

Creative Care (East Midlands) Limited

The Old Red Lion

Inspection report

Old Red Lion
Town Street, Treswell
Retford
Nottinghamshire
DN22 0EJ

Tel: 01777248877
Website: www.creativecare.org.uk

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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 24 November 2016 and was unannounced.

The Old Red Lion is located in a pleasant village on the outskirts of the market town of Retford. It is registered to provide accommodation for a maximum of six younger adults living with Autistic Spectrum Disorder, learning disabilities and associated challenges. At the time of inspection five people were using the service.

At the time of our inspection, a new manager had recently started. They were making their application to become registered as the manager with CQC. 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 person referred to in this report as the manager is the person who has applied to CQC to become the registered manager for the service.

People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Risks in relation to people's daily life were assessed and planned for to protect them from harm. There were enough staff with the right skills and experience to meet people's needs. Medicines were stored, administered and handled safely so that people had their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. Staff received supervision of their work. People were enabled to make decisions and staff knew how to act if people did not have the capacity to make decisions. People ate well and were supported to maintain a healthy diet. Staff monitored and responded to people's health conditions, with people having access to their GP and other health care professionals as and when they required.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Where people showed signs of distress or discomfort, staff responded to them quickly. People were supported to access an independent advocate if they wanted to. There were no restrictions on friends and relatives visiting their family members. People could have privacy when needed.

People and their relatives were involved with the planning of the care and support provided. Care plans were written in a way that focused on people's choices and preferences. Regular monitoring of people's assessed needs was conducted to ensure staff responded appropriately. People were able to access the activities and hobbies that interested them and enjoyed active lives in the community. A complaints procedure was in place and people felt comfortable in making a complaint.

There was a positive atmosphere within the home and people were encouraged to contribute to decisions to improve and develop the service. Robust auditing and quality monitoring processes were in place. The

service continually strived to improve the quality of the service that people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were assessed and any accidents and incidents were investigated.

People were supported by a sufficient number of staff who had been appropriately recruited.

People's medicines were stored, managed and handled safely.

Is the service effective?

Good 

The service was effective.

People received support from staff who had the appropriate skills, training and experience.

Staff applied the principles of the Mental Capacity Act (2005) appropriately when providing care for people.

People were supported to choose what they ate and maintain a healthy diet.

Is the service caring?

Good 

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People's dignity was maintained and staff responded to people quickly when they showed signs of distress or discomfort.

There were no restrictions on people's friends and family visiting them.

People could have privacy when needed.

Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and were able to access activities they enjoyed.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good ●

The service was always well-led.

There was a positive, friendly atmosphere at the home and there were good links with the local community.

People were supported by a team who had a clear understanding of their role.

There was a process in place to monitor and improve the quality of the service.

The Old Red Lion

Detailed findings

Background to this inspection

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

This inspection took place on 24 November 2016 and was unannounced. The inspection was completed by a single inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we made the judgements in this report. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we observed staff supporting four people who lived at The Old Red Lion and spent time with them in the communal areas of the building. We spoke with two relatives, five members of the staff team, the manager and provider of the service. We also spoke with one healthcare professional.

We looked at the care records of three people who used the service, as well as a range of records relating to the running of the service including two staff files, medication records and quality audits carried out at the service.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. Their relatives said that they felt their family members were safe living at The Old Red Lion. We saw people interacting confidently with the staff that were supporting them. One relative told us, "I have no concerns about [my family member] being safe. Staff are with them all of the time."

Staff we spoke with were confident that people were protected from harm and abuse at The Old Red Lion. One staff member told us, "If I identified anything untoward I would speak up and the manager would definitely act." Staff could describe the different types of abuse which may occur and every staff member was clear that they had a duty to report anything untoward that they saw or were told. We were told how staff could and would make a report direct to the local authority safeguarding team or to CQC, if they felt that people were not being protected from harm.

