Brighton and Hove City Council

Brighton & Hove City Council - The Beach House

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

This inspection took place on 8 June 2016 and was unannounced.

The Beach House is registered to provide accommodation and personal care for up to 14 people. Care is provided to adults aged between 18 years and 65 years of age with a learning disability and/or a physical disability. However, two people who use the service were over 65 years of age. The registered manager told us they were now getting requests for people over 65 years of age, and has subsequently provided an updated Statement of Purpose to detail this change.This is a short breaks or respite service where people can have weekend or midweek breaks. There are two bedrooms which are used for emergency placements for people who are in crisis situations in the community. People are supported to live as independently as possible whilst alternative accommodation is sought. The purpose built accommodation is on three floors and a passenger lift gave level access to all parts of the building. Each person has their own bedroom the majority of which have an ensuite bathroom. There are lounges, dining areas, and shared bathrooms and toilets for people to use. The service is situated in a residential area with easy access to local amenities, transport links and the city centre.

At the time of the inspection there were 56 people were being supported with respite care or an emergency placement whose behaviour could be complex. Eight people were living at the service on the day of the inspection. Four people had been in the service for a period of time whilst waiting for their long term accommodation needs to be met.

The service had a registered manager, who was present throughout the inspection. They were new to the post, but they had worked in the service for a number of years and knew the service well. 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 going through a significant period of review, where the provider and local stakeholders were looking at the service provision and what was needed and how the service would best be provided in the future.

Relatives told us people were safe in the service. One relative told us, "I have no concerns they are generally very good." People were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. There were systems in place that ensured this knowledge was checked and updated. Medicines were managed and administered safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

Care and support provided was personalised and based on the identified needs of each individual. People were supported where possible to develop their life skills and increase their independence. People's care

and support plans and risk assessments were detailed, up-to-date, and had been or were in the process of being reviewed . One relative told us when they visited the service, "Staff always welcome you. When you go in they (the people) always seem happy and there is a good atmosphere." A member of staff told us, "Everyone does a good job here. Everyone is jolly. We help each other out and are all very professional. It's a really good group." Care staff were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. People were supported by kind caring staff.

Consent was sought from people with regard to the care that was delivered. Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation, which they put into practice. Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests. Referrals had been made for Deprivation of Liberty Safeguards (DoLS) and we could see that staff understood how these were implemented.

People were supported to eat a healthy and nutritious diet. People had access to health care professionals. All appointments with, or visits by, health care professionals were recorded in individual care plans.

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the registered manager and the management team.

People and their representatives were asked to complete a satisfaction questionnaire to help identify any improvements to the care provided. There were regular carer meetings for people's relatives or representatives where people could receive updated information, raise any concerns or comment on the care and support provided. One relative told us, "They tell us of any staff changes. They are open about things." There was a detailed complaints procedures should people wish to raise any concerns. The registered manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

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 had individual assessments of potential risks to their health and welfare, which had been regularly reviewed. Any incidents and accidents were recorded and reviewed.

There were sufficient staff numbers to meet people's personal care needs. People were supported by staff that recognised the potential signs of abuse and knew what action to take.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Is the service effective?

Good

The service was effective.

Care staff had received updates to their training to meet the timescales required by the provider.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

People's nutritional needs were assessed and recorded.

People had been supported with their healthcare needs.

Is the service caring?

Good

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Is the service responsive?

Good

The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to. The views of people and their relatives were sought and informed changes and improvements to service provision.

People had been consulted as to what activities they liked and, had been supported to join in a range of activities.

A complaints procedure was in place. Relatives told us if they had any concerns they would feel comfortable raising them.

Is the service well-led?

Good

The service was well led.

The leadership and management promoted a caring and inclusive culture.

Effective systems were in place to audit and quality assure the care provided.

There was a clear vision and values for the service, which staff promoted.

Brighton & Hove City Council - The Beach House

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.

