

Community Homes of Intensive Care and Education Limited

Victoria Lodge

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 13 and 15 August 2018. This inspection was unannounced. Victoria Lodge is a care home providing care for up to nine adults, under the age of 65, with mental health needs. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is in Portsmouth close to local amenities. Accommodation is provided over two floors. At the time of our visit seven people lived at 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.

People were supported to maintain good health and involved in decisions about their health. They were provided with personalised care and support. Staff had the knowledge and skills to carry out their roles and their training was updated annually. People were very positive about the care they received.

Risks to people and staff safety were identified, assessed and appropriate action was taken. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. Staff had a good understanding of systems in place to manage medicines. People's medicines were safely managed. There were thorough recruitment checks completed to help ensure suitable staff were employed to care and support people. There was sufficient staff available to ensure people's wellbeing, safety and security was protected.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported by staff who had the skills and training to meet their needs. The manager and staff understood their responsibilities in relation to the MCA and DoLS. People were involved in making every day decisions and choices about how they wanted to live their lives and were supported by staff in the least restrictive way possible. People's right to make their own decisions was respected.

Quality assurance procedures were used to monitor and improve the service for people and included them in developing their care and support. Feedback from people and their relatives or supporters was used to improve the service when their views were sought annually. Monitoring and auditing of systems had ensured that an action plan was created and those actions evaluated monthly.

People's independence was promoted and support workers encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. People were encouraged and enabled to be involved as much as they were able in making decisions about how to meet their needs.

The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called ‘protected characteristics’. We reviewed one person's care plan which showed their individual religious beliefs and preferences had been considered.

There were regular opportunities for people and staff to feedback any concerns at people's one to one meetings; house meetings, staff meetings and supervision meetings. Records showed these were open discussions. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service.

We found that although people's support plans and risk assessments were updated there was no evidence to support this and it was difficult to demonstrate review, however the service was responsive and involved people in developing their support plans which were detailed and personalised to ensure their individual preferences were known. The registered manager acknowledged this and was proactive in developing an evaluation sheet which they have put in place for each person.

People were supported to take part in activities that they enjoyed. Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

Staff told us they enjoyed working for the organisation and spoke very positively about the culture and management of the service. They also told us that they were encouraged to openly discuss any issues.

The registered manager had made links with the local college to provide apprenticeships to students to learn about mental health. The registered manager had also forged positive relationships with professionals involved in people's care and support. Feedback from professionals was very positive.

The registered manager placed great importance on ensuring everybody was treated as an individual. They also ensured the staff team felt valued. The management team ensured that significant events were reported appropriately to the local authority and the CQC when required.

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.

Risks to people had been individually assessed, monitored and reviewed.

Appropriate background checks had been carried out which ensured staff were safe to work with adults at risk people.

Staffing levels were appropriate to meet people's needs.

Medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

People were supported to have their assessed needs met by staff that had the necessary skills and knowledge.

Where appropriate people were supported to maintain a healthy diet, and to attend appointments with other healthcare professionals.

People could make informed decisions about how they wanted to be supported on a day-to-day basis.

Is the service caring?

Good ●

The service was caring.

People found their support workers to be kind and supportive and told us they were happy with the support they received.

People's equality, diversity and human rights were respected.

People's privacy and dignity was maintained.

Relatives spoke positively about the staff at all levels and were happy with the care.

Is the service responsive?

Good ●

The service was responsive.

People's care plans evidenced their care and support needs were delivered to meet their needs.

Regular reviews took place and people were invited to be fully involved in this.

Complaints were dealt with and responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

Quality management systems were in place to ensure continuous improvement of the service.

People who used the service, relatives and staff told us the service had effective leadership and they could approach the registered manager with any concerns.

Regular staff meetings took place and quality assurance surveys showed positive feedback about the service.

Victoria Lodge

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 13 and 15 August 2018 and was unannounced. We told the provider we would be returning for the second day of the inspection.

We reviewed the information sent to us in the provider information return (PIR). The PIR 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. Before this inspection we reviewed information, we had about the service including notifications. A notification is a report about important events which the service is required to send us by law.