The atmosphere in the home was calm and relaxed and people were interacting confidently with the staff that were supporting them. Staff told us they were able to manage situations where people may become distressed or affected by the behaviours of other people. During our visit there were several situations where people began to become anxious. We saw that staff intervened quickly and provided reassurance to prevent their anxiety escalating. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of.

Information about safeguarding was available in the home and a safeguarding adults' policy was in place. Where required, information had been shared with the local authority about incidents which had occurred in the home and staff had responded to any recommendations made.

People were protected and their freedom was supported and respected because risks were assessed and managed. We spoke with relatives who were confident that their family members were being protected and had their freedom supported and respected. This was because staff knew them well and ensured that people received their care and support in a way that had been assessed for them to receive this safely. A relative we spoke with told us how their family member was supported safely to do many things, with the support of staff, that they could never do at the family home. This was because they felt that staff managed any risks well. Another relative spoke about their family member's hobbies and interests that involved a degree of risk. They said that they were pleased that the risks had been assessed and mitigated and the activities could be enjoyed rather than the activities being curtailed.

Staff explained to us how following set guidelines minimised the risks to people. One staff member told us, "If there is a risk, we don't run it, we do it by the book." Another staff member told us how reading the risk assessments and working in accordance with people's care plans helped to reduce the risks to all concerned. A third member of staff reflected on the need to be aware of the surroundings and any unassessed risks that may emerge which needed to be thought about. For example, they reflected that when we had arrived, they had seen an unknown car arriving in the car park and were watching to see that the person came straight to the door and prepared to answer the door so that people were not disturbed by

a ringing door bell.

The care records that we looked at showed that risks to people's safety had been appropriately assessed. Plans had been put in place for staff to follow to assist them in maintaining people's safety, and we saw staff following these during our inspection. The risks to people's safety were reduced because the registered manager conducted thorough investigations when accidents or incidents had occurred. Procedures were in place to protect people in the event of an emergency, such as a flood or fire. Each person had an individual plan to identify available accommodation and the support they would require to evacuate the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

We saw regular checks and routine maintenance had been undertaken both inside and outside of the home. This included smoke detectors and the water system to prevent the build-up of legionella bacteria. Our observations of the equipment used within the home supported this; we saw equipment was well maintained. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

There were enough staff to ensure that people received the support they needed. We saw that people always had one to one staffing during our visit. One relative we spoke with told us, "I have had concerns about staffing in the past, and they have never been overstaffed. But, since the new manager started, there are always enough staff available to [my family member] for them to do the things that they want to do." Another relative confirmed that they felt that there was always sufficient staff at The Old Red Lion.

The staff we spoke with also told us they thought there were enough staff available to keep people safe and meet their needs at The Old Red Lion. One staff member told us, "The rota changed recently and some staff left, but we have enough staff now." Another staff member felt that there were more than enough staff on the team to provide cover, even in the event of unplanned absence. They told us how the new 'mini-teams' within the larger staff team had helped this. A third staff member explained how the staff provided cover 'between teams.' This worked well and had reduced the need for agency staff to be used. During our visit we saw people being supported to go for very long walks, and use the community facilities in nearby towns. Staff spoke with passion about supporting people to live active lives in their community and said that they always tried to accommodate people's wishes as soon as possible so that they did not have to wait too long if they wanted support to go out shopping or to visit somewhere in particular.

The manager told us they constructed the duty rota around the activities and events planned in people's diary so that there were always sufficient staff available. On the day of our inspection the identified number of staff on the duty rota were on duty. People's needs were regularly assessed to ensure that there were sufficient staff available. The registered manager explained how the newly created 'mini teams' within the one larger staff team meant that the same group of staff usually worked together. Each team had a Team Leader so that the staff had consistent leadership. The manager, the team leader and the staff all told us that this was working well and enabled people to receive more consistent support. This support from a consistent team had reduced the risk to people's safety.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. The staff files we looked at had the appropriate records in place including, references, details of previous employment and proof of identity documents. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People received their medicines as prescribed and in a timely fashion. Relatives we spoke with were confident that their family member received their medicines correctly. One relative was pleased that the staff at the home worked with their family member's GP to keep their medicines under review and were actively looking to reduce the amount that they took. We spoke with a healthcare professional who was also of the opinion that medicines were given as prescribed and had confidence in the support that staff gave each person.