This inspection took place on 8 June 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and notifications we had received. A notification is information about important events which the service is required to send us by law. Before the inspection the provider completed 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. This enabled us to ensure we were addressing any potential areas of concern. We received feedback from a social care professional.

There were eight people living in the service at the time of our inspection. We used a number of different methods to help us understand the views of these people, who had complex needs, which meant they were not able to tell us about their experiences. We spent time in the service observing the care provided. We spoke with the registered manager, eight care workers, an administrator, a domestic assistant and the cook. We spoke with a social care professional visiting on the day. As part of our inspection we observed a staff handover, a rota meeting and looked in detail at the care provided for four people, and we reviewed their care and support plans. We looked at records of meals provided, medication administration records, incident and accidents records, policies and procedures, meeting minutes, and staff training records. We also looked at the service's quality assurance audits. We spoke with four relatives.

The service was last inspected on 8 November 2013, with a follow up inspection to review progress on issues

raised on 4 April 2014. At this inspection issues had been addressed and no further concerns were identified.

Good

Is the service safe?

Our findings

People all appeared relaxed, happy and responsive to staff. They appeared very comfortable in their surroundings. Feedback from the relatives was that people were safe in the service. One relative told us their relative was, "Very safe." The last survey completed in 2015 in the service detailed that the majority of respondents when asked if they felt safe in the service answered very good or good.

The provider had a number of policies and procedures to ensure care staff had clear guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for safeguarding of adults. These policies and procedures had been reviewed to ensure current guidance and advice had been considered. The registered manager had shared this revised information with staff. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. There were arrangements in place to prevent any financial abuse. Systems were in place to record and check what people were spending and verify their account. Members of staff demonstrated a good understanding about what constituted abuse and how they would raise concerns of any risks to people and poor practice in the service. They told us they had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff told us they had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

There were systems in place to ensure the premises were maintained. The environment was clean and spacious, which allowed people to move around freely without risk of harm. Regular tests and checks were completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. Staff were able to access external contractors for the servicing and maintenance of the building and equipment. Records confirmed that any faults were repaired promptly. Staff told us regular checks and audits had been completed in relation to fire, health and safety and infection control and records confirmed this. Contingency plans were in place to respond to any emergencies, for example flood or fire. These were in the process of being updated to detail recent changes. Staff told us they had completed health and safety training. There was an emergency on call rota of senior staff available for staff to access for help and support.

Feedback from relatives was that the service was always clean. The cleaning of the building was undertaken five days a week by two domestic assistants. A cleaning schedule was in place detailing the cleaning routine to be followed weekly, monthly and three monthly. Staff told us that all the bedrooms were deep cleaned as people who used the service left, and before any new people moved into the room. There were records of when areas in the service had been cleaned and by whom. The cook told us of the cleaning that they

undertook in the kitchen and we saw that a cleaning schedule was in place for staff to follow. We saw there were now systems demonstrated to be in place to monitor the standards of cleaning in the service. This meant it had been ensured that appropriate standards of cleanliness and hygiene were maintained in relation to the service. A contract was in place with a local firm for the disposal of waste. Bins used for discarding sharp instruments, such as needles were available. All clinical waste was secured in bins at the front of the building. We saw that the clinical waste bin was locked. This meant that hazardous waste was securely stored while awaiting collection.

We saw there were areas in the service for the safe storage of cleaning equipment and products. The domestic assistant we spoke with told us cleaning mops were colour coded to ensure they were used in the appropriate areas of the building. Staff were observed following the system when cleaning in the building. Hand sanitisers were located in the reception area, and throughout the building. We checked a sample of these and they were full and ready for use. Staff told us of procedures in place to ensure these were refilled when required. This showed that equipment to support staff to minimise the risks of infections were available. We found there were appropriate laundry arrangements in place. The service had a separate laundry area with washing machines equipped to wash any dirty laundry to meet current requirements. Dissolvable bags were available to be used for the safe handling of soiled laundry.