The inspection was carried out by one inspector and an inspection manager. Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with four people who used the service and obtained feedback from four relatives face to face and by telephone.

We spoke with the registered manager, the area manager, the acting deputy manager, the activity coordinator and four care workers. We received feedback from two external professionals who had input into the service.

We reviewed three care records and associated documents for people who received personal care. We reviewed other records relating to the management of the service, including quality survey questionnaire forms, audit reports, training records, policies, procedures and four staff records.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "Low mood is a risk, staff are really good at that. They will normally go beyond the call of duty. Staff have actually sat up all night with people to make sure they don't come to harm." and "[staff are] always on time and listen to all your problems, I think they are really nice people here." A visiting professional told us, "[Person] has come so far in their recovery, staff know indicators if they become unwell. They pick it up really quickly and put a plan in place and share it with me, they get back on track much quicker than they did three years ago."

Risks associated with people's care had been assessed, for example one person had three falls in the past year. There was a house falls risk assessment in place and the registered manager advised of the steps they had taken, changing the carpet to laminate on the stairs and bold stickers on the stairs as well as advising the person to wear appropriate footwear and liaising with their GP. We saw in one person's risk assessment, details of how to ensure they remained safe while managing chronic health conditions. Other people had risk assessments in place for a variety of situations including medication management, finance management, smoking, alcohol, diabetes and positive behaviour support.

The provider had assessed the risks associated with lone working. For example, the policy stated, 'Where there is any reasonable doubt about the safety of a lone worker in a given situation, consideration should be given to whether the situation / task can be avoided or whether sending a second member of staff or making other arrangements can be made to complete the task.' The registered manager told us, "I don't send new staff out on their own and they need to be first aid trained. They shadow before going out alone." This demonstrates that people and staff are supported to remain safe and that risks to their safety are considered.

There were clear policies and procedures in place for supporting people with their medicines. Monthly medicine audits were in place which looked at training; controlled drugs, PRN medicines, if medicines were within their use by date and if there had been any medicine errors. The May 2018 medicine audit identified a missed medication and the June 2018 audit noted: 'Due to several medication errors within last weeks all staff members are to complete medication training in home and additional training provided by pharmacy.' PRN protocols were in place but these were not consistently detailed. The PRN protocol considered: Date, time, service user name, dosage, reasons and signatures. However, one person was prescribed PRN pain relief but the protocol failed to advise if they could tell staff they were in pain. We spoke to the registered manager about this and she had updated all PRN protocols prior to us returning for day two of the inspection. Medication competency assessments were in place which considered staff understanding of PRN, controlled drugs and staff members' competency in administering medicines.

Records demonstrated that monthly information was supplied to an assistant psychologist to review the amount of anti-psychotic PRN medicines administered and that fed into reviewing people's positive behaviour support plan. The deputy manager was aware of the steps to take before administering PRN anti-psychotic medicines. They told us, "For [person], anxiety is trigger and they will ask for lorazepam. So, we try diversion techniques which work well."

The service had processes for reporting incidents of actual or potential abuse. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. Comments included, "Any issues around abuse, needs to go to safeguarding who will deal with it, I would report to my manager or their manager." "We document everything, talk to manager, safeguarding report is sent to [local authority], they will call back to say it has been resolved or not." and "Talk to service user, report to the management... there is a whistleblowing policy." We saw from our records that the service notified the Care Quality Commission of all safeguarding incidents and other agencies, such as the local authority safeguarding team in a timely manner.

The provider had an up to date safeguarding policy. This detailed the actions they should take if they suspected abuse. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practices. Comments from staff included, "Yes I think 100% [manager] would follow through on a safeguarding concern." "I would make anonymous call to CQC" staff told us they felt they would be supported if they blew the whistle. The whistleblowing policy states 'All staff are issued with Whistleblowing cards which detail methods of making a whistleblowing alert. Details can also be found on the company's website.' The policy also contains details of how to contact the local authority and the CQC.