Staff also told us that people received their medicines from one of the team leaders. They explained that this meant only one staff member on each shift was responsible for the medicines which prevented them from being forgotten. We spoke to the team leader on duty who described to us how medicines were ordered, received, administered and, where needed, disposed of. They explained how they counted the medicines when they were delivered to make sure that everything that had been requested had been delivered. This demonstrated that the correct processes were being used. We saw that medicines were stored securely in a locked room and kept at an appropriate temperature. When people went back to their family home, arrangements were in place for their medicine to be taken with them. A clear process was in place, recording the medicines that had left the Old Red Lion and what had returned.

We observed staff administer medicines in a safe way. Staff focussed on the single task of supporting each person to take their medicine. They explained to the person that they were taking their tablets and were patient, ensuring that people had the time they needed to take all of their medicines. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs). These records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including whether they had any allergies and the name of their GP.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. There were clear protocols in place for staff to follow before they administered these medicines and we saw staff observing these when they administered medicines.

Is the service effective?

Our findings

We saw staff interact confidently with those that they were supporting and we saw people respond positively to their support. Although they had not always been confident in the past, relatives we spoke with felt that the staff now had the knowledge and skills they needed to carry out their roles and responsibilities effectively. They told us how they could notice when a new staff member was on duty and see them grow in confidence as they received training and support in their job over the weeks. Another relative affirmed that the staff had the knowledge and skills they needed to support their family member well and was pleased to be able to contribute to the induction of new staff.

The staff we spoke with said, "The training here is definitely up to scratch," and told us about the range of training that was available at The Old Red Lion. They felt that this had contributed to the skills they needed to support people well. Another staff member told us how any training which needed to be refreshed was updated on time. We heard from staff how they had received specific training to support people when they became distressed, which they felt was effective. The staff told us how they could request additional training should they feel they required it and this was arranged by the manager. One staff member reflected, "We could always do with more training; the more training we have the better we can support people."

A newer staff member described the induction they received when they started working at The Old Red Lion. This included a period of shadowing more experienced staff members as they got to know how each person needed to be cared for. We looked at the training matrix which showed which staff had received the training that they required and those for whom training was being arranged. The matrix also showed how any training which needed updating would be refreshed in a timely fashion

When we spoke with staff they reflected that not all training took the form of a taught course. One staff member told us that training also other forms too, such as being shown how to write up a daily log form, which all contributed to their learning at work. The staff we spoke with felt very well supported, by their team leader and by the manager. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. In turn the manager also told us that they felt well supported by their line manager and received regular supervision and appraisal.

People were supported to make decisions on a day to day basis. We saw that people decided how and where they spent their time and made decisions about their care and support. People were able to move from room to room and engage in different activities during our visit. We spoke with relatives who told us how they were involved in many meetings when their family member first moved into The Old Red Lion to ensure that care and support package was right and was consented to. Another relative related how they were involved in making decisions in their family member's best interest. During our inspection we saw that staff always asked for people's consent before providing care and support for them.

Staff we spoke with told us about the importance of supporting people to give consent and make their own decisions. One staff member told us, "We know people and how to ask them to make a decision. We ask people, and prompt or remind them." Another staff member described the different processes that were

used to support people to make different decisions. For example, they told us how pictures were be used to enable people to choose where they wanted to go. The staff also explained that there were other bigger decisions, like those that might involve spending a large sum of money or taking a new risk where more formal processes were needed to record consent.

Staff could also tell us about the Mental Capacity Act 2005 (MCA) and how this guided them when supporting people to make decisions. Records also confirmed that the principles of the MCA had been considered when determining a person's ability to consent to decisions about their care. The 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. People were not unlawfully restricted as authorisations under DoLS were being applied for by themanager when needed. Staff told us that they received training in DoLS, so that they understood the requirements of these arrangements.