People participated in their preferred activities. They were supported to access, if they wished to attend, a range of social activities. For example, going to sports activities, shopping, going out for a drink, for something to eat, and to the beach or park. To support people to be independent risk assessments were undertaken. They assessed any risks against individual activities people were involved in, for example when they went out to local facilities and events. There had been a regular assessment of the environmental risks and this included individual fire risk assessments. There was a regular review of risk assessments. Staff had completed training in managing people's behaviours that challenged others. Risk assessments and guidance for care staff to follow were in place to enable people to manage their behaviour.

Staff were able to tell us what was in place to support people and could talk about individual situations where they supported people, and what they should do to diffuse a situation. Records we looked at confirmed this. Additionally staff from the behavioural support team had been contacted for support and advice. Staff had the opportunity to discuss the best way to support people through regular reviews of people's care and support and from feedback from the staff in team meetings, as to what had worked well and not worked well. From this they could look at the approach staff had taken and identify any training issues. Staff maintained records of changes in people's behaviours or preferences. Regular reviews of these changes enabled staff to be responsive and captured learning to reduce risks of further incidents.

Staff told us how staffing was managed to make sure people were kept safe. There was a long serving consistent staff team with regular bank staff helping to provide cover for staff absences. One member of staff who had worked in the service for a number of years told us about bank staff, "Some have been regularly working here for the same number of years as me. " They told us there was sufficient staff to ensure people's safety had been maintained. Our observations confirmed this. The senior staff met weekly and looked at the staff skills mix needed on each shift, any planned activities, where people needed one to one support or two to one support for specific activities, where people need a male or female care worker to support them, and anything else such as appointments people had to attend each day. It was then possible to work out how many staff would be needed on each shift. Senior staff regularly worked in the service and so were able to monitor that the planned staffing level was adequate. Staff told us that due to staff vacancies this had led to a period of high use of bank and agency staff. Where possible the provider's bank staff were used in the service to cover any staff absence. Otherwise agency staff were requested who had worked in the service before. Staff had worked flexibly to meet people's individual needs and there had been adequate numbers

of staff on duty to meet people's care needs. A sample of the records kept when staff had been on duty confirmed this.

Senior staff had the support of the provider's human resources department when recruiting staff. They told us that all new staff had been through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. There had only been recruitment of staff from within the organisation. We found records of an application form being completed, an interview and a written reference from the person's current manager within the service they were working and a criminal records check had been received.

One relative told us, The medicines work well.""They seem to be on the ball."We looked at the management of medicines. The care staff who administered medicines were trained in the administration of medicines. They told us the system for medicines administration worked well in the service. The medication administration records (MAR) are the formal record of administration of medicine within a care setting and we found these had been fully completed. Systems were in place to ensure repeat medicines were ordered in a timely way. Medicines were stored correctly and there were systems to manage medicine safely. Regular checks were completed during each staff shift to ensure people received their medicines as prescribed. One member of staff told us, "It's one of the areas we are trying to improve on. There are robust systems for counting medicines in and out. What is problematic is the changeable nature of the work. We are working to ensure the policy (medicines policy and procedure) is always followed." Relatives told us how medicines were checked in at the start of each stay. One relative told us, "They look at the date." This also helped to identify any discrepancies or errors and ensured they were investigated accordingly. Records detailed how people preferred to have their medicines administered to ensure a consistent approach. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. One relative told us their relative was on PRN medicines. Their relative was able to verbalise when needed and they had discussed with staff when this medicine should be administered.

Good

Is the service effective?

Our findings

Relatives told us staff worked closely with them, they felt the care was good, people's preferences and choices for care and support were met and care staff were knowledgeable and kept them in touch with what was happening with people. Relatives told us communication was good. The last survey completed in 2015 in the service detailed that the majority of respondents when asked if they felt people were involved in decisions and support planning, and kept in touch with significant changes to their service answered very good and good.

Staff demonstrated an understanding of and there were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the MCA. Staff told us they had completed or were booked to attend this training. They all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare.