Sufficient staff had been deployed to meet people's needs at all times. At the time of our inspection there were 16 support workers employed to care for seven people. The registered manager told us staff were flexible with their work patterns and said, "We have a good staff team and one relief bank that we use if it's needed, we never have to use agency." Rotas demonstrated sufficient staff were in place to meet people's needs. Comments from people included, "Yes definitely yeah, [have enough staff] really helpful" and "they are always on time and listen to all your problems". One person said, "Staffing's not bad. One thing that does annoy me, Choice are very fond of seconding staff elsewhere." The Registered Manager told us that staff were seconded to other places to help with staffing and added, "We make sure people still see their keyworkers." One relative told us, "Every time we go there, there is always lots of staff. There is always a member of staff there to comfort [person] at all times when they need it." There was an on-call procedure available for staff which covered evenings, weekends and nights.

Safe recruitment processes were in place. Staff files contained all the information required information. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

The registered manager told us any DBS checks which recorded any convictions required a separate conviction interview form which asked 10 questions about the conviction. She said, "[The form] gets sent to the regional director to have the final say. We do full DBS yearly and risk assessment if they are employed." Records demonstrated the provider considered skill mix when they recruited and people using the service were part of the recruitment panel. One person told us, "Staff carers are absolutely fantastic, I have been in a few homes in my times this is just a miracle home to me. I interview people and everything now."

Staff were knowledgeable about the risks associated with infection control. The provider had a detailed infection control policy in place which staff were familiar with. People made the following comments, "Yeah they do [wear gloves and aprons] when they are cleaning, and plastic things on their shoes" and "Yes when cleaning and all that. Gloves when cooking." A member of staff commented, "We are provided with gloves and aprons."

Is the service effective?

Our findings

People told us that the support they received was effective. A person told us that staff asked for their consent before helping them, they said, "Yes, they do, [ask for consent] I usually ask them for help". Relative's comments included, "Yes they do consult and get consent before treatment." and "[Person] does get choices, I am not sure I always agree with their choices but they do get choices". Throughout our inspection we observed people being offered choices, for example, where people wanted to go, what they wanted to eat and what they wanted to watch on the television.

New staff undertook a period of induction before they were assessed as competent to work on their own. The registered manager told us that their induction incorporated the Care Certificate where relevant. The care certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. A new staff member told us, "I have started my induction, going through fire safety, where things are kept and medications."

We saw that staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their duties effectively. A relative told us that they felt staff were well trained and able to support people in the way they would like. They commented, "They all seem very nice and very helpful to me." Another relative told us that staff were very helpful and understood their relative's needs.

Staff said that supervisions and annual appraisals were valuable and useful in measuring their own development. These are processes which offer support, assurances and learning to help staff development. Staff comments included, "Supervisions are three monthly and yearly appraisals, they are useful with management, they also give feedback and let you know how you are doing." and "You want to improve your knowledge of medication, mental health etc you can talk about your goals for the year, it is really good to sit down with the manager about how you feel and how you cope." We asked people if they thought staff were well trained and competent. Their comments included, "Yes they are alright, they do their job properly.", "I think they are, they all do regular courses." and "You can see the signs of them gaining experience." Relatives comments included, "I think they are well trained." and "The managers are very proactive."

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

We found people's mental capacity had been assessed and staff were aware of how this impacted on people who used the service. Staff were knowledgeable about the MCA and decisions being made in people's best interest if they lacked capacity to make a specific decision or choice. Staff explained to us how they would support people to make choices. One staff member told us, "They all have got capacity to make decisions. They are very independent and do their own things." They went on to say that if a person appeared not to have capacity they would, "Do an internal MCA and go to a [mental health professional] and assess persons

capacity."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection, no one at the service was subject to a DoLS authorisation. The manager told us one person had recently had their DoLS authorisation lifted.

People had care records in place which demonstrated how their day to day health needs were being met. One person's support plan identified the need for a choking risk assessment and recommendation for a referral to SALT in January 2018. However, we were unable to locate such referral and their care plan had not been updated. The registered manager told us that this person had been assessed in hospital in February 2018 and did not present with a choking risk. Action was taken during the inspection to amend the person's support plan to reflect their current level of need.