People were supported to eat and drink enough to keep them healthy. We saw people make choices as to what they ate during our inspection and assist in preparing it. Relatives we spoke with said that their family members were able to choose what they wanted to eat and while healthy options were promoted, people were still able to eat the convenience foods that they enjoyed too. Staff told us how they encouraged people to get the food they wanted, when they wanted it for themselves to encourage their independence. Accordingly, we saw one person help in the choosing and preparation of their lunch. Between meals people were able to help themselves to drinks and snacks when they wished.

We saw there was information in support plans detailing people's nutritional needs and the support that they needed to eat safely and maintain a balanced diet Staff spoke about the need to balance people's independence with encouraging them to exercise moderation and described how another person had some food and drinks left in a cupboard from which they could choose what they wanted when they wanted it.

We saw a menu that on display which gave a good balance of different types of food. Staff we spoke with told us how the menu was set with each person having input and their choices incorporated into the menu plan. The menu included traditional food as well as foods from different cultures. Where people's plans or choices changed, the menu was adapted accordingly. People were involved in buying some of the food items at a local food store.

People had access to the healthcare professionals they needed at the right time. This was affirmed by relatives who also were pleased that they were able to attend healthcare appointments with their family member when they wished. Relatives also told us how staff would keep them informed if their family member was not well, or had an appointment. A healthcare professional told us that they had confidence in the staff that supported people at The Old Red Lion. They affirmed that they were called appropriately and that the advice they gave was followed through.

The manager told us that everyone living at The Old Red Lion attended regular health check-up appointments to ensure that they received the best healthcare possible. Staff told us how they supported people to attend medical appointments and were also aware of the different situations that may require

them to contact emergency services and were clear that they would not hesitate to call for an ambulance if it was necessary.

The care plans we looked at confirmed that people received input from healthcare professionals, such as their GP on a regular basis. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff also contacted specialist services for people for advice when needed, and we saw that the guidance that had been provided was implemented within people's care plans.

Is the service caring?

Our findings

People who used the service and relatives were very positive about the care and support staff gave and said they were kind and caring. We saw that people responded well to the staff, showing that they had formed positive relationships with them. One relative told us, "The staff have hit the right point with their care and they care for [my family member] really well." Another relative agreed that the staff were compassionate towards their family member and were well attuned to their needs.

We spoke with one staff member who said, "I love my job and I love the people I work with." Another staff member said, "I am proud of my team, proud of [the people we work with]; it is great to be able to help people every day." Another staff member who had just come back wet through from a long walk with someone told us, "People love getting out and about, burning off endorphins though exercise. We have to be well prepared like today when I knew I was going to get wet through so brought a change of clothes so that [person] could still have their long walk even though it is raining." We also heard from staff how important it was to recognise if someone was upset and provide the support and reassurance that they needed.

We observed there was a happy and relaxed atmosphere in the home and there was a lot of friendly banter between people who used the service. Staff had an excellent knowledge of how people preferred to be supported and there were detailed support plans being developed detailing how people communicated their wishes and how staff should respond.

During our inspection, people were made aware of who the inspector was and why they were there by the staff that were supporting them. We saw that staff were attentive and supportive, speaking with people in a calm way and using an even tone. Staff also explained to us how people may respond to having an unknown face in their home and how we might respond to them to support them best with our presence. We observed staff respond quickly when people showed any signs of distress or discomfort. For example, staff were aware of the signs that someone may be becoming anxious and when they saw these signs they offered support and reassurance.

People were supported to make day to day choices such as where they went and what they did. We also saw that pictures and images were used to enable people to make choices. A relative spoke to us about the way that their family member was always able to choose what they did and recounted a list of new things that they had tried since moving into The Old Red Lion. Another relative told us how the staff team had gone to lengths to discover what a particular phrase meant when their family member was using it and had been successful in identifying what they were asking for.