People were supported by care staff that had the knowledge and skills to carry out their role and meet people's individual care and support needs. The registered manager told us that new staff would need to complete an induction and this had been reviewed to incorporate the requirements of the new Skills for Care care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own.

Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Care staff also completed training to help them understand learning disabilities and their role in supporting people to increase their independence. They had also undertaken training to support people with epilepsy. A member of the senior staff have taken over the responsibility of recording staff training and identifying staff training needs. One member of staff told us that "Not everything is up-to-date. But progress has been made in the last six to twelve months. There is a plan in place to address this." Records we looked at confirmed this. Care staff told us this had given them information and a greater understanding of how to support people with a learning disability. Senior staff had received management training to support them in their role. Staff were being supported to complete a professional qualification, and of the 18 care staff, 9 had completed either a National Vocational Qualification (NVQ) or a Diploma in Health and Social Care Level 2 or above. They told us they felt they had received the training they needed to meet peoples care needs. They had received regular updates of training as required. One member of staff told us, "Everyone is having proper supervision and appraisals. There is now more attention to

training."

Staff told us that the team worked well together and that communication was good. Relatives told us the communication was good. One relative told us, "They always ring if they have any concerns. They ring if there are any problems and to check the food he likes to eat." They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. A daily shift planning check list was seen to be used and showed clear accountability for tasks to be completed during each staff shift. This allowed the shift leader to allocate tasks taking into account people's preferences and staff strengths. Staff received supervision through one to one meetings, observations whilst they were at work and appraisals from their manager. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. One member of staff told us that previously the supervision of staff had not been that good, but that now, "The culture of supervision has changed and there has been a real focus on this over the last months." They told us that bank staff had not always received supervision but that now, "Bank staff are now supervised regularly and invited to team meetings if they are on shift." Another member of staff told us, "My supervision this year has been regular and brilliant." Additionally there were regular staff meetings to keep staff up-to-date and discuss issues within the service.

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. People had been supported to attend an annual health check and review of their medicines. Staff booked GP appointments and people could attend these with staff. For one person who had epilepsy, staff were able to describe what to do in the event of a seizure, and this was also detailed in the care and support plan to ensure a consistent approach.

People were asked about their dietary likes and dislikes. The cook told us this had been used to draw up the menu. But they told us there was always a variety of foods available from which people could choose if they did not like what was on the menu for that day. Some people had specific dietary requirements either related to their health needs or their preference and these were detailed in their care plans. Care staff were able to tell us what they did to support people with their individual dietary needs. For one person who needed to be monitored to ensure they had sufficient food and drinks to maintain their weight. Their relative told us, the staff made sure they have lots of snacks and drink plenty. "Staff are very aware they (their relative) need to not lose any more weight."

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion. Feedback from the relatives was that staff were very kind and caring.
One relative told us, "Their care is very good." One member of staff who worked at nights told us, "I love it here. I like to ensure they are all comfortable and tucked in so they feel safe and secure."

Staff ensured they asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. Staff responded to people politely, giving them time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people. They showed an interest in what people were doing.

Care provided was personal and met people's individual needs. People were addressed according to their preference and this was by their first name. A key worker system was in place, which enabled people to have a named member of staff to take a lead and special interest in the care and support of the person. Relatives told us they were kept informed of what was happening for their relative. One relative told us their relative had, "A keyworker appointed, who is exceptionally good." Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals and progress for working towards being more independent. These had been discussed where possible with people and their family or representative. Their progress towards meeting their goals was discussed as part of the regular review process. People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, when to spend time alone and when they wanted to be with staff. People were involved where possible in making day to day decisions about their lives.

Observations and feedback from relatives told us people were respected and their privacy and dignity considered when providing support. Staff members had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity. People had their own bedroom and ensuite during their stay for comfort and privacy. They had been supported to be well presented and dress in clothes of their choice. People had been supported to keep in contact with their family and friends during their stay.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People were involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and treatment. People had individual care and support plans. Care staff worked with them to develop their skills and increase their independence towards their agreed goal. Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. Relatives confirmed people had been supported to attend a range of activities and they had been involved in any review of the care and support provided. People were supported to access a range of activities. One relative told us, "They let them do what they want to. If they are doing something they want to do they are happier." The last survey completed in 2015 in the service detailed that the majority of respondents when asked how often people got to do things they enjoyed in the service answered very good and good.