Other people's care records showed their day to day health needs were being met. People had access to their own GP and hospital professionals. Records showed people were supported to access other specialist services such as dietician and dental services. People told us that they were mostly able to attend their own appointments but that staff would support them if needed. A relative told us, "If there are health problems...[staff] have made appointments for [person] who is someone that does not want to go to appointments and [staff] got them to". The relative felt that this prevented otherwise life-threatening illness from occurring.

Staff supported people with nutritional advice. We observed one person not eating and observed staff offering them a variety of different alternatives at different intervals. One person told us, "We get food money, we always have bacon and eggs in the morning and cereals provided." another person told us, "We are self-catering, we get £25 a week. No pop, choc cakes or ice-cream, it needs to be food for meals, we can top up with our own money for the other stuff." The registered manager told us that the kitchen had recently been refitted with extra ovens to enable people to cook different meals at the same time and each person had their own lockable kitchen cupboard.

People's rooms were furnished to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in personalising their rooms. The garden had recently been landscaped with visual plants and was brightly painted to provide a calming and relaxing area for people.

The registered manager told us that she was making links with the local college to provide apprenticeships to students to enable them to learn about mental health.

The registered manager told us that she has made links to local schools. This was to conduct a work shop as part of an assembly to encourage students to look at apprentices in working within health and social care. They told us that as part of this they have also offered to conduct a training course in Mental Health and Learning disabilities to raise awareness as well as providing a place for students to complete work experience.

Is the service caring?

Our findings

People and relatives told us the service was caring. One person told us, "Staff are very kind, listen to problems and help you and give advice." Another person told us that the staff are very good. Relatives comments were consistently positive, their comments included, "People are treated with consideration and they look after them well.", "No doubt about it [that staff are caring] not a bad word to say about any of the staff and [registered manager] is amazing, always has [persons] best interests at heart and is always there." And, "They are very caring this has been the best place my [relative] has been, they have been in lots of services and here they have done more than anywhere else. They have really been doing a lot for them I have no qualms." Visiting professional's comments included, "I find that the staff are very caring and this is the experience of my clients. I have a client who moved on last year and he still phones the staff at Victoria Lodge and visit on occasions." And, "Caring yes, they move service user rooms if required, [person] had an issue, they moved room for them, close doors when discussing people, individually cared for with dignity."

From speaking to staff, we could see that people received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. The registered manager said, "People are supported to attend church on a Sunday". We saw evidence that people had been supported to take part in 'World Cultural Day' They held a charity event where each person chose food to cook from around the world.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw the Mental Health Act 1983 (and amendment Act 2007) was available in easy read format for those that required it.

We saw sensitive personal information was stored securely. People's permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. We observed a staff member asking a person if they could show us a file. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the General Data Protection Regulations.

Staff supported people with kindness and compassion and their privacy and dignity was respected. For example, a staff member asked a person's permission to show us their room. People and their relatives were positive about the care and support they received. One relative told us, "They do consider my [relatives] privacy and dignity, they maintain confidence and do not do things in public places." One person told us, "I lie on my bed, I have no problem staff don't disturb you when you want time on your own". Another person told us, " Pretty much yeah [maintain privacy and dignity], sometimes I do have issues when I want to be left alone and staff are hammering on my door, it's usually for medication close to the cut-off

point, I do understand that."

We observed the friendly rapport people had with the care staff when we visited them in their home. Two people told us staff listened to their choices and that staff were kind. One relative told us, "Staff are very caring" and another relative said, "This is the best I have seen my [person] anywhere, they get more out of them than anywhere else, [person] is improved most that I have seen anywhere else."

We observed the deputy manager asking one person what they would have for dinner and asking another person what they were doing tomorrow. One person had returned from shopping and was showing the registered manager what they bought. The registered manager responded, "That is lovely [person], I love the colours and it will really suit you."

Is the service responsive?

