects of life in the home.

Feedback from people who used the service was also sought via a Real Life Options Survey. This survey was for a number of services in five different areas and it was therefore not possible to identify responses that were specific to this service. The registered manager told us they had already fed this back to the registered provider as it had been brought to their attention during the inspection of another service and they were currently looking at how they could analyse the results in a way that would be more meaningful to individual services.

We asked the acting manager what they felt the key challenges were within the service and they said it was limited communication skills of the people using the service. They told us this meant constantly 'Thinking outside the box' when trying to find the best way to support people and said, "Familiarity of people is the best way. When you know them really well you can realise people's potential."