People had a thorough assessment completed prior to going to stay at The Beach House. One member of staff told us as part of getting to know people before they come into the service they were invited in for short visits prior to starting at the service. "They come in for tea visits and we can get an understanding of their likes and dislikes. "One relative told us when asked what the service did well told us they had been impressed with the work completed when their relative transitioned into the service from another, and told us, "They were very good, we were very impressed with the process." One member of staff told us there was a new admission and discharge checklist which staff were using. For example there was a section on medicines, which was checked before people came in. Where any issues had been highlighted for clarification, a system for recording these for the senior staff to discuss at shift handover had been implemented. This was to ensure a resolution had been sought and found. One member of staff told us about the recording and addressing of any outstanding issues, "It's become a daily task." One relative told us, "They always ring before just to check if it's all ok and if there are any changes and meds are the same." Another relative told us, "We get a telephone call before (person's name) goes in to get an update." Another relative told us, "They ring sometime the week before to check medicines etc. "

Staff told us that care and support was personalised and confirmed that, where possible people were directly involved in their care planning and goal setting and any review of their care and support needs. Care and support plans were comprehensive and gave detailed information on people's likes/dislikes/preferences and care needs. These described the range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. The care staff told us this information was regularly updated and reviewed. Relatives told us they had been part of the review process. One relative told us, "We went through everything with the keyworker. Last Friday we were asked to go through this again and updated the information. "Records we looked at confirmed this. This information ensured that staff understood how to support the person in a consistent way to feel settled and secure. Staff demonstrated a good level of knowledge of the care needs of the people. The care and support plans were regularly reviewed to monitor progress towards the development of people's life skills and independence. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, staff confirmed that advice and support had been sought from the behavioural support team and a speech and language therapist.

One member of staff was receiving support and guidance to become the 'communication champion' in the service, to promote effective communication. They told us how information was provided to people in a way they could understand. Care staff had started to use more sign language (Makaton) as people's needs had changed, and had recently attended a team's day to support them in the use of this. There was evidence in the service that demonstrated staff were aware of the best ways to support people's communication. For example we saw care staff using sign language, symbols (a visual support to written communication) an IPad, photographs and objects of reference used to support people. One member of staff who was a communication champion told us of one person who could become very anxious during their stay. A calendar had been made in a format to enable the care staff to support the person to add the activities planned for the day. When the person became anxious they had taken them back to the calendar to discuss where they were in the day and what else was planned. "It's amazing how those things work If (person's name) becomes anxious we take her back to the calendar and talk through where she is on her stay."

A variety of communication methods were used including picture cards to enable people to make their choices. There were details within people's care plans of how people communicated and ways for care staff to determine, for example, if people were in pain, tired, or when they would like to eat or drink. There were also details of how care staff could assist people to make choices, for example in one care plan it detailed, the person had difficulty in making choices and to try offering three options for them to choose from. We saw another person being shown two choices for lunch to help them make a choice about what they wanted to eat.

Regular quality assurance questionnaires were sent out for people or their relatives or representatives to complete for feedback on the care provided. The last survey completed in 2015 detailed actions to be completed following the feedback, for example staff would continue to seek the views of people and their relatives about the service provided.

People were seen relaxing using the computer or watching the television. Staff spoke with people at the start of their stay to discuss with them what activities they would like to do during their stay. This included listening to music, doing some art work or cooking, and singing along on the karaoke. People were also supported going out to the cinema and theatre, shopping, going to the beach or the park or bowling. The four people had been in the service for a period of time whilst waiting for their long term accommodation needs to be met, had detailed care and support plans which identified the activities they were supported and liked to be involved in.