Our findings

People and relatives told us the service provided was flexible and responsive in meeting their needs. One person told us that staff asked what was important to them and said, "Plenty of flexibility. More flexible than anywhere else I have ever known." A relative told us that staff listened to people. A community nurse told us, "The service users are quite vocal, socially staff ensure activities, bespoke activities, they go to Longleat, swimming, support sessions, we discuss in CPAs, people go on trains and planes. They had a schedule, cash card and all was really well planned, they always get my approval as well." The Care Programme Approach (CPA) is a package of care that may be used to plan people's mental health care.

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints policy gave people timescales for action and who in the organisation to contact. The policy also gave details of who to complain to outside of the organisation, such as the CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

People told us they would raise a complaint if they felt the need. One person said, "I have never complained since I have been here never had a problem, I would see the manager if I needed to." Another person said, "Yes when I have raised complaints before, I have been through the grievance procedure. We have it here if I want to refer to it." People told us they were listened to and they felt confident in raising any concerns. Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time. Relatives' comments included, "I don't think I would have to [make a complaint]", "[Complaint] was sorted very quickly, I couldn't have asked for a better response." and "I could ask for complaint form but I must say it hasn't come up."

People told us they received the help and assistance they required from the staff at Victoria Lodge. They told us that they were consulted about care plans and reviews. One person told us, "I do attend meetings" and another person said, "Yes, I attend part of them [care planning meetings and reviews] it's very boring. I say my bit and let them get on with it." We observed staff consulting with people throughout the inspection.

We found that although people's support plans and risk assessments were updated there was no evidence to support this and it was difficult to demonstrate review. When we discussed this with the Registered Manager she told us she would be adding an evaluation sheet to add more clarity.

People told us that staff knew what was important to them and acted upon it and that they were flexible in their approach. One person said, "Yes, it is acted on as much as possible, it's difficult trying to accommodate several different people's needs, they can be quite diverse." Records demonstrated that each person had been supported to compile a bucket list and people were being supported to achieve their wishes. One person told us that they had received two certificates at college for their cleaning and COSHH course. They told us they hoped to go on and get paid employment as a cleaner and that staff were supporting them with this. The registered manager told us that the home supported this person to gain a

volunteer job in a local charity shop and this has given them the confidence to seek a paid job.'

For each person there was a care plan that was compiled following an initial assessment of the person's needs. The care plans detailed the specific needs of each person and how they would like their care to be provided. An activities plan had also been completed. This meant staff could easily see what the person's individual needs and preferences were. One staff member told us, "Everyone is always doing their own thing, they often choose what they want to do. We just ask them." A visiting professional feedback sheet said, 'Warm, friendly. It is clear staff have service users' needs as their focus. They manage risk effectively and their documentation is of top quality.'

The rota demonstrated continuity of staff and people told us they were very fond of their regular care workers. People told us they could make their own decisions and that their preferences were taken into consideration.

People were supported by staff to access the community for activities and outings such as going for ice cream and food shopping. There was an activity coordinator at the service who arranged activities in response to people's requests. One relative told us that there were loads of activities, they said, "[Person] always gets invited, they are always taking people out." We saw pictures displayed around the service, there were pictures of a charity event where people cooked a meal from different cultures. The service had an 'Outstanding board' which contains comments from people and staff such as 'great team work' and 'we follow CCG core values'. Activities on display included take away night, Southsea band stand and church on Sunday.

People were supported to become more independent and the staff had worked hard to ensure people were continually gaining more independence. One person told us that they now attended medical appointments on their own and the registered manager told us that they had recently supported a person to travel to Scotland on their own. The registered manager told us one person had previously been unable to visit family due to a decline in their mental health but with staff support, they were now able to visit them.

The registered manager told us that the service's aim was to support people to eventually move on to independent living. For example, during our inspection we observed the service was supporting one person to move on. They were setting goals of finding relevant support groups in the local area where the person was moving to and finding a local care agency. The registered manager said, "The culture of the service is to support people to move on and regain independence."