Staff told us that it was important that The Old Red Lion felt home to those that lived there. They were supported to decorate their room to their taste and help out with household tasks. During our visit we saw people involved with aspects of the day to day running of the home such as, shopping and cooking as well as going out and about. There was an emphasis on supporting people to become as independent as possible. Staff told us how they would support people to make decisions about how they spent their time,

and told us how important it was for people to be encouraged to be as independent as possible. They told us how they asked people, reminded them, and assisted them, giving reassurance and praise. Staff spoke about the range of choices that they supported people to make and the different levels of information and support they might need to make a choice. They told us how some people used verbal communication, and others used pictures or symbols or their tablet computer to assist them in making choices.

We spoke to the manager about the use of advocacy services for people. They told us people were provided with information about how to access an advocacy service as information was in the service user guide that was given to them when they began using the service. However no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were treated in a dignified and respectful manner by staff. We observed people were treated as individuals and staff were mindful of people's preferred needs. The relatives we spoke with told us they felt their relations were treated with respect. One relative told us how the staff treated people with respect. They told us how the staff also encouraged their family member to maintain good personal hygiene so that they had a dignified appearance.

Staff told us how important it was to build relationships with people and respect their privacy and dignity. They told us that they would always knock on a person's door and call out to them before entering their bedroom and we saw them do this during our inspection. Staff also told us how important it was to encourage people to maintain a good level of personal hygiene and would encourage and assist them with personal care when required. They told us how they would close a person's bedroom curtains before supporting them with personal care to protect their dignity or ensure that privacy film was used on windows where it was needed.

Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and were given training in this area. For example, they did not let us see into people's bedrooms unless they had given their consent as their bedroom was their private space and not a communal area. We saw aspects of dignity threaded throughout the new care planning documents for people who used the service to ensure people understood what to expect from staff. We also witnessed several instances when staff spoke to us tactfully about people's presentation and support needs. They also ensured that we were not using parts of the home that people may wish to use if doing so would cause people to become upset.

One of the staff on duty on the day of our inspection told us they were a nominated staff 'Dignity Champion'. A 'dignity champion' is a staff team member who believes passionately that being treated with dignity is a basic human right, not an optional extra. They provide advice and feedback to other staff to improve the dignity with which people are treated. The staff member we spoke with explained that this meant that they had additional training and knowledge around dignity and said that the manager supported them well in this role.

Personal details for people were kept in their files which were stored securely so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

Is the service responsive?

Our findings

People received the care and support they required and it was responsive to their needs. We saw that people were able to change their minds and choose to do different activities to those planned if they wished. A relative told us that they had been involved in reviewing their family member's support plan to ensure that it continued to be right and was updated where needed. Another relative told us how they were pleased that the staff team wanted to work with their family member to stretch them and enable them to challenge themselves and achieve their potential.

Staff told us how important it was for them to be vigilant and respond to people's needs quickly. Accordingly, we observed that staff were responsive to people's needs and requests for help. Staff were attentive and responded quickly to provide reassurance or distraction when someone began to show signs that they were unsure or anxious. They told us that the new format for the support plans were particularly helpful with this and the practice we saw from staff reflected that detailed in the care planning documents.

Information about people's care needs, their support needs and preferences were assessed and planned for and presented in care plans as well. We saw that care plans included what and who was important to each person and how they preferred to be supported. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time.

People's care plans had not always been kept up to date in the past. At the time of our inspection the care plans were in the process of being rewritten so that they were more comprehensive and gave a greater degree of information. By retaining a similar format to previous versions staff were able to locate information quickly, but the new folders being developed were more detailed. As the care plans were being completed people's families were able to be involved and give their contribution too. The manager told us how comprehensive assessments were carried out before people moved into The Old Red Lion and these would link with the new care plans. Relatives we spoke with found the assessment process had been effective when their family member had moved into the home.

Each person was also able to choose what they did and how they spent their time. There were several communal areas within the home which people could move between as they wished, each equipped and furnished with a unique 'purpose and feel'. In addition to the main lounge, one communal area was set up as an additional quiet lounge and another as a sensory room. Some outbuildings in the grounds of the home provided opportunities for people to pursue hobbies and interests that had been identified and there was also a small kitchen where people could enjoy baking away from the main kitchen in the home where others may want to prepare a meal. One person enjoyed woodwork, and a shed was located in the garden for them to be able to partake of their interest with support from staff.

People were able to raise concerns and complaints and knew how to do so. The relatives we spoke with told us they would feel comfortable making a complaint and knew how to do so. One relative told us, "For anything small I would talk to one of the team leaders." They reflected that that would usually be sufficient

to resolve the issue. However they were also aware that they could speak to the manager or to CQC if they remained concerned.

Staff we spoke with were aware of the procedures and protocols to follow in the event that they wished to raise a concern, or if someone raised a concern with them. One staff member told us, "If anyone made a complaint to me, I would tell the manager straight away." They went on to explain how, in the event that the manager was not available, they would write up a statement so that the manager had all of the information when they returned. Another staff member said, "We would always act to resolve any complaints that were made and know we might need to liaise with other people to resolve the issue." A third staff member reflected that they would gauge the nature of the complaint and decide how to respond, but were clear that the Team Leader in charge of the shift would be the first person they would inform and take advice from.

People could be assured complaints would be taken seriously and acted on. The manager told us how they handled complaints. When a complaint was made it was recorded and investigated in line with the policy. We reviewed the records of the complaints received, and saw that where there had been a complaint, it had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaint had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaint were well documented and this included any lessons that had been learned to improve future practice.

Is the service well-led?

Our findings

People benefitted from the positive and open culture in the home. We saw people felt comfortable and confident to speak with the staff that were supporting them and spoke highly of the manager of the service. People who used the service responded positively to the manager when they passed them. Relatives we spoke with were complimentary about the present leadership in the service and consistently told us that this had not always been the case in the past. A relative also told us how they were able to be involved and work alongside the staff team so that their family member could make good progress in life and would not be allowed, "To just fester away." They went on to tell us how the manager and staff team were working with their family member to use new technology to be able to keep in touch with their family using an 'app' on their mobile phone.

Information about the aims and values of the service was given to people when they began using the service and these were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

Staff told us that they felt well supported by the manager and the team leaders. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. We heard that staff felt there was strong teamwork and everyone pulled together to share ideas and resolve problems.

We inspected the service a short while after a new manager had started. They had begun the process of becoming registered with CQC, although the process was not completed. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way.

The manager's office was in an outbuilding, but staff reflected that they were accessible and visible when they were on duty. The manager was supported at the service by a team leader on each shift, and also by the provider who made regular visits to monitor the service. Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to. There was delegation of tasks with each of the team leaders knowing what was required of them, and staff knowing who was responsible for what.

People lived in an enabling and inclusive service where links with the community were seen as a valuable part of people's lives. Staff were aware that there had been some resistance locally to the home and were mindful of others living locally, for example when parking their cars so that any impact on the village could be minimised. The manager had established positive links with the local Parish Council to assist the building positive relationships between the home and the local neighbourhood. Staff told us about several social events that had been held to enable people to build and maintain relationships in their own community. For example, there had been a Halloween party and planning was underway for the forthcoming Christmas party. They described the planning that went into these events to make sure that they took place at times when those who would be distressed by too much noise in their home were not in. Staff told us that these

events encouraged people to maintain relationships with their families and develop new friendships.

People could be confident that the service was monitored and any improvements identified were implemented. There were systems in place to provide specialist support to the manager and to oversee and analyse any incidents in the service. The manager showed us some of the audits that they had completed which, for example covered medicines, maintenance and quality. Where an internal audit had identified a shortfall an action was set to make the required improvement. The local authority had also recently undertaken an audit of the service and the action plan as a result of that audit had provided a useful focus to work from. Staff also explained to us that the manager would audit the way they worked on a regular basis and feed back to them on what they did well and areas they could improve upon.

People's care planning records and other records relevant to the running of the service were well maintained and the manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed. Clear communication structures were in place within the service. There were regular staff meetings held to discuss pertinent issues within the service. This gave the manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.