The compliments and complaints system detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies that people could complain to such as the Care Quality Commission and Local Government Ombudsman. We asked care staff how they ascertained if people were unhappy with any aspect of the care and support provided. They told us, they knew the people well, and they used either facial expression or body language to tell care staff they were unhappy. Relatives told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue. One relative told us, "If I wasn't happy about (person's name) going I would say. I know from his reactions he loves The Beach House.) Where one relative had raised a concern they told us, "The feedback was excellent. It was all dealt with very quickly." A suggestion box had also been introduced and people where encouraged to post their suggestions into this for discussion.

Good

Is the service well-led?

Our findings

The senior staff within the service promoted an open and inclusive culture. Where possible people and their relatives/advocates were asked for their views about the service. One relative told us, "They listen to parents and carers as well." One member of staff told us, "We are more open to criticism to get things right." Another member of staff told us, "It's all going really, really well."

There was a clear management structure with identified leadership roles. The registered manager was supported by four senior care staff. Staff members told us they felt the service was well led and that they were well supported at work. One member of staff told us, "(the registered manager') does a great job. It helps he has got some background in the service. He is really calm. It's working really well." Another member of staff told us, "We are much more effective. (registered manager') is fantastic. He is so passionate about the service himself. He is blossoming in the role. I enjoy working for (registered manager) he is fair and listens. In our team meeting we thrash things out. I feel we can talk things out."They told us the registered manager was approachable, knew the service well and would act on any issues raised with them.

Feedback from the social care professionals was that the service worked well with them. One social care professional told us that a number of people who used the service had complex care and support needs. Staff had worked with them and followed any guidance provided. "They have to be so flexible for the different range of people here." Staff told us communication between visiting health and social care professionals was good. One member of staff told us, "We are in almost daily contact with social workers due to the emergency placements."

The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. The aim of staff working in the service was described as, 'Our vision is to create an integrated range of effective services and opportunities that deliver timely and appropriate responses to individuals' needs and aspirations and support them in leading fulfilled and healthy lives. Our commitment is to empower people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well-being are at risk of abuse and neglect.' Staff demonstrated an understanding of the vision of the service, and promoted this and supported people to develop their life skills. They understood the importance of respecting people's privacy and dignity, and supporting people's rights and diversity. There was good evidence of working in partnership with other agencies to meet the needs of people in the service.

Staff carried out a range of internal audits, including care planning, progress in life skills towards independence, medicines, and accidents and incidents records. They were able to show us that following the audits any areas identified for improvement had been collated in to an action plan and how and when these had been addressed. Policies and procedures were in place for staff to follow. Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future.

Staff meetings were held throughout the year. These were used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incidents that had occurred. These had been used for updates on people's care and support needs, and to discuss people's progress towards their agreed goals. Where quality assurance audits had highlighted areas for improvement there was an opportunity for the staff team to discuss what was needed to be done to address and improve practice in the service. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service.

Regular carers meeting for people's relatives and representatives were held. This forum had been used to update carers on changes in the service, for example recent changes to the management team, and to receive updates on people's needs. A recent meeting was discussed how to make people stay more fun. There had been a discussion of activities people could be involved in to help facilitate this. Another recent topic had been a discussion on DoLS. Relatives told us they received an invite to attend. One relative told us, "We can raise any problems." Another relative told us, "We meet with (registered manager's) and the management side. We get a chance to get an update four times a year."

The registered manager had regularly sent information to the provider to keep them up-to-date with service delivery. We looked at the last report which gave the provider information on staffing, incident and accidents, and complaints. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The provider had audited the service for quality assurance purposes. The registered manager told us that where actions had been highlighted these had been included in the annual development plan for the service. An action plan had been drawn up and the registered manager was able to tell us of the progress and work completed to ensure the necessary improvements were made. The registered manager was able to attend regular management meetings with other managers of the provider's services. This was an opportunity to discuss changes to be implemented and share practice issues and discuss improvements within the service.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014. For example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.