One person was employed by the provider as an expert quality auditor. They showed the inspection team the computer system they used and provided us with a copy of the report they completed when auditing other services run by the provider. We saw that they were trained to carry out this role and they could fully describe their knowledge of the fire procedure. Staff have supported this person to gain skills and the confidence to provide training in relation to autism using their personal experience. This has taken place at Victoria Lodge and at other services within the company. There was a computer available for people to use and this was in regular use throughout the inspection.

Is the service well-led?

Our findings

People told us the service was well-led. People and relatives spoken with told us they were in regular contact with the registered manager. People told us they were happy with the service and the management were approachable. Their comments included, "[Registered manager] is a nice manager, ok, I don't see her much because I am out in the day. I would be able to talk to them if I needed to." Relatives comments included, "[Manager] is very easy [to talk to] and makes sure [person] has something to eat and is ok", "[Manager] is quite busy but yes, to her is easy" and "[Manager] is always very pleasant and helpful" People told us that there was nothing they would improve about the service provided.

The registered manager was knowledgeable about people who used the service. They knew people well and could talk in detail about their care and support needs.

Notifications and minutes from care reviews demonstrated the provider worked effectively with healthcare professionals. A social worker told us, "I feel that the service is well led. Information is communicated to the whole team and there is a consistent approach. The staff are all aware of each individual care plans and are kept up to date of any changes. There is a good atmosphere amongst the staff, professional and caring." And a community nurse told us, "Yes easy to talk to the manager, they copy me into emails, friendly culture warm, they really care about the service users, you can see that. They have done really well bringing people through their recovery."

People who used the service told us they were encouraged to give feedback about the quality of the service. Every year people and their family members were asked to complete a quality assurance survey. When these were returned feedback was analysed by the quality director and the results shared. We looked at the results of the last quality assurance surveys and saw people had responded very positively. The results demonstrated that people were happy with the support they received. When asked if they had the opportunity to feedback to the provider one person told us, "Every month, it's all absolutely fine."

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people who used the service. All staff told us that the registered manager was approachable, supportive and they felt listened to. Their comments included, "Choice care are so fortunate to have managers that are so professional, my best job since leaving school, I want to stay in choice for a long time, they are very caring and listen. [registered manager] is amazing, really caring, lovely with staff and service users and approachable.", "Really good, always there and if there are any issues you can go to them, always there to help." and "[Registered manager] is a very warm individual."

Staff attended monthly team meetings and received regular supervisions to ensure they were provided with an opportunity to give their views on how the service was run. A quarterly news update was shared with the staff. This had good news stories from across the south region, useful contacts and introductions to new managers and positive behaviour support team members. It also contained information about the 'least restrictive project' which was being piloted in Hampshire County Council. The aim was to consider how care

could be improved by changing from the standard model of providing funding for hourly input, towards funding meaningful proactive support for every service user.

The registered manager and provider had effective systems in place to monitor and improve the quality of the service provided. Monthly monitoring of the service included looking at such things as support planning, risk assessments, the mental capacity act and person-centred care. We saw rating reports covering environment, safeguarding records, medication, staff, risk assessments and support planning. The monthly quality monitoring document, noted an overall rating of 85% with the following comments 'New kitchen completed. More cookers so people can prepare their meals separately' and 'The home is clean and tidy'.

Effective systems were in place to identify and manage risk. For example, the area manager completed a monthly management monitoring report following a monthly audit of the service. We saw checks were made and recorded to ensure previous actions were being followed up.

There was a system in place to provide an overview of staff training, supervisions and appraisals, which meant it was easy to identify the staff that required refresher training and on which dates staff were due supervision and appraisal. Staff told us they had regular three-monthly supervision and yearly appraisals. A staff member said, "[The management team] is really good, always there and if there are any issues you can go to them, always there to help."

The registered manager and deputy manager have supported staff with cultural needs, for example; enabling staff to meet fasting requirements, offering an area for prayer and supporting another service to meet the cultural needs of a person living there.

We saw there were policies and procedures in place to guide staff in all aspects of their work. There was information in the registered office regarding such things as safeguarding and confidentiality as well as the statement of purpose for the service.

Before our inspection we checked the records, we held about the service. We found the service had notified the Commission of